TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING

June 30, 2022

Prepared For:

Califa Group 330 Townsend Street 133 San Francisco, CA 94107

Prepared By:

JJACPA, Inc. 1102 South Main Street, Suite 1 Fort Bragg, CA 95437 707-964-6325

Amount of Tax:

Balance due of \$800

Make Check Payable To:

Department of Justice

Mail Tax Return To:

Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

Return Must Be Mailed On Or Before:

Please mail as soon as possible.

Special Instructions:

The report should be signed and dated by an authorized individual(s).

STATE OF CALIFORNIA RRF-1 (Rev. 02/2021) MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 STREET ADDRESS: 1300 Street Sacramento, CA 95814 (916)210-6400 WEBSITE ADDRESS: www.oag.ca.gov/charities	ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA (For Registry Use Only) Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-306, 309, 311, and 312 (For Registry Use Only) Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.						
CALIFA GROUP Name of Organization				ange of address nended report			
List all DBAs and names the organization <u>330 TOWNSEND STREET</u> , NO Address (Number and Street)			State Ch	arity Registration Nur	nber CT 0258810		
Address (Number and Street) <u>SAN FRANCISCO, CA 941</u> City or Town, State, and ZIP Code)7		Corporat	ion or Organization N	o. 2563651		
888-239-2289 Telephone Number	E-mail Addres	CALIFA.ORG	Federal E	Employer ID No. 61-	1463809		
ANNUAL RE	GISTRATION	RENEWAL FEE SCHEDULE (11 Cal. Make Check Payable to Depart			311, and 312)		
<u>Total Revenue</u> Less than \$50,000 Between \$50,000 and \$100,0 Between \$100,001 and \$250,		<u>Total Revenue</u> Between \$250,001 and \$1 million Between \$1,000,001 and \$5 millior Between \$5,000,001 and \$20 millior			001 and \$100 million 0,001 and \$500 million 0 million	• •	
PART A - ACTIVITIES				dina 06/30/2022			
		period (beginning			/ liou	696,3	114
PART B - STATEMENTS REC	ARDING ORG	GANIZATION DURING THE PERIOD	of this re	EPORT			
		you answer "yes" to any of the que Is for each "yes" response. Please r				Yes	No
a . a .		any contracts, loans, leases or other f of, either directly or with an entity in w			•		x
2. During this reporting period or funds?	od, was there a	any theft, embezzlement, diversion or r	misuse of th	ne organization's char	itable property		x
3. During this reporting peri-	od, were any o	rganization funds used to pay any pen	alty, fine or	judgment?			x
4. During this reporting period		ervices of a commercial fundraiser, fun	draising co	unsel for charitable p	urposes, or		x
5. During this reporting peri	od, did the org	anization receive any governmental fu	nding?			x	
6. During this reporting perio	od, did the org	anization hold a raffle for charitable pu	irposes?				x
7. Does the organization co	nduct a vehicle	e donation program?					x
		ndent audit and prepare audited finances for this reporting period?	cial stateme	ents in accordance wi	th	x	
9. At the end of this reportir	ıg period, did t	he organization hold restricted net ass	ets, while r	eporting negative unr	estricted net assets?		x
		ve examined this report, including a complete, and I am authorized to si		ng documents, and t	to the best of my knov	vledg	е
JAN OSAN				EXECUTIVE DIR.	7/20/2	3	
Signature of Authorized Agent		LA MACKINNON Inted Name		Fitle	Date	-	

