

MR. ALAN ALPERT 1317 EAST 7TH STREET LOS ANGELES, CA 90021

DEAR ALAN,

ENCLOSED ARE THE FOLLOWING INCOME TAX RETURNS PREPARED ON BEHALF OF PIECE BY PIECE FOR THE YEAR ENDED DECEMBER 31, 2020.

2020 990 - RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX

2020 8879-EO - IRS E-FILE SIGNATURE AUTHORIZATION FORM

2020 SCHEDULE A - PUBLIC CHARITY STATUS AND PUBLIC SUPPORT

2020 SCHEDULE B - SCHEDULE OF CONTRIBUTORS

2020 SCHEDULE D - SUPPLEMENTAL FINANCIAL STATEMENTS

2020 SCHEDULE O - SUPPLEMENTAL INFORMATION TO FORM 990 OR 990EZ

2020 SCHEDULE R - RELATED ORGANIZATIONS AND UNRELATED PARTNERSHIPS

2020 CALIFORNIA EXEMPT ORGANIZATION ANNUAL INFORMATION RETURN

2020 CA E-FILE RETURN AUTHORIZATION FOR EXEMPT ORGANIZATIONS

2020 CALIFORNIA ANNUAL REGISTRATION RENEWAL FEE REPORT

THE ORIGINAL OF EACH OF THE ABOVE MENTIONED RETURNS SHOULD BE DATED AND SIGNED IN ACCORDANCE WITH THE FOLLOWING INSTRUCTIONS INCLUDED WITH THE COPY OF THE RETURN. THIS COPY IS FOR YOUR USE AND SHOULD BE RETAINED FOR YOUR FILES.

THESE RETURN(S) WERE PREPARED FROM INFORMATION PROVIDED BY YOU OR YOUR REPRESENTATIVE. THE PREPARATION OF TAX RETURNS DOES NOT INCLUDE THE INDEPENDENT VERIFICATION OF INFORMATION USED. THEREFORE, WE RECOMMEND YOU REVIEW THE RETURN(S) BEFORE SIGNING TO ENSURE THERE ARE NO OMISSIONS OR MISSTATEMENTS. IF YOU NOTE ANYTHING WHICH MAY REQUIRE A CHANGE TO THE RETURN(S), PLEASE CONTACT US BEFORE FILING THEM.

WE APPRECIATE THIS OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS OR IF WE MAY BE OF FURTHER ASSISTANCE.

SINCERELY, Stephanie Wilkinson

STEPHANIE WILKINSON

HOLTHOUSE CARLIN & VAN TRIGT LLP

CERTIFIED PUBLIC ACCOUNTANTS

ENCLOSURES

HOLTHOUSE CARLIN & VAN TRIGT LLP CERTIFIED PUBLIC ACCOUNTANTS 3011 TOWNSGATE ROAD, SUITE 400 WESTLAKE VILLAGE, CA 91361

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PIECE BY PIECE
INSTRUCTIONS FOR FILING
FORM 8879-E0

IRS E-FILE SIGNATURE AUTHORIZATION FOR FORM 990 FOR THE YEAR ENDED DECEMBER 31, 2020

THE ORIGINAL IRS E-FILE SIGNATURE AUTHORIZATION FORM SHOULD BE SIGNED (USE FULL NAME) AND DATED BY AN AUTHORIZED OFFICER OF THE ORGANIZATION.

RETURN YOUR SIGNED IRS E-FILE SIGNATURE AUTHORIZATION FORM 8879-EO TO:

HOLTHOUSE CARLIN & VAN TRIGT LLP 3011 TOWNSGATE ROAD, SUITE 400 WESTLAKE VILLAGE CA 91361

THERE IS NO TAX DUE WITH THE FILING OF THIS RETURN.

DO NOT SEPARATELY FILE FORM 990 WITH THE INTERNAL REVENUE SERVICE. DOING SO WILL DELAY THE PROCESSING OF YOUR RETURN. WE MUST RECEIVE YOUR SIGNED FORM BEFORE WE CAN ELECTRONICALLY TRANSMIT YOUR RETURN, WHICH IS DUE ON OR BEFORE NOVEMBER 15, 2021. WE WOULD APPRECIATE YOU RETURNING THIS FORM AS SOON AS POSSIBLE AS THIS WILL EXPEDITE THE PROCESSING OF YOUR RETURN. THE INTERNAL REVENUE SERVICE WILL NOTIFY US WHEN YOUR RETURN IS ACCEPTED. YOUR RETURN IS NOT CONSIDERED FILED UNTIL THE INTERNAL REVENUE SERVICE CONFIRMS THEIR ACCEPTANCE, WHICH MAY OCCUR AFTER THE DUE DATE OF YOUR RETURN.

Form **8879-EC**

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning

_ , 2020, and ending _

Department of the Treