990

(Rev. January 2020)

Return of Organization Exempt From Income Tax

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

2019

OMB No. 1545-0047

Department of the Treasury

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

Open to Public

Interna	il Reveni	ue Service	► G0 t0 W	ww.irs.gov/Form990 for inst	ructions and t	ne latest inte	ormation	•		inspection		
A F	or the	2019 calendar ye	ar, or tax year beginnir	ng		, 2019, a	and endin	g		, 20		
В с	heck if a	applicable:	C Name of organization Ca	lifornians for Population	Stabiliz				D Employ	er identification number		
A	ddress o	change	Doing business as							94-2581509		
	ame cha	ange	Number and street (or P.	O. box if mail is not delivered to stree	t address)		Room/suit	e E	E Telephone number			
Ir	nitial retu	ırn	675 East Santa Cla	ra Street			8	(805)564-6626				
F	inal retu	rn/terminated	City or town, state or pro	vince, country, and ZIP or foreign pos	stal code			G Gross receipts				
A	mended	return	Ventura, CA 93002						\$	1,216,367		
A	pplicatio	on pending	F Name and address of pri	ncipal officer:				H(a) Is this a gr	oup return fo			
								H(b) Are all su	ubordinates	included? Yes No		
ı T	ax-exem	npt status: X 501	(c)(3) 501(c) () ◀ (insert no.) 4947(a)	(1) or 52	27		If "No," a	ttach a list.	(see instructions)		
J V	/ebsite:							H(c) Group 6	exemption	number ►		
K F	orm of o	rganization: X Cor	poration Trust Ass	ociation Other ►	L	Year of formati	ion: 197	9 м st	ate of lega	I domicile: CA		
Pai		Summary						<u> </u>				
	1		the organization's miss	on or most significant activiti	es: Califo	rnians for	Populat	ion Stabili	zation			
		-	-	vance policies and prog	-							
Φ		-										
anc			of California, the US, and the world at levels that will preserve the environment quality of life for all.									
Activities & Governance	2			discontinued its operations	or disposed o	f more than	25% of it	s net assets	3.			
90	3		=	rning body (Part VI, line 1a)					3	5_		
∞ ∞	4		-	s of the governing body (Par					4	5		
ies	5			calendar year 2019 (Part V					5	2		
ŧř	6		volunteers (estimate if						6	<u> </u>		
Ą	7a		•	Part VIII, column (C), line 12					7a	0		
				' '''			•		7b	0		
		Net unrelated bt	daniesa taxable income	Homm om 990-1, line 39				Prior Year	7.0	Current Year		
	8	Contributions an	d grante (Part VIII line	1h)				1,172,8	101	1,181,224		
Φ	9		•	e 2g)				1,172,0	101	1,101,224		
aun		=		= :				10	250			
Revenue	10								250	14,637		
ш.	11					• • • •			358	20,506		
	12			must equal Part VIII, column	` ' '			1,184,4	.09	1,216,367		
	13		. ,	X, column (A), lines 1-3)		•				0		
	14			(, column (A), line 4)				222	745	0		
S	15	· ·		benefits (Part IX, column (A	, ,			232,	/15	253,709		
Expenses	l .		• •	column (A), line 11e)	• • • • • • • • • • • • • • • • • • • •	00.040				0		
×	b	-	expenses (Part IX, co	· · · · · · · · · · · · · ·		32,812	-	F00	055	507.004		
ш	17			nes 11a-11d, 11f-24e)				560,		587,021		
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)							792,		840,730		
	19	Revenue less ex	tpenses. Subtract line	18 from line 12				391,		375,637		
s or		T . I					Begin	ning of Current		End of Year		
Net Assets or Fund Balances	20	,	•					962,		1,376,434		
nd A	21	`	. ,						441	24,783		
	22			line 21 from line 20				943,	244	1,351,651		
Pai		Signature E		rn, including accompanying schedule	a and statements	and to the heat	of my know	ladge and halis	of it io			
				cer) is based on all information of wh			Of HIS KHOW	ledge and belle	ei, it is			
		D: 01	P 1									
Ric Oberlink Signature of officer Date Ric Oberlink, Executive Director Type or print name and title									Data			
- IV							T-11.1					
Officer 25 ii												
					self-emp	loyed	P01469246					
	oarer	Firm's name	Kevin E. F				Fi	rm's EIN 🕨				
Use Only Firm's address ► 1327 North Pacific Avenue					PI	none no.						
			Glendale (818-54	3-1400		
May	the IRS	S discuss this retu	ım with the preparer sh	own above? (see instruction	s)					🛛 Yes 🗌 No		

9) Californians for Population Stabiliz
Checklist of Required Schedules Part IV

			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	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	
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	Χ	
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		Χ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	_		
_	complete Schedule D, Part III	8		Χ
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		Χ
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	44-	V	
	complete Schedule D, Part VI	11a	Χ	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more	445		V
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more	44-	V	
لہ	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	Χ	
u	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	114		V
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		^
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Χ
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1 11		^
12a	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	120		
D	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Χ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule.E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	u		
-	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		Χ
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		Χ
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		Χ
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Χ
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		Χ
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Χ
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Χ
		_	/-	\

Part IV

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9) Californians for Population Stabiliz
Checklist of Required Schedules (continued) (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Χ
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
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	1		.,
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	0.4-		
لد	to defease any tax-exempt bonds?	24c		
d 250	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	250		_
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part J	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		^
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20		
_,	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			7.
	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Χ
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part 1	31		Χ
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		Χ
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization?If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		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	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V		Var	NI-
10	Enter the number reported in Pay 2 of Form 1006. Enter 0, if not explicable		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	_		
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Х	
	reportation garming (garmining) withinings to prize withers:	10	^_	L

Part V

Page 5

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

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 5 Enter the number of voting members of the governing body at the end of the tax year 1a 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. 5 Enter the number of voting members included in line 1a, above, who are independent 1b h 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 Χ 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7h 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a Χ Χ Each committee with authority to act on behalf of the governing body? 8b 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 Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Did the organization have local chapters, branches, or affiliates? 10a 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 Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 11a 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . 12b Χ Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? Χ 13 Χ 14 Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Χ 15a Other officers or key employees of the organization 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 Χ with a taxable entity during the year? 16a 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 Χ Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► Statement #17 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, 19 and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records

20

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and
	Independent Contractors
	Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below	box,	not check , unless er and a	persor direct	than on is both or/trust	n an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(4) Pon Zugkorman	dotted line)		ee			sated			
(1) Ben Zuckerman Board President	2.00	Х		x			0	0	0
(2) Dick Schneider	2.00				+				
Director		Х			1		0	0	0_
(3) Judith Smith	2.00								
Vice-President		Х		X			0	0	0
(4) Kenneth Pasternack	2.00								
Treasurer		Х		X			0	0	0
(5) Michael Rivera	2.00								
Secretary	=0.00	Х		X		+	0	0	0
(6) Ric Oberlink	52.00						405 550		4.000
Executive Director	40.00			X			105,558	0	4,398
(7) Toby WhiteChief Operating Officer	40.00			x			88,453	0	6,000
(8)				1			00,400	0	0,000
٠									
<u>(9)</u>									
(10)									
<u>(11)</u>									
(12)									
<u>(13)</u>									
(14)									

EEA Form 990 (2019)

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

Part VII

(A) Name and title	(B) Average hours per week	box,	unles	Pos eck m s per	rson is	nan one s both a /trustee)	n	(D) Reportable compensation from the	Reportable Reportable compensation		(F) Estimated amount of other compensation from the		
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		(W-2/1099-MISC)	orga	nization a		
<u>(15)</u>													
<u>(16)</u>													
<u>(17)</u>													
<u>(18)</u>													
<u>(19)</u>													
(20)													
<u>(21)</u>													
(22)													
(23)													
(24)													
(25)													
1b Subtotal							•						
c Total from continuation sheets to Part VII, Sect	ion A			• •			•		_				
d Total (add lines 1b and 1c)			hovo) w/	ho re	acaiva	d mo	194,011	0 of		10,39	18	
reportable compensation from the organization		isica a	DOVC	, vvi	10 10	JOCIVO	u iiic	700,000	01			1	
											Yes	No	
3 Did the organization list any former officer, di		-				-				_		.,	
employee on line 1a? If "Yes," complete Sche 4 For any individual listed on line 1a, is the sum of										3		X	
organization and related organizations greate													
individual					•					4		Χ	
5 Did any person listed on line 1a receive or acc			-			_		ation or individual					
for services rendered to the organization? If "	Yes," complete	Sched	ule J	for	suc	h pers	on			5		<u>X</u>	
Section B. Independent Contractors 1 Complete this table for your five highest compe	naatad indanan	dont on	ntroo	toro	that	t roooi	i vod i	mara than \$100.00	10. of				
compensation from the organization. Report of													
(A)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0	, .	<i>y</i> 0	9		(B)		(C)			
Name and business ac	Idress							Description of service	es	Compens	ation		
2 Total number of independent contractors (inclusive received more than \$100,000 of compensation)	-				ted a	above) who	0					