Form	990
1 01111	

EXTENDED TO MAY 15, 2023

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

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

Department of the Treasury Internal Revenue Service

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



Amended Arean SAN FRANCISCO, CA 94107 H(a) Is this a group return for subordinates /	Α	For th	e 2021 calendar year, or tax year beginning JUL 1, 2021 and e	ending J	UN 30, 2022							
charge intermediation CALLPA USOUP 61-1463809 charge intermediation Doing business as 61-1463809 Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number 330 TOWNSERD STREET Save and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number Save Asc Aste Or Pointe, country, and ZIP or foreign postal code G Gross creates 3 26,136,98 Save Asc Aste Or Pointe, Country, and ZIP or foreign postal code Gross creates 3 26,136,98 Save Asc CADVB FName and address of principal officer: PAULA MACKINNON For Mark account is induced to the street officer is a secondaria is closed in the street officer is closed in the street officer is a secondaria is closed in the secondaria is closed in the secondaria is closed in the street officer is a secondaria is closed in the secondaria			> Name of organization D Employer identification number									
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Number and street (or P.U. box if mail is not delivered to street address) H00m:Will E Telephone number 130 TONKSIND STREET [133] B88 - 239 - 228 9 City or town, state or province, country, and ZIP or foreign postal code G. cross-receipts 3 26,136,98 Application FName and address of principal officer: PAULA MACKINNON Hail Is this a group return SAME AS C ABOVE I Tax-exempt status: S011(c)(3) 501(c)(1) (insert no.) 4947(a)(1) or 527 I Tax-exempt status: S010(c)(3) 501(c)(1) (insert no.) 4947(a)(1) or 527 I Briefly describe the organization: Coropanization: Coropanization is sission or most significant activities: CALIFA SERVICES I Briefly describe the organization is continued its operations or disposed of more than 25% of its net assets. 3 Number of volting members of the governing body (Part VI, line 1a) 4 4 A Number of volting members of the governing body (Part VI, line 1b) 4 4 5 Total number of volting members of the governing body (Part VI, line 1b) 4 5 7 a Total number of volting members of the governing body (Part VI, line 1b) 4 4 9 Program service revenue (Part VIII, column (A), lines 1-3)		Name	Doing business as		61-1463809							
Image: Province of the provinc		Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	er						
average of approximate of province, country, and 2/P or foreign postal code SAN FRANCISCO, CA 94107 Cal 123, 733, 733, 733, 733, 733, 733, 733, 7		return		133	888-239-2289	9						
Image and address of principal officer: PAULA MACKINNON SAME AS C ABOVE H(a) is this a group return for subordinates? Yes X I tracexempt status; S 01(c)(3) 01(c)(.) (insert no.) 4947(a)(1) or SAME AS C ABOVE Yes X I tracexempt status; S 01(c)(3) 501(c)(.) (insert no.) 4947(a)(1) or SAME AS C ABOVE Yes X I tracexempt status; Corporation for granization; Corporation corporation Trust X Association Other L Year of formation; 2003 M State of legal domicile; Pert I Summary I Briefly describe the organization's mission or most significant activities; CALIFA SERVICES I I 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. I 3 Number of individuals employed in calendary year 2021 (Part V, line 1a) I I 4 Total number of individuals employed in calendary year 2021 (Part V, line 2a) I I 5 Total number of individuals employed in calendary year 2021 (Part V, line 2a) I I 5 Total number of individuals employed in calendary year 2021 (Part V, line 2a) I I 6 Total number of individual		ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	26,136,986.						
Image: Produce and address of principal orlicer. From interference Image: Product address of principal orlicer. From interference I Tax-exempt status: I S 501(c)(3) 501(c) (I (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions J Website: P WW, CALTPA. ORG H(c) Group exemption number P K Form of organization: Corporation Trust I Association Other L Year of formation: 2003 M State of legal domicile: C Part I Summary 1 2 2 Check this box F if the organization's mission or most significant activities: CALTPA SERVICES 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of voting members of the governing body (Part VI, line 1a) 5 6 6 7a Total number of individuals employed in calendar year 2021 (Part V, line 2a) 6 6 7a Total number of nultiduals employed in calendar year 2021 (Part V, line 11) 7a Total number of nultiduals employed in calendar year 2021 (Part V, line 2a) 6 6 7a Total numehare dusiness taxable income from Form 990-T, Part I, line 11 7b 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 4, and 7d) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, colu		return	SAN FRANCISCO, CA 94107		H(a) Is this a group r	eturn						
SARE AS C ABUVE H(B) Are all subcritantes include? Yes N I Tax-exempt status: X 501(c)(3) 501(c) (4 (insert no.) 4947(a)(1) or 527 H(B) Are all subcritantes include? Yes N Website: > WWW. CALIFA. ORG H(B) Are all subcritantes include? Yes N Part I Summary L Year of formation: 2003 M State of legal domicile: C Part I Summary I Briefly describe the organization's mission or most significant activities: CALIFA SERVICES 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 3 Number of independent voting members of the governing body (Part VI, line 1a) 3 4 4 Number of independent voting members of the governing body (Part VI, line 1a) 3 4 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 6 6 Total number of individuals employed from Part VIII, column (C), line 12 7a 7a b Net unrelated business revenue from Part VIII, column (C), line 12 7a 7a 9 Program service revenue (Part VIII, line 1h) 6, 943, 786. 12, 621, 75 9 Program service revenue (Part VIII, line 2g) <td></td> <td>tion</td> <td>r Name and address of principal officer. The first intertaintent</td> <td></td> <td>for subordinates</td> <td>s? Yes 🗴 No</td>		tion	r Name and address of principal officer. The first intertaintent		for subordinates	s? Yes 🗴 No						
J Website: WWW. CALIFA. ORG H(c) Group exemption number K Form of organization: Corporation Trust X Association Other L Year of formation: 2003 M State of legal domicile: C Part I Summary I Briefly describe the organization's mission or most significant activities: CALIFA SERVICES 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 3 Number of individuals employed in calendar year 2021 (Part VI, line 1a) 3 4 4 Number of individuals employed in calendar year 2021 (Part VI, line 2a) 5 5 6 Total number of volunteers (estimate if necessary) 6 6 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 7b 7b 9 Program service revenue (Part VIII, end Part VIII, line 11) Prior Year Current Year 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 113, 871, 195. 13, 483, 32 10 Investment income (Part VIII, column (A), lines 4, and 7d) 143, 892. 31, 90 112, 504, 314, 508 11 Other revenue (Part VIII, column (A), lines 1-3) 0.			SAME AS C ABOVE		H(b) Are all subordinates i	ncluded? Yes No						
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Prior Year Current Year 8 Contributions and grants (Part VIII, line 1h) 6,943,786. 12,621,75 9 Program service revenue (Part VIII, line 2g) 13,871,195. 13,483,32 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 143,892. 31,90 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3) 0. 0. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 1-3) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 855, 856. 849, 76 16a Professional fundraising fees (Part IX, column (A), line 25) 0. 0. 0. 17 Other expenses (Part IX, column (A), lines 25) 0. 0. 0. 0. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. </th <td>Aci</td> <td>7a</td> <td></td> <td></td> <td></td> <td></td>	Aci	7a										
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9 Program service revenue (Part VIII, line 2g) 13,871,195. 13,483,32 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 143,892. 31,90 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3) 0. 0. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 25) 0. 0. 17 Other expenses (Part IX, column (D), line 25) 0. 0. 17 Other expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 0. 20,379,864. 25,353,47 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 0. 21,235,720. 26,203,24 19 Revenue less expenses. Subtract line 18 from line 12 -276,847. -66,25 Beginning of Current Year End of Year			Contributions and grants (Dart) (III line 1b)									
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 20, 958, 873. 26, 136, 98 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 855, 856. 849, 76 16a Professional fundraising fees (Part IX, column (D), line 25) 0. 0. 0. 17 Other expenses (Part IX, column (D), line 25) 0. 20, 379, 864. 25, 353, 47 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 21, 235, 720. 26, 203, 24 19 Revenue less expenses. Subtract line 18 from line 12 -276, 847. -66, 25 59 8eginning of Current Year End of Year	ne				, ,	· · ·						
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17 Other expenses (i art X, column (A), lines 11a H d, H1246) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 5% Beginning of Current Year	ses	16a				0.						
17 Other expenses (i art X, column (A), lines 11a H d, H1246) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 5% Beginning of Current Year	nec	h			-							
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19 Revenue less expenses. Subtract line 18 from line 12 -276,847. -66,25 5g Beginning of Current Year End of Year					, ,	26,203,240.						
ଅନ୍ଥର୍ମ Beginning of Current Year End of Year												
	or	_			,	,						
हुन्दु 20 Total assets (Part X, line 16)	ets	20	Total assets (Part X, line 16)		× •	7,696,114.						
	Ass	21			9,927,020.	4,510,164.						
	Net	1			4,048,321.	3,185,950.						
Part II Signature Block	P	-			· ·	•						

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

	Hanla Maleum	7/20/23								
Sign	Signature of officer			Date						
Here	PAULA MACKINNON, EXECUTIVE DIR.									
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN					
Paid	JOSEPH J ARCH		05/14/23	self-employe	_d P01213090					
Preparer	Firm's name 🕒 JJACPA, INC.			Firm's EIN 🕨	26-4137155					
Use Only	Firm's address 1102 S MAIN ST, SUITE 1									
	FORT BRAGG, CA 95437 Phone no. 707964632									
May the II	RS discuss this return with the preparer shown abo	ve? See instructions			X Yes	No				
132001 12-0	132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)									

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	1990 (2021) CALIFA GROUP	61-1463809	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	CALIFA GROUP IS A NONPROFIT LIBRARY MEMBERSHIP CONSORTIUM OF MORE THAN		
	230 LIBRARIES AND IS THE LARGEST LIBRARY NETWORK IN CALIFORNIA.		
	FOUNDED IN 2004, CALIFA BROKERS AND FACILITATES THE PROCUREMENT OF		
	LIBRARY PRODUCTS; WORKS CLOSELY WITH THE CALIFORNIA STATE LIBRARY IN		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?		Yes X No
	If "Yes," describe these new services on Schedule O.	······ <u> </u>	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes X No
U	If "Yes," describe these changes on Schedule O.	······ L	
4	Describe the organization's program service accomplishments for each of its three largest program services, as m	assured by expe	2000
4			
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	the total expens	es, and
4-	revenue, if any, for each program service reported.	. 1	3 483 327 \
4a	(Code:) (Expenses \$24,710,866. including grants of \$) (Revenue DELIVERY OF PRODUCTS AND SERVICES TO MEMBER LIBRARIES, MEMBER OUTREACH,	\$	5,405,527.)
	WORKSHOPS, INTRAREGIONAL COMMUNICATIONS AND GRANT PROGRAMS. PROJECTS		
	FOR THE YEAR INCLUDE DIGITIZING LOCAL HISTORICAL DOCUMENTS FOR PUBLIC		
	ACCESS AND CONTINUED WORKSHOPS IN A WEBINAR FORMAT ON OPEN SOURCE		
	PRODUCTS.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
		·	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4-1	Other program convises (Deservise on Schoolule O)		
4d			
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 24,710,866.		000 (222.0)

Form	990 (2021) CALIFA GROUP 61-14638	09	Р	age 3
Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? 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 of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
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, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			<u>.</u> .
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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		Х

Form	990 (2021) CALIFA GROUP 61-14638	09	Р	age 4
	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
2.14	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	2-10		
U		24c		
А	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		<u> </u>
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2-10		<u> </u>
2 5a		25a		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	250		
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	056		x
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
~-	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part 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	<u>28a</u>		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
		38	х	
Pa	Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	•		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable)		

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

Form 990 (2021)
Dest IV	

Form		463809	Р	age 5				
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)							
			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return 2a 6							
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?							
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.							
	Did the organization have unrelated business gross income of \$1,000 or more during the year?			X				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<u>3b</u>						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X				
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).							
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X				
				X				
	, o							
6a		t						
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?	<u>6b</u>						
7	Organizations that may receive deductible contributions under section 170(c).							
а		·		X				
		<mark>7b</mark>						
С								
		7c		X				
	If "Yes," indicate the number of Forms 8282 filed during the year							
e								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?							
g								
-		3-C? 7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
•	sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.	0.5						
a ⊾								
b 10								
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12							
		_						
ь 11	Section 501(c)(12) organizations. Enter:							
a								
b								
D	amounts due or received from them.)							
12a		12a						
		124						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а		13a						
	Note: See the instructions for additional information the organization must report on Schedule O.							
b								
	organization is licensed to issue qualified health plans							
с								
14a		14a		x				
15 ^{~~}	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or							
-	excess parachute payment(s) during the year?	15		x				
	If "Yes," see the instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x				
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any							
-	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17						
	If "Yes," complete Form 6069.		l					

Form	990 (2021) CALIFA GROUP		61-14638		P	age 6
Pa	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 to	hrough	7b below, and for a	a "No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O					
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	9	2		
	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.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	9	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direct	t supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point o	one or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			<u>10a</u>		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y befor	e filing the form?	<u>11a</u>	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					77
-	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "}					
	on Schedule O how this was done			12c		
13	Did the organization have a written whistleblower policy?			13		X X
14	Did the organization have a written document retention and destruction policy?			14		A
15	Did the process for determining compensation of the following persons include a review and approva	n by inc	uependent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45.0		х
a b	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15b		
16-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	nont w	ith a			
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger taxable entity during the year?			16a		х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			108		
U	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		-			
				16b		
Sec	exempt status with respect to such arrangements?					
<u>17</u>	List the states with which a copy of this Form 990 is required to be filed CA					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	-T (section $501(c)(3)$	s only)	availał	ole.
.5	for public inspection. Indicate how you made these available. Check all that apply.			c crity)	avandi	
	Own website X Another's website X Upon request Other (explain	00 00	bedule O			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			d finan	rial	
	statements available to the public during the tax year.	. mot u	all and the second s			
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and	records			
20	LORENE MONANAGAI - 415-655-3781					
	330 TOWNSEND STREET #133, SAN FRANCISCO, CA 94107					

Form 990 (2	(2021) CALIFA GROUP	61-1463809	Page 7
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 Em	ployees	
1a Comple	ete this table for all persons required to be listed. Report compensation for the caler	dar year ending with or within the organization's [.]	tax year.
● List a	all of the organization's current officers, directors, trustees (whether individuals or o	rganizations), regardless of amount of compensa	tion.
Enter -0- in	columns (D), (E), and (F) if no compensation was paid.		
● List a	all of the organization's current key employees, if any See the instructions for defin	tion of "key employee "	

ation's **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(-1-	Position		Reportable	Reportable	Estimated			
	hours per	box	(do not check more than one box, unless person is both an		compensation	compensation	amount of			
	week		cer ar I	ndad I	lirecto	r/trus T	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	truste		e	bensi		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tri	ional		ploye	t com		1099-NEC)		and related organizations
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) PAULA MACKINNON	40.00				×	Ξæ	ш.			
EXECUTIVE DIR.		1		x				179,372.	0.	0.
(2) VERONDA PITCHFORD	40.00									
ASSISTANT DIRECTOR						x		147,606.	0.	0.
(3) SHAWN P. CALHOUN	2.00									
PRESIDENT		Х		х				٥.	0.	0.
(4) SANDY HIRSH	2.00									
VICE PRESIDENT		х		x				0.	0.	0.
(5) GARY SHAFFER	2.00									
TREASURER		х		X				0.	0.	0.
(6) MISTY JONES	2.00							0		0
BOARD MEMBER		х						0.	0.	0.
(7) YOLANDE WILBURN	2.00									
BOARD MEMBER		х						0.	0.	0.
(8) SARA JONES	2.00							0	•	0
BOARD MEMBER (9) TODD DECK	2.00	Х		-		-		0.	0.	0.
BOARD MEMBER	2.00	x						0.	0.	0.
(10) JAMES OCHSNER	2.00	<u>л</u>						0.	••	••
BOARD MEMBER	2.00	x						0.	0.	0.
(11) CARL PRITZKAT	2.00							°.	· ·	
BOARD MEMBER		x						0.	0.	0.
									- •	
		1								
		1								
						ı		1	1	000