Part VIII Statement of Revenue

	Check if Schedule O contains a response or note to any line in	this Part VIII	(B)	(C)	(D)
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512–514
	1a Federated campaigns 1a				
	b Membership dues 1b				
nts nts	c Fundraising events 1c				
Contributions, Gifts, Grants and Other Similar Amounts	d Related organizations 1d				
	e Government grants (contributions) 1e				
	f All other contributions, gifts, grants,				
tion er Si	and similar amounts not included above 1f 1,181,224				
Oth	g Noncash contributions included in				
Con	lines 1a-1f 1g \$				
	h Total. Add lines 1a-1f	1,181,224			
	Business Code	9			
d)	2a				
e Zi	b				
Se	C				
ram Rev	d				
Program Service Revenue	e				
ш	f All other program service revenue				
	g Total. Add lines 2a-2f	•			
	3 Investment income (including dividends, interest, and other similar amounts)	14,637	14,637		
	4 Income from investment of tax-exempt bond proceeds		14,037		
	5 Royalties				
	(i) Real (ii) Personal				
	6a Gross rents 6a				
	b Less: rental expenses 6b				
	c Rental income or (loss) 6c				
	d Net rental income or (loss)	-			
	7a Gross amount from (i) Securities (ii) Other				
	sales of assets				
	other than inventory b Less: cost or other basis				
e	and sales expenses 7b				
Revenue	c Gain or (loss) 7c				
Re	d Net gain or (loss)	•			
Other	8a Gross income from fundraising				
0	events (not including \$				
	of contributions reported on line				
	1c). See Part IV, line 18 8a				
	b Less: direct expenses 8b c Net income or (loss) from fundraising events				
	9a Gross income from gaming				
	activities, See Part IV, line 19 9a				
	b Less: direct expenses 9b				
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances				
	b Less: cost of goods sold 10b				
	c Net income or (loss) from sales of inventory				
	Business Code				
ত	11a Other Income 900099	20,506	20,506		
nue	b				
Miscellanous Revenue	С				
Misc R	d All other revenue				
_	e Total. Add lines 11a-11d	20,000			
	12 Total revenue. See instructions	1,216,367	35,143	0	0

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response or note to a not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	9b, and 10b of Part VIII.	rotal expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	223,365	140,632	63,382	19,351
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,646		1,646	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	11,197	6,998	3,236	963
10	Payroll taxes	17,501	10,938	5,058	1,505
11	Fees for services (nonemployees):				
а	Management				
b	Legal	6,093		6,093	
С	Accounting	23,753		23,753	
d	Lobbying				
е	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.)				
12	Advertising and promotion	444,604	442,204		2,400
13	Office expenses	11,738	7,337	3,392	1,009
14	Information technology	44,323	27,702	12,809	3,812
15	Royalties				
16	Occupancy	32,173	20,108	9,298	2,767
17	Travel	5,987	5,585	402	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	4.700	4.400	500	455
22	Depreciation, depletion, and amortization	1,798	1,123	520	155
23	Insurance	4,756		4,756	
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.)	4.400	000	400	400
a	Printing and Postage	1,486	929	429	128
b	Telephone and Utilities	5,012	3,133	1,448	431
C	Equipment Rental	1,348	1,348	077	201
d	Office Supplies	3,380	2,112	977	291
e	All other expenses	570	570	407.400	00.040
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	840,730	670,719	137,199	32,812
26	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)				
	10110WILLU OUE 90-7 (AOU 900-770)				

31

32

33

31

32

33

1,351,651

1,376,434

943,244

962,685

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 1 Cash - non-interest-bearing 463,574 1 52,540 Savings and temporary cash investments 2 2 3 Pledges and grants receivable, net 1,000 3 2,060 4 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 7 Notes and loans receivable, net 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 4,151 9 1,463 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 60,672 10b 49,744 b 3,831 10c 10,928 Investments - publicly traded securities 216,986 11 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 1,309,443 14 Intangible assets 14 15 Other assets. See Part IV, line 11 273,143 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 962,685 1,376,434 16 Accounts payable and accrued expenses 17 16,841 17 24,783 18 18 19 Deferred revenue 2,600 19 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 26 19,441 26 24,783 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net Assets or Fund Balances 27 Net assets without donor restrictions 632,571 27 978,239 28 Net assets with donor restrictions 310,673 28 373,412 Organizations that do not follow FASB ASC 958, check here ▶ 🗌 and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30

EEA Form 990 (2019)

Retained earnings, endowment, accumulated income, or other funds

Total liabilities and net assets/fund balances

Total net assets or fund balances

2c

За

Χ

Χ

the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

Single Audit Act and OMB Circular A-133?