Form 990 (2021) CALIFA GRO	OUP								61-14	6380	9	P	'age 8
Part VII Section A. Officers, Directors, 1	Trustees, Key Em	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	Average hours per week Position (do not check more t box, unless person is officer and a director						(D) Reportable compensation from	(E) Reportable compensatio from related	n I	an	(F) stimate nount other	of
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization: (W-2/1099-MIS 1099-NEC)	SC/	fr org an	pensa om th anizat d relat anizati	ie tion ted
		_											
		-											
4. 0.1.1.1								326,978.		0.			0.
1b Subtotal c Total from continuation sheets to Par	rt VII, Section A							0.		0.			0.
d Total (add lines 1b and 1c)2Total number of individuals (including b							> o re	326,978. eceived more than \$100,	000 of reportable	•			0.
compensation from the organization												Yes	2 No
3 Did the organization list any former off			-	•	-		Ŭ				3		x
line 1a? <i>If</i> "Yes," <i>complete Schedule J</i> f For any individual listed on line 1a, is th	e sum of reportab	le co	mpe	ensa	tion	and	oth	ner compensation from t	ne organization				
and related organizations greater than \$ 5 Did any person listed on line 1a receive											4	X	
rendered to the organization? <i>If</i> "Yes." Section B. Independent Contractors	complete Schedul	e J f	or sı	ich i	bers	on .	<u></u>			<u></u>	5		X
1 Complete this table for your five highes		•							, ,	bensat	tion fro	m	
the organization. Report compensation (A)		ear e	endir	ng w	rith c	or wit	:hin	(B)			(0		
Name and busin	ness address							Description of s	ervices	C	ompe	nsatio	n
75 PALM AVENUE, #5, SAN FRANCISCO HEADED2, LLC	, CA 94118							CONSULTING			1	,876,	700.
14 VAN TER ROCKLAND, SPARKILL, NY	10976							CONSULTING				784,	000.
BACKSTAGE LIBRARY WORKS, INC. 25 EAST, 1700 S, PROVO, UT 84606								CONSULTING				483,	258.
XRLIBRARIES, INC., 775 E. BLLTHEDA STE 388, MILL VALLEY, CA 94941	ALE AVE.,							CONSULTING				385	500.
PRESERVATION TECHNOLOGIES, L.P., 3													
THOMSON PARK DR., CRANBERRY TWP, 1 2 Total number of independent contracto		ot lir	niter	d to	thos	se lis		CONSULTING	ore than			174,	665.
\$100,000 of compensation from the ord		5. m				5 5							

	<u>990 (</u> t VII			GROUP					61-146380	9 Pa
ai										
		Check if Schedule O	conta	ains a respo	nse	or note to any line	<u>in this Part VIII</u> (A) Total revenue	(B) Related or exempt	(C) Unrelated business revenue	(D) Revenue exclu from tax un sections 512 -
ţ	1 a	Federated campaigns		1a						
and Other Similar Amounts	b	Membership dues		1b		459,424.				
Ĕ.	с	Fundraising events		1c						
ar /	d	Related organizations		1d						
Ē	е	Government grants (contr	ibuti	ons) 1e		3,374,540.				
S	f	All other contributions, gifts,	grant	ts, and						
the		similar amounts not included	l abov	/e 1f		8,787,792.				
0	g	Noncash contributions included in	lines 1	1a-1f 1g \$						
an	h	Total. Add lines 1a-1f				►	12,621,756.			
						Business Code				
	2 a	REIMBURSEMENTS				611710	13,483,327.	13,483,327.		
~	b									
nue	с									
eve	d									
Revenue	е				_					
	f	All other program service	reve	nue	_					
		Total. Add lines 2a-2f					13,483,327.			
	3	Investment income (includ								
		other similar amounts)	Ũ				31,903.			31,9
	4	Income from investment of								
	5	Royalties			•	· · ·				
	-	,		(i) Real		(ii) Personal				
	6 a	Gross rents	6a							
		Less: rental expenses	6b							
		Rental income or (loss)	6c							
		Net rental income or (loss								
		Gross amount from sales of	/ <u></u>	(i) Securiti		(ii) Other				
	<i>i</i> u	assets other than inventory	7a			(
	h	Less: cost or other basis	74							
,	5	and sales expenses	7b							
	~	Gain or (loss)	7c							
		Net gain or (loss)								
		Gross income from fundraisi								
	0 a	including \$								
1		contributions reported on								
		Part IV, line 18		-	8a					
	h	Less: direct expenses			8b					
		Net income or (loss) from Gross income from gamir			<u> </u>					
	Jd	Part IV, line 19			9a					
	h	Less: direct expenses			9a 9b					
		Net income or (loss) from			<u> </u>					
		Gross sales of inventory,			, <u></u>					
	iu d				10a					
	۲	and allowances Less: cost of goods sold			10a					
					<u> </u>					
+	C	Net income or (loss) from	Salts	SOLINVEILOR	у	Business Code				
	44 -					Dusiness Coue				
ne	11 a									
Revenue	b									
Be	с									
	d	All other revenue								
		Total. Add lines 11a-11d				⊾ I				

	Check if Schedule O contains a respons		his Part IX	(0)	[] (D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	(C) Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	283,778.		283,778.	
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	420,428.		420,428.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	145,555.		145,555.	
0	Payroll taxes				
1	Fees for services (nonemployees):				
a	Management				
b	Legal	7,213.		7,213.	
	Accounting	51,714.		51,714.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
e f	Investment management fees				
f					
g	-	9,682,218.	9,242,235.	439,983.	
0	column (A), amount, list line 11g expenses on Sch 0.)	852.	5,242,233.	852.	
12	Advertising and promotion	1,118.		1,118.	
3	Office expenses	59,958.		59,958.	
4	Information technology	55,550.			
5	Royalties	F0 20F		F0 20F	
6	Occupancy	50,295.		50,295.	
7	Travel				
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	53,026.	53,026.		
0	Interest	66.		66.	
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	2,336.		2,336.	
3	Insurance	11,350.		11,350.	
4	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 0.)				
а	REIMBURSEMENT FROM MEMB	10,404,935.	10,404,935.		
b	VENDOR PASS-THROUGH EXP	4,947,919.	4,947,919.		
с	PROGRAM SUPPLIES	55,986.	55,986.		
d	UTILITIES	9,168.		9,168.	
е	All other expenses	15,325.	6,765.	8,560.	
5	Total functional expenses. Add lines 1 through 24e	26,203,240.	24,710,866.	1,492,374.	
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2021) Part IX Statement of Functional Expenses

CALIFA GROUP

2021)	CALIFA GROUP
Balance Sheet	
Check if Schedule (contains a response or note to any line in this Part X

					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			11,086,415.	1	4,353,534.
	2	Savings and temporary cash investments			393,182.	2	84,059.
	3	Pledges and grants receivable, net	804,379.	3	1,675,672.		
	4	Accounts receivable, net			,	4	
	5	Loans and other receivables from any current or		I			
	J	trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif		l l		J	
	Ŭ	under section 4958(f)(1)), and persons described		tion 1058(a)(2)(D)		6	
	7	Notes and loans receivable, net			6,239.	7	8,131.
Assets	8	Inventories for sale or use				8	
Ase	9				731,021.	9	1,562,476.
-		Land, buildings, and equipment: cost or other	 I		,	3	_,,
	10a		10a	26,374.			
	h	basis. Complete Part VI of Schedule D		14,132.	5,525.	10c	12,242.
					5,525.	11	
	11 12	Investments - publicly traded securities Investments - other securities. See Part IV, line 1				12	
	13					13	
		Investments - program-related. See Part IV, line 1					
	14	Intangible assets	948,580.	14	0.		
	15	Other assets. See Part IV, line 11			13,975,341.	15 16	7,696,114.
	16 17	Total assets. Add lines 1 through 15 (must equa			3,866,572.	17	2,031,959.
	18	Accounts payable and accrued expenses	5,000,572.	17	2,001,000.		
	19	Grants payable		6,060,448.	19	2,478,205.	
	20	Deferred revenue		20			
	20	Tax-exempt bond liabilities Escrow or custodial account liability. Complete F		20			
	22	Loans and other payables to any current or form		21			
Liabilities	22	trustee, key employee, creator or founder, subst					
bilit		controlled entity or family member of any of thes		22			
Lia	23	Secured mortgages and notes payable to unrela				23	
	23	Unsecured notes and loans payable to unrelated		ſ		24	
	24	Other liabilities (including federal income tax, pay	-			24	
	25	parties, and other liabilities not included on lines					
						25	
	26	Total liabilities. Add lines 17 through 25		ſ	9,927,020.	26	4,510,164.
	20	Organizations that follow FASB ASC 958, cher				20	
es		and complete lines 27, 28, 32, and 33.					
ũ	27				4,048,321.	27	3,185,950.
Sala	28	Net assets with donor restrictions			, ,	28	, , ,
μ		Organizations that do not follow FASB ASC 9					
Ъц		and complete lines 29 through 33.					
ç	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or eq				30	
Ass	31	Retained earnings, endowment, accumulated inc		ſ		31	
Net Assets or Fund Balances	32	Total net assets or fund balances		r	4,048,321.	32	3,185,950.
z	33	Total liabilities and net assets/fund balances			13,975,341.	33	7,696,114.
				·····	, , ==•		Form 990 (2021)

Form 990 (2021)

Form 990 (2021)
Part X Balan

Form	1990 (2021) CALIFA GROUP	61-1463809)	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				4
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	26,	136,	986.
2	Total expenses (must equal Part IX, column (A), line 25)	2	26,	203,	240.
3	Revenue less expenses. Subtract line 2 from line 1	3		-66,	254.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,	048,	321.
5	Net unrealized gains (losses) on investments	5	-	138,	500.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		657,	617.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	3,	185,	950.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
		-		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	L	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	ona			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	le Audit			1
	Act and OMB Circular A-133?	·····	3a	Х	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	X

Form **990** (2021)

SCHEDULE A	١
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(Form 990)

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.

OMB No. 1545-0047
2021
Open to Public Inspection

		of the Treasury nue Service			Attach to Form 990 or I v/Form990 for instructi			nformation.		Open to Public Inspection		
Nar	ne of	the organizati		ele te transienge					Employer	identification number		
			CALIFA	GROUP						61-1463809		
Pa	rt I	Reason			(All organizations must o	complete th	his part.) S	ee instructior				
					For lines 1 through 12, c							
1			-		on of churches described	-		I)(A)(i)				
2	\square				Attach Schedule E (Forr			·//~///				
3	H				anization described in s)/h/1///ii	i)				
4	H								(iiii) Enter	the hospital's name		
-		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:										
5		•		or the benefit of a co	llege or university owned	d or operat	ed by a do	vernmental u	nit describe	ed in		
Ű		-	-	Complete Part II.)		a or operat	.ou by u go					
6					nental unit described in	section 17	70(h)(1)(A)	(v)				
7	X		-	-	ntial part of its support f				ne general r	oublic described in		
•				omplete Part II.)		ioni a gore			ie general i			
8					(1)(A)(vi). (Complete Par	† 1L.)						
9	\square				in section 170(b)(1)(A)	,	ed in coniu	inction with a	land-grant	college		
					ulture (see instructions).							
		university:		,			·····, -·· ,	,				
10			on that norma	Ily receives (1) more	than 33 1/3% of its supp	port from c	ontributior	ns, membersh	nip fees, and	d gross receipts from		
		•		•	t to certain exceptions;				•	•		
					(less section 511 tax) fro							
				mplete Part III.)	· · · · · ·			, ,		,		
11		An organizati	on organized a	and operated exclusi	ively to test for public sa	fety. See	section 50)9(a)(4).				
12		An organizati	on organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or		
		more publicly	supported or	ganizations describe	ed in section 509(a)(1) of	or section	509(a)(2).	See section	509(a)(3).	Check the box on		
		lines 12a thro	ough 12d that	describes the type o	f supporting organization	n and com	plete lines	12e, 12f, and	l 12g.			
a		Type I. A s	upporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), t	ypically by	giving		
		the suppor	ted organizatio	on(s) the power to reg	gularly appoint or elect a	a majority c	of the direc	tors or truste	es of the su	upporting		
		organizatio	n. You must c	complete Part IV, Se	ections A and B.							
b		Type II. A s	supporting org	anization supervised	l or controlled in connec	tion with it	s supporte	d organizatio	n(s), by hav	ving		
		control or r	nanagement o	f the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or mana	ge the supp	ported		
		organizatio	n(s). You mus	t complete Part IV,	Sections A and C.							
c		_ Type III fur	nctionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functiona	lly integrate	ed with,		
		its support	ed organizatio	n(s) (see instructions). You must complete	Part IV, Se	ections A,	D, and E.				
c		_ Type III no	n-functionally	integrated. A supp	porting organization oper	rated in co	nnection w	ith its suppo/	rted organiz	zation(s)		
			•		ation generally must sat	-		-	an attentiv	/eness		
	_	requiremen	nt (see instructi	ions). You must cor	nplete Part IV, Sections	s A and D,	and Part	V .				
e		Check this	box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III			
					nally integrated supporti	ng organiz	ation.					
f		er the number		•								
<u>ç</u>		vide the follow (i) Name of supp		about the supporte (ii) EIN	d organization(s).	(iv) Is the oro	anization listed	(v) Amount o	fmonoton	(vi) Amount of other		
		organizatior			(described on lines 1-10	in your govern	ing document?	support (see i	-	support (see instructions)		
		g			above (see instructions))	Yes	No					
						+						
Tota	al											
100	41									1		