Schedule O.

If the organization changed either its oversight process or selection process during the tax year, explain on

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.

2019

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

Cali	lifornians for Population Stabiliz 94-2581509							
Pa	rt I	Reason for Public Charity S	Status (All orga	nizations must com	plete thi	s part.) S	See instructions.	
The	orga	nization is not a private foundation bec	ause it is: (For lines	s 1 through 12, check onl	y one box.)		
1		A church, convention of churches, or	association of chu	ırches described in secti	on 170(b)(1)(A)(i).		
2		A school described in section 170(b)	(1)(A)(ii). (Attach S	schedule E (Form 990 or	990-EZ).)			
3		A hospital or a cooperative hospital s	service organization	n described in section 17	70(b)(1)(A)	(iii).		
4		A medical research organization ope	rated in conjunctio	n with a hospital describ	ed in secti	on 170(b)(1)(A)(iii). Enter the	
		hospital's name, city, and state:	,	·		. , ,		
5	П	An organization operated for the bene	efit of a college or u	iniversity owned or opera	ated by a c	overnmen	tal unit described in	
-		section 170(b)(1)(A)(iv). (Complete F	_			,		
6	П	A federal, state, or local government	,	nit described in section	170(h)(1)(Δ)(γ)		
7	X	An organization that normally receive	· ·		. , . , .	, , ,	m the general public	
'		·	•		remmentar	uriit or noi	in the general public	
0		described in section 170(b)(1)(A)(vi).	, ,	•				
8	H	A community trust described in section	. , . , . , . ,	, ,	-4d:		ومالمة فمحدد لمعملة	_
9	Ш	An agricultural research organization				•	•	2
		or university or a non-land-grant colle university:	ge of agriculture (s	see instructions). Enter the	e name, cn	iy, and stat	e of the college of	
10		An organization that normally receive	s: (1) more than 33	1/3% of its support from	contributi	ons, memb	ership fees, and gross	
		receipts from activities related to its e	xempt functions - s	subject to certain exception	ons, and (2	2) no more	than 33 1/3% of its	
		support from gross investment income	e and unrelated bu	siness taxable income (le	ess section	n 511 tax) f	rom businesses	
		acquired by the organization after Ju	ne 30, 1975. See s	section 509(a)(2). (Comp	lete Part I	II.)		
11		An organization organized and opera	ated exclusively to	test for public safety. Se	e section 5	509(a)(4).		
12		An organization organized and operat	ted exclusively for t	he benefit of, to perform	the functio	ns of, or to	carry out the purposes	5
		of one or more publicly supported or	ganizations describ	ped in section 509(a)(1)	or section	509(a)(2).	See section 509(a)(3).	
		Check the box in lines 12a through 12	2d that describes th	e type of supporting orga	anization a	nd comple	te lines 12e, 12f, and 1	2g.
	а	Type I. A supporting organization				•		•
		the supported organization(s) the		•		•		3
		supporting organization. You mu			,			
	b	Type II. A supporting organizatio	•		th its supp	orted orga	inization(s), by having	
	-	control or management of the sup	•			•	. ,	
		organization(s). You must complete		·	ioono triat (30111101 01 1	nanago ino oapponoa	
	С	Type III functionally integrated. A			action with	and funct	tionally integrated with	
	C	its supported organization(s) (see		•				•
	٦		,	•				۸
	d	Type III non-functionally integrated	•	•				·)
		that is not functionally integrated.		•		•	it and an attentiveness	
		requirement (see instructions). Y	•				T U. T UI	
	е	Check this box if the organization				sa Type I,	rype II, Type III	
	,	functionally integrated, or Type III						
	Ť	Enter the number of supported organ				• • •		
	g	Provide the following information about		` ,				<u> </u>
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the o	rganization or governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))	docum	-	instructions)	instructions)
						I		
					Yes	No		
(A)								
(B)	3)							
(C)								
								