Part II

CALIFA GROUP

(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) 🕨 (c) 2019 (d) 2020 (a) 2017 (b) 2018 (e) 2021 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 7,665,077 4,977,048 6,869,683 6,943,786, 12,621,756 39,077,350. 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 7,665,077. 4,977,048, 6,869,683 6,943,786, 12,621,756, 39,077,350. 4 Total. Add lines 1 through 3 The portion of total contributions 5 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) 39,077,350. 6 Public support. Subtract line 5 from line 4. Section B. Total Support <u>(d)</u>2020 <u>(a)</u> 2017 <u>(b)</u>2018 (c) 2019 Calendar year (or fiscal year beginning in) (e) 2021 (f) Total 7,665,077. 4,977,048, 6,869,683. 6,943,786. 12,621,756. 39,077,350. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, 742,326. 130,487 190,133. 245,911 143,892. 31,903. and income from similar sources 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.) 39,819,676. Total support. Add lines 7 through 10 11 12 Gross receipts from related activities, etc. (see instructions) 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage 98.14 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) 14 % 97.82 15 Public support percentage from 2020 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► X b 33 1/3% support test - 2020. 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 - 2021. 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 - 2020. 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) 2021

Schedule A (Form 990) 2021 CALIFA GROUP Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202 ⁻	1 (f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization'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						
t	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		1	1	•		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202 ⁻	1 (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						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	·	l				_
14	First 5 years. If the Form 990 is for the	-			-		
Se	check this box and stop here ction C. Computation of Publi						
	Public support percentage for 2021 (I			column (f))		15	%
	Public support percentage from 2020		-			16	%
	ction D. Computation of Invest						
	Investment income percentage for 20			ne 13. column (f))		17	%
18	Investment income percentage from					18	%
	a 33 1/3% support tests - 2021. If the					· · · ·	
	more than 33 1/3%, check this box a	nd stop here. The	organization quali	fies as a publicly s	supported organization	tion	
Ľ	33 1/3% support tests - 2020. If the						
20	line 18 is not more than 33 1/3%, che Private foundation. If the organization						
				.,,			<u></u>

1

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

			Yes	No
11	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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported			
2				
	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,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	Z		
			Vaa	Ne
			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			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Sec	uon D. An Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	s).		
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 governmental entity (see	instructior	ns)	
2	Activities Test. Answer lines 2a and 2b 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			
		2a		
h	that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	20		
U				
	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	OL-		
~	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	0-		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	<u>3a</u>		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	01		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	- 0001	0004
132025	5 01-04-22 Schedu	ile A (Forr	n 990)	2021

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Yes No

 Schedule A (Form 990) 2021
 CALIFA GROUP

 Part IV
 Supporting Organizations (continued)

Sche	dule A (Form 990) 2021 CALIFA GROUP			61-1463809 Page
Par				
1	Check here if the organization satisfied the Integral Part Test as a qualifyin All other Type III non-functionally integrated supporting organizations must		•	Part VI). See Instructions.
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	ed Type III supporting ora	anization (see
	instructions)	, incorate		

instructions).

Schedule A (Form 990) 2021

Sche	dule A (Form 990) 2021 CALIFA GROUP				61-1463809	Page 7
Par	t V Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	nizations _{(continu}	ed)		
Secti	on D - Distributions				Current Y	ear
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	S	(iii) Distributa Amount for	
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
а	From 2016					
b	From 2017					
с	From 2018					
d	From 2019					
е	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2021 distributable amount					
i	Carryover from 2016 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2021 distributable amount					
с	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2017					
b	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
е	Excess from 2021					

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021 CALIFA GROUP	61-1463809	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a of 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 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 Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	1 and 2; Part IV, Section V, Section B, line 1e; Pa	n C, art V,

SCHEDULF D

(Form	990)
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Supplemental Financial Statements

OMB No. 1545-0047

(Form 990) Complete if the organization answered "Yes" on Form 990,					2021	
	Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information.					
Nam	Name of the organization Employe					
Pa	rt I Organiza	ations Maintaining Donor Advise	d Funds or Other Similar Funds or A	Accour	nts. Complete if the	
	organizatio	n answered "Yes" on Form 990, Part IV, lir	ne 6.			
			(a) Donor advised funds	(b) Fun	ids and other accounts	
1	Total number at er	nd of year				
2	Aggregate value o	f contributions to (during year)				
3	Aggregate value o	f grants from (during year)				
4	Aggregate value a	t end of year				
5	Did the organization	on inform all donors and donor advisors in	writing that the assets held in donor advised fu	unds		
	are the organization	on's property, subject to the organization's	exclusive legal control?		Yes No	
6	Did the organization	on inform all grantees, donors, and donor a	advisors in writing that grant funds can be used	l only		
	for charitable purp	ooses and not for the benefit of the donor o	or donor advisor, or for any other purpose conf	ərring		
_	impermissible priv					
Pa	rt II Conserv	ation Easements. Complete if the or	ganization answered "Yes" on Form 990, Part	IV, line 7.		
1		servation easements held by the organizati				
	Preservation	n of land for public use (for example, recrea	ation or education)	storically	important land area	
		of natural habitat	Preservation of a ce	ertified his	storic structure	
	Preservation	n of open space				
2	•	o o .	fied conservation contribution in the form of a	conserva		
	day of the tax year	r.			Held at the End of the Tax Year	
а	Total number of co	onservation easements		. <u>2a</u>		
b	•					
С	Number of conser	vation easements on a certified historic str	ucture included in (a)	. 2 c		
d			after 7/25/06, and not on a historic structure			
	listed in the Natior	nal Register		2d		
3	Number of conser	vation easements modified, transferred, re	leased, extinguished, or terminated by the org	anization	during the tax	
	year 🕨					
4	Number of states	where property subject to conservation eas	sement is located			
5	Does the organiza	tion have a written policy regarding the pe	riodic monitoring, inspection, handling of			
	,	forcement of the conservation easements in				
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva-	tion ease	ements during the year	
	►					
7	Amount of expens	es incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easement	ts during the year	
8	Does each conser	vation easement reported on line 2(d) abov	ve satisfy the requirements of section 170(h)(4)	(B)(i)		
	and section 170(h))(4)(B)(ii)?			Yes No	
9	In Part XIII, descrit	be how the organization reports conservati	on easements in its revenue and expense state	ement an	d	
	balance sheet, and	d include, if applicable, the text of the footr	note to the organization's financial statements	that desc	cribes the	
_		ounting for conservation easements.			-	
Pa		_	f Art, Historical Treasures, or Other	Simila	r Assets.	
	Complete i	f the organization answered "Yes" on Form	1 990, Part IV, line 8.			
1a	If the organization	elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and b	alance sh	neet works	
	of art, historical tre	easures, or other similar assets held for pul	blic exhibition, education, or research in furthe	rance of p	public	
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.					

b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of				
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,				
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1	▶ \$			
	(ii) Assets included in Form 990, Part X	▶ \$			
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pro	ovide			

2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pro-	ovid	le
	the following amounts required to be reported under FASB ASC 958 relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1		\$

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

\$ ►

Sche	dule D (Form 990) 2021 CALIFA GROU						463809	P	age 2
Par	t III Organizations Maintaining Co	ollections of Art	, Historical	Treasures, o	r Other S	Similar Ass	ets _{(conti}	nued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of t	he following that	t make sigr	nificant use of i	ts		
	collection items (check all that apply):								
а	Public exhibition	d	Loan or	exchange progra	am				
b	Scholarly research	е							
с	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they furth	er the organizatio	on's exemp	t purpose in P	art XIII.		
5	During the year, did the organization solicit or	-	-	-	-				
	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arrang							<u></u>	
	reported an amount on Form 990, Par		j				-,,		
1a	Is the organization an agent, trustee, custodia		ary for contribu	tions or other as	sets not inc	cluded			
Ĩ	on Form 990, Part X?						Yes		No
h	If "Yes," explain the arrangement in Part XIII a							L	
D			owing table.				Amour	nt	
с	Beginning balance					1c			
	Additions during the year					1d			
	Additions during the year					1e			
-	Distributions during the year					1f			
f On	Ending balance Did the organization include an amount on Fo						Yes		No
	C C					۰			
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete if								
1 41		(a) Current year	(b) Prior yea			I) Three years ba	ck (e) Fou	r voare	hack
4.	Protection of completions of	(a) Current year		(C) 100 yea	IS DACK (C	I Thee years ba		i years	Dauk
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g, colum	n (a)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С	Term endowment	%							
	The percentages on lines 2a, 2b, and 2c should	ıld equal 100%.							
3a	Are there endowment funds not in the posses	sion of the organiza	tion that are hel	d and administer	red for the	organization			
	by:							Yes	No
	(i) Unrelated organizations						3a(i)		
	(ii) Related organizations						3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizat								
4	Describe in Part XIII the intended uses of the	organization's endov	vment funds.						
Par	t VI Land, Buildings, and Equipme	ent.							
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11	a. See Form 990	, Part X, lin	ie 10.			
	Description of property	(a) Cost or ot	ther (b) (Cost or other	(c) Acc	umulated	(d) Boo	ok valu	e
		basis (investm	ient) ba	asis (other)	depr	eciation			
1a	Land								
	Buildings								
	Leasehold improvements								
	Equipment			26,374.		14,132.		12.	242.
	Other			,		· · · ·			
	Add lines 1a through 1e. (Column (d) must ed		(column (P) lit	10c)	L			12	242.
1010		<u>uar ronn 990, Fall /</u>	<u>, column (D), III</u>			Sched	ule D (Forr	,	
						301184			,

Dort VII	Investments - Other Securities.
Part VII	investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col	lumn (b) must equal Form 990, Part X, col. (B) line 15.)	
Part X	Other Liabilities.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
1.	(a) Description of liability	(b) Book value
(1) Fe	ederal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(0)		
(9)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Sche	edule D (Form 990) 2021 CALIFA GROUP			61-1463809	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	nts With Re	evenue per Ret	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total revenue, gains, and other support per audited financial statements			1	25,998,486.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-138,500.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	-138,500.
3	Subtract line 2e from line 1			3	26,136,986.
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	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)				26,136,986.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With E	xpenses per R	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	26,203,240.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
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			2e	0.
3	Subtract line 2e from line 1			3	26,203,240.
4	Amounts included on Form 990, Part IX, line 25, 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	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	26,203,240.
Pa	rt XIII Supplemental Information.				