(D)								
(E)								
Tota								

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

Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 1,188,433 907,354 871,999 1,156,592 1,182,004 5,306,382 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 1,188,433 907,354 871,999 1,156,592 1,182,004 5,306,382 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) 2,619,913 Public support. Subtract line 5 from line 4 2,686,469 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 7 Amounts from line 4..... 1,188,433 907,354 871,999 1,156,592 1,182,004 5,306,382 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 16,471 13,449 8,983 10,250 16,490 65,643 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 9,368 22,950 32,318 11 Total support. Add lines 7 through 10 ... 5,404,343 12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) ▶ 🗌 organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))...... 14 49.71 % 15 Public support percentage from 2018 Schedule A, Part II, line 14 48.36 % 16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this X box and stop here. The organization qualifies as a publicly supported organization..... b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2019 Californians for Population Stabiliz 94-2581509 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (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 fumished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons ... b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support. (Subtract line 7c from Section B. Total Support (d) 2018 Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (e) 2019 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends. payments received on securities loans, rents, royalties, and income from similar sources ... b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) ▶ □ organization, check this box and stop here Section C. Computation of Public Support Percentage % 15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) 15 Public support percentage from 2018 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage % 17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))..... 17 18 Investment income percentage from 2018 Schedule A, Part III, line 17..... 18 % 19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ... b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and

line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization >

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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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 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 (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 "Yes," answer 10b below.
 - 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.)

	Τ.,	
	Yes	No
1		
2		
3a		
3b		
)		
Зс		
4a		
4.		
4b		
4c		
70		
5a		
5b		
5c		
6		
7		
7		
8		
0		
9a		
9b		
9с		
10a	1	
4.5.		
10b		
A (Form 990	or 990-E2	Z) 2019

Pai	TIV Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	-		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	non or type in 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			
	71 11 0 0		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), 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 in	structi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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	0-		
h	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) 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 (a) and (b) below.	20		
о a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b		Ju		
J	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	, , , , , , , , , , , , , , , , , , ,			

instructions).

Part V	Schedule A (Form 990 or 990-EZ) 2019 Californians for Population Stabiliz		94-2581	509 Page 6
instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. Section A - Adjusted Net Income (A) Prior Year (B) Current Year (optional) 1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion 5 OPORTION 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) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Year (B) Current Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities b Average monthly value of securities c Fair market value of other non-exempt-use assets 1 to C Fair market value of other non-exempt-use assets 1 to C Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 S Subtract line 2 from line 10. 3 A Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 4 Cash deemed held for non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035. 7 Recoveries of prior-year distributions 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) 2 Enter 8% of line 1.		nizatio	ns	
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8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1.				
Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1.				
1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1. 2				
2 Enter 85% of line 1. 2	Section C - Distributable Amount			Current Year
2 Enter 85% of line 1. 2	1 Adjusted net income for prior year (from Section A. line 8. Column A)	1		
3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3				
4 Enter greater of line 2 or line 3.				
5 Income tax imposed in prior year 5				
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	· · · · · · · · · · · · · · · · · · ·			
emergency temporary reduction (see instructions).		6		
7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see			ated Type III supporting	organization (see

EEA Schedule A (Form 990 or 990-EZ) 2019

Pai	t V Type III Non-Functionally Integrated 509(a)(3) S	Supporting Organization	ons (continued)	
Sec	Section D - Distributions			
1	Amounts paid to supported organizations to accomplish exem			
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	s of supported organizat	tions	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is respons	sive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
_1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
_3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
C	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
b	Excess from 2016			
	Excess from 2017			
d	Excess from 2018			
<u>e</u>	Excess from 2019			

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

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

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OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form990 for instructions and the latest information. If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

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

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

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

 Section 501(c)(4), (5), or (6) organization 	inizations: Complete Part III			
Name of organization	mizations. Complete Fait III.		Employer identi	fication number
Californians for Population Stal	hiliz			581509
	organization is exempt under se	ction 501(c) or is		
	anization's direct and indirect political can	` '		<u></u>
definition of "political campaign	•			
2 Political campaign activity exper	,		> \$	
	paign activities (see instructions)			-
	organization is exempt under se			
	ax incurred by the organization under se			-
	ax incurred by organization managers ur		▶ \$	
	ction 4955 tax, did it file Form 4720 for thi			Yes No
S .		•		Yes No
b If "Yes," describe in Part IV.				
	organization is exempt under se	ction 501(c), exc	cept section 501(c)(3).	
	ded by the filing organization for section 5			
		,_, e,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	▶ \$	
	ganization's funds contributed to other or	ganizations for section	•	
5 .		•	▶ \$	
	res. Add lines 1 and 2. Enter here and on		•	
' '		,	▶ \$	
	orm 1120-POL for this year?			Yes No
	d employer identification number (EIN) of			
	or each organization listed, enter the amo		=	=
	ons received that were promptly and dire	•	• •	
	or a political action committee (PAC). If a	-		
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
			funds. If none, enter -0	promptly and directly
				delivered to a separate political organization.
				If none, enter -0
(4)				
(1)				
(2)				
(2)				
(2)				
(3)				
(4)				
\¬/				
(5)				
(0)				
(6)				