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

sc	HEDULE J	Comper	sation Information	1	OMB No. 1	545-004	47
(Fo	Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest			2021			
			npensated Employees answered "Yes" on Form 990, Part IV, line 23.		20		i i
Depa	tment of the Treasury		Attach to Form 990.		Open to		ic
-	al Revenue Service		990 for instructions and the latest information.		Inspe		
Nan	e of the organization			Employer ider		on nui	mber
Da	rt I Question	CALIFA GROUP s Regarding Compensation		61-146	3809		
Га		s Regarding compensation				Vee	
10	Chock the appropri	ate bay(as) if the organization provided an	w of the following to or for a parson listed on Form	000		Yes	No
1a		line 1a. Complete Part III to provide any re	y of the following to or for a person listed on Form	990,			
	First-class or c	,	Housing allowance or residence for perso				
	Travel for com		Payments for business use of personal re-				
		ation and gross-up payments	Health or social club dues or initiation fee				
		pending account	Personal services (such as maid, chauffel				
				ii, enery			
b	If any of the boxes	on line 1a are checked, did the organizatio	on follow a written policy regarding payment or				
-	-				1b		
2	-		ng or allowing expenses incurred by all directors,				
			regarding the items checked on line 1a?		2		
	,	, ,					
3	Indicate which, if ar	ny, of the following the organization used t	o establish the compensation of the organization's	i			
	CEO/Executive Dire	ctor. Check all that apply. Do not check a	ny boxes for methods used by a related organization	on to			
	establish compensa	ation of the CEO/Executive Director, but ex	xplain in Part III.				
	Compensation	committee	Written employment contract				
	Independent of	ompensation consultant	Compensation survey or study				
	Form 990 of o	ther organizations	Approval by the board or compensation c	ommittee			
4	During the year, did	any person listed on Form 990, Part VII, S	Section A, line 1a, with respect to the filing				
	organization or a re	ated organization:					
а		e payment or change-of-control payment?			4a		X
b		eive payment from a supplemental nonqu			4b		X
С		eive payment from an equity-based comp			4c		X
	If "Yes" to any of lir	es 4a-c, list the persons and provide the a	applicable amounts for each item in Part III.				
-)(3), 501(c)(4), and 501(c)(29) organization	-				
5			id the organization pay or accrue any compensatio	41			
-	contingent on the r				5a		x
							x
U		r 5b, describe in Part III.			5b		
6			id the organization pay or accrue any compensatio	n an			
0	contingent on the n		a are organization pay or accrue any compensation				
а	-	-			6a		x
					6b		x
~		r 6b, describe in Part III.			5.0		
7		,	id the organization provide any nonfixed payments	i.			
•	-		a the organization provide any normixed payments		7		x
8			crued pursuant to a contract that was subject to th				
-	-	ption described in Regulations section 53			8		x
9		d the organization also follow the rebuttal					
-			···· ·································		9		
LHA		eduction Act Notice, see the Instruction		Schedule		n 990)) 2021

61-1463809

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) PAULA MACKINNON	(i)	179,372.	0.	0.	0.	0.	179,372.	0.
EXECUTIVE DIR.	(ii)	Ο.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number 61-1463809

CALIFA GROUP

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

DIGITAL RESOURCES BROKER: WE NEGOTIATE PRICING AGREEMENTS AND GROUP

PURCHASES WITH MORE THAN 60 CALIFA-APPROVED VENDORS

LIBRARY PROCUREMENT SERVICES: WE ARE A SINGLE APPROVED VENDOR FROM WHOM

LIBRARIES CAN PURCHASE MULTIPLE VENDOR PRODUCTS

VENDOR PROTOTYPING SERVICES: WE WORK WITH VENDORS TO PILOT NEW

PROJECTS, PRODUCTS AND BETA TEST NEW FUNCTIONALITY

GRANT PARTNER & FISCAL AGENT: WE PARTNER TO PITCH AND MANAGE GRANT

PROJECTS

CONTINUING EDUCATION/PROFESSIONAL DEVELOPMENT: WE ARE THE FISCAL AGENT

FOR THE INFOPEOPLE" PROJECT

BROADBAND: WE ARE THE STATEWIDE BROADBAND AGGREGATOR FOR THE CALIFORNIA

STATE LIBRARY BROADBAND SERVICES PROJECT (CENIC PROJECT).

ENKI LIBRARY: WE OFFER SUBSCRIPTIONS TO A SHARED EBOOK PLATFORM FOR

CALIFORNIA LIBRARIES THAT SUPPORTS OWNERSHIP OF CONTENT PURCHASES AND

BROADENS AND DEEPENS A LIBRARY'S EBOOK COLLECTION

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

ADMINISTERING A NUMBER OF STATEWIDE PROJECTS SUPPORTED BY FEDERAL

LIBRARY SERVICES AND TECHNOLOGY ACT FUNDS; ADMINISTERS NATIONAL GRANT

PROJECTS; OFFERS CONTINUING EDUCATION TRAINING THROUGH THE INFOPEOPLE

PROJECT, AND MANAGES MASTER CONTRACTS AND PRICING AGREEMENTS WITH

PUBLISHERS AND VENDORS. WITH YEARS OF EXPERIENCE AND A NETWORK OF

PROFESSIONAL CONTACTS, CALIFA HAS DEMONSTRATED CAPACITY AND EXPERIENCE

IN GRANT PROGRAM DESIGN, DELIVERY, AND MANAGEMENT.

Schedule O (Form 990) 2021		Page
Name of the organization CALIFA GROUP		Employer identification number 61-1463809
OUR MEMBERSHIP INCLUDES ALL SIZES AND TYPES OF LIBRARIES - AC	CADEMIC,	
RESEARCH, PUBLIC, SCHOOL, CORPORATE, MEDICAL, LAW, AND SPECIA	AL. A BOARD	
OF DIRECTORS, ELECTED BY AND FROM THE MEMBERSHIP, GOVERNS CAI	LIFA, WHICH	
IS BASED IN SAN FRANCISCO, CA.		
FORM 990, PART VI, SECTION B, LINE 11B:		
NO REVIEW WAS OR WILL BE CONDUCTED.		
FORM 990, PART VI, SECTION C, LINE 19:		
NO OTHER DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC OTHER THA	AN THOSE FOUND	
ON OUR WEBSITE.		
FORM 990, PART IX, LINE 11G, OTHER FEES:		
PROGRAM CONTRACTORS:		
PROGRAM SERVICE EXPENSES	5,959,568.	
MANAGEMENT AND GENERAL EXPENSES	439,983.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	6,399,551.	
OTHER:		
PROGRAM SERVICE EXPENSES	3 282 667	
	5,202,007.	
	0.	
MANAGEMENT AND GENERAL EXPENSES		
FUNDRAISING EXPENSES	0.	
FUNDRAISING EXPENSES	3,282,667.	