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period						
	Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total	
2a	Lobbying nontaxable amount	179,975	182,703	143,946	151,056	657,680	
b	Lobbying ceiling amount (150% of line 2a, column (e))					986,520	
C	Total lobbying expenditures	34,983	30,420	11,580	9,836	86,819	
d	Grassroots nontaxable amount	44,994	45,676	35,987	37,764	164,421	
e	Grassroots ceiling amount (150% of line 2d, column (e))					246,632	
f	Grassroots lobbying expenditures	27,697	25,964	11,580	9,836	75,077	

EEA Schedule C (Form 990 or 990-EZ) 2019

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 Part II-B (election under section 501(h)). (b) (a) For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. Yes No Amount During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? b С Mailings to members, legislators, or the public? d Publications, or published or broadcast statements? е Grants to other organizations for lobbying purposes? f Direct contact with legislators, their staffs, government officials, or a legislative body? g h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? 2a If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No 1 Were substantially all (90% or more) dues received nondeductible by members? 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3 Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year 2a а b Carryover from last year 2b 2c С 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 Taxable amount of lobbying and political expenditures (see instructions) Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D (Form 990)

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.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name	of the organization		Employer identification number
Cali	ornians for Population Stabiliz		94-2581509
	rt I Organizations Maintaining Donor Advised Funds	s or Other Similar Funds or Accounts	
	Complete if the organization answered "Yes" on		
	· · · · · · · · · · · · · · · · · · ·	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	. ,	
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advised	1
Ü	funds are the organization's property, subject to the organization	_	
6	Did the organization inform all grantees, donors, and donor adv		
Ü	only for charitable purposes and not for the benefit of the dono		
	conferring impermissible private benefit?		☐ Yes ☐ No
Pa	rt II Conservation Easements.		
Ιa	Complete if the organization answered "Yes" or	n Form 990 Part IV line 7	
1	Purpose(s) of conservation easements held by the organizatio		of a blatadaally law artest land area
	Preservation of land for public use (e.g., recreation or edu		n of a historically important land area
	Protection of natural habitat	☐ Preservation	n of a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form of a	conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic struc	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired at	fter 7/25/06, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the	organization during the
	tax year ▶		
4	Number of states where property subject to conservation ease	ement is located ▶	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it h	olds?	☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	ndling of violations, and enforcing conserv	vation easements during the year
	•		
7	Amount of expenses incurred in monitoring, inspecting, handlin	ng of violations, and enforcing conservatio	on easements during the year
	▶ \$		5 ,
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h	n)(4)(B)(i)
-	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservatio		
J	balance sheet, and include, if applicable, the text of the footnote	·	
	organization's accounting for conservation easements.	o to the organizations infancial statement	s that decombes the
Pa	rt III Organizations Maintaining Collections of	Art Historical Treasures or Othe	r Similar Assets
ı u	Complete if the organization answered "Yes" of		. Chillia 7100010.
1a	If the organization elected, as permitted under FASB ASC 958	· · ·	d halance sheet works
ıa	-		
	of art, historical treasures, or other similar assets held for publi		
	service, provide, in Part XIII the text of the footnote to its finan-		
b	If the organization elected, as permitted under FASB ASC 958	•	
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in further	rance of public service,
	provide the following amounts relating to these items:		<u>.</u>
	· ·		► \$ ► \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treas	sures, or other similar assets for financial	gain, provide the
	following amounts required to be reported under FASB ASC 9	58 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		▶ \$

Part VI Land, Buildings, and Equipment.

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

	Complete if the organization answered fires on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.				
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land				
b	Buildings				
С	Leasehold improvements				
d	Equipment		60,672	49,744	10,928
e	Other				
Tota	Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				

	(a) Description of security or category		(b) Book value		(c) Method of valuation:
	(including name of security)			(Cost or end-of-year market value
,	derivatives				
,	eld equity interests				
3) Other					
(A)					
(B) (C)					
(D)					
(E)					
(F)					
(G)					
(H)					
. ,	n (b) must equal Form 990, Part X, col. (B) line	e 12.) ▶			
Part VIII	Investments - Program Related.	0 12.)			
· art viii	Complete if the organization answer	ered "Yes" on For	m 990, Part IV, lin	e 11c. See F	orm 990, Part X, line 13
			(b) Book value		
	(a) Description of investment		(b) Book value		(c) Method of valuation: Cost or end-of-year market value
(1Charitab	le Remainder Trust		299,822	FMV	·
` '	ole Securities		1,009,621	FMV	
(3)			, ,		
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line	e 13.) ▶	1,309,443		
Part IX	Other Assets.				
	Complete if the organization answer	ered "Yes" on For	m 990, Part IV, lin	e 11d. See F	orm 990, Part X, line 15
		(a) Description			(b) Book value
(1)					
(2)					
(3)					
(3) (4)					
(3)					
(3) (4) (5) (6)					
(3) (4) (5) (6) (7)					
(3) (4) (5) (6) (7) (8)					
(3) (4) (5) (6) (7) (8) (9)					
(3) (4) (5) (6) (7) (8) (9) Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line	e 15.)			>
(3) (4) (5) (6) (7) (8) (9)	Other Liabilities.				·
(3) (4) (5) (6) (7) (8) (9) Total. (Colum	Other Liabilities. Complete if the organization answer			ne 11e or 11f.	·
(3) (4) (5) (6) (7) (8) (9) Total. (Colum	Other Liabilities.			ne 11e or 11f.	·
(3) (4) (5) (6) (7) (8) (9) Total. (Colum) Part X	Other Liabilities. Complete if the organization answelline 25. (a) Description of liability		m 990, Part IV, lin	ne 11e or 11f.	·
(3) (4) (5) (6) (7) (8) (9) Total. (Colum Part X	Other Liabilities. Complete if the organization answelline 25.	ered "Yes" on For	m 990, Part IV, lin	ne 11e or 11f.	·
(3) (4) (5) (6) (7) (8) (9) Total. (Colum Part X 1. (1) Federal (2)	Other Liabilities. Complete if the organization answelline 25. (a) Description of liability	ered "Yes" on For	m 990, Part IV, lin	ne 11e or 11f.	·
(3) (4) (5) (6) (7) (8) (9) Total. (Colum Part X 1. (1) Federal (2) (3)	Other Liabilities. Complete if the organization answelline 25. (a) Description of liability	ered "Yes" on For	m 990, Part IV, lin	ne 11e or 11f.	·
(3) (4) (5) (6) (7) (8) (9) Total. (Column Part X) 1. (1) Federal (2) (3) (4)	Other Liabilities. Complete if the organization answelline 25. (a) Description of liability	ered "Yes" on For	m 990, Part IV, lin	ne 11e or 11f.	·
(3) (4) (5) (6) (7) (8) (9) Total. (Colum Part X 1. (1) Federal (2) (3) (4) (5)	Other Liabilities. Complete if the organization answelline 25. (a) Description of liability	ered "Yes" on For	m 990, Part IV, lin	ne 11e or 11f.	·
(3) (4) (5) (6) (7) (8) (9) Total. (Column Part X) 1. (1) Federal (2) (3) (4) (5) (6)	Other Liabilities. Complete if the organization answelline 25. (a) Description of liability	ered "Yes" on For	m 990, Part IV, lin	ne 11e or 11f.	·
(3) (4) (5) (6) (7) (8) (9) Total. (Colum Part X 1. (1) Federal (2) (3) (4) (5) (6) (7)	Other Liabilities. Complete if the organization answelline 25. (a) Description of liability	ered "Yes" on For	m 990, Part IV, lin	ne 11e or 11f.	·
(3) (4) (5) (6) (7) (8) (9) Total. (Column Part X) 1. (1) Federal (2) (3) (4) (5) (6) (7) (8)	Other Liabilities. Complete if the organization answelline 25. (a) Description of liability	ered "Yes" on For	m 990, Part IV, lin	ne 11e or 11f.	·
(3) (4) (5) (6) (7) (8) (9) Total. (Colum) Part X 1. (1) Federal (2) (3) (4) (5) (6) (7)	Other Liabilities. Complete if the organization answelline 25. (a) Description of liability	ered "Yes" on For	m 990, Part IV, lin	ne 11e or 11f.	·

Sched	ule D (Form 990) 2019 Californians for Population Stabiliz			94-2581509	Page 4
Pai	rt XI Reconciliation of Revenue per Audited Financial Statemer	nts With Re	venue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990), Part IV, li	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	1,249,137
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	32,770		
b	Donated services and use of facilities	2b	02,110		
		2c 2c		-	
С	Recoveries of prior year grants			-	
d	Other (Describe in Part XIII.)	2d		_	
е	Add lines 2a through 2d			2e	32,770
3	Subtract line 2e from line 1	1 1		3	1,216,367
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,216,367
	rt XII Reconciliation of Expenses per Audited Financial Statem				1,210,007
ı uı	Complete if the organization answered "Yes" on Form 99			rtotarri.	
	· • • • • • • • • • • • • • • • • • • •		IIIIC 12a.	1	0.40.700
1	Total expenses and losses per audited financial statements			1	840,730
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d	<u> </u>		2e	
3	Subtract line 2e from line 1			3	840,730
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				010,700
		4a			
а	Investment expenses not included on Form 990, Part VIII, line 7b			-	
b	Other (Describe in Part XIII.)	4b		-	
С	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	840,730
Pai	rt XIII Supplemental Information.				
Provi	ide 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; Pa	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	any additional	information.		

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization

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

Employer identification number

Californians for Population Stabiliz 94-2581509 01. Form 990 governing body review (Part VI, line 11) After the Executive Director's review of the 990, the Organization's Treasurer and President of the Board review the 990 to approve for filing. The 990 is provided to the full board prior to filing. 02. Conflict of interest policy compliance (Part VI, line 12c) The Board of Directors monitors and enforces the conflict of interest policy. The policy dictates that whenever a director or officer has a financial or personal interest in any matter coming before the board of directors, the affected person shall (1) fully disclose the nature of the interest and (2) withdraw from discussion, lobbying, and voting on the matter. Any transaction or vote involving a potential conflict of interest shall be approved only when a majority of disinterested directors determine that it is in the best interest of the organization to do so. The minutes of the meetings at which such votes are taken shall record such disclosure, attention and rationale for approval. 03. CEO, executive director, top management comp (Part VI, line 15a) The process for determining compensation of the Organization's officers or key employees includes a review of comparative data by the Board President and Treasurer who recommend to the full board for voting. Results are reflected in the minutes. 04. Other officer or key employee compensation (Part VI, line 15b See Above. 05. Governing documents, etc, available to public (Part VI, line 19) The governing documents and the conflict of interest policy are available at the

Schedule O (Form 990 or 990-EZ) (2019)		Page ∠
Name of the organization Californians for Population Stabiliz	Employer identification number 94-2581509	
	. 200.000	
Organization's office during normal business hours. The audited financial statements and		
990 are available on the Organization's website or at the office during normal business		
nours.		

8879-EC

IRS e-file Signature Authorization

6 e-ille Signature Authorization	
for an Exempt Organization	OMB No. 1545-1878
IOI AII EXCIIIDI OTUATIIZALIOTI	

Department of the Treasury Internal Revenue Service

For calendar year 2019, or fiscal year beginning , and ending

▶ Do not send to the IRS. Keep for your records.

2019

Name of exempt organization

► Go to www.irs.gov/Form8879EO for the latest information.

Californians for Population Stabiliz

94-2581509

Employer identification number

ı

Name and title of officer

Ric Oberlink, Executive Director

Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here ► 🗵 b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	1,216,367
2a Form 990-EZ check here ▶ □ b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ► D b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ □ b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ □ b Balance Due (Form 8868, line 3c)	5b	

Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only

	2011 01.11)		
I authorize		to enter my PIN	as my signature
	ERO firm name	Enter five numbers, but do not enter all zeros	

on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of

the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature Date ▶ 11-09-2020

Part III | Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

966580 91202 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

Date ▶ 11-12-2020 ERO's signature

> ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

	Federal Supporting Statements	2019 PG01
Name(s) as shown on return		Tax ID Number
Californians for Population Stabiliz		94-2581509

Form 990, Part VI, Section C, line 17

Statement #017

States where a copy of this Form 990 is required to be filed:

California

Massachusetts

Michigan

Mississippi

North Carolina

New Hampshire

New Jersey

New Mexico

Nevada

New York

Ohio

Oklahoma

Oregon

Pennsylvania

Rhode Island

South Carolina

Tennessee

Utah

Virginia

Washington

Wisconsin

West Virginia

990	Overflow Statement	2019 Page 1
Name(s) as shown on return Californians for Pop	94-2581509	
Description Contributions and P Bequest	ledges Total:	Amount \$ 1,073,724
Description Interest and Dividen	nd Income Total:	Amount \$ 14,637 \$ 14,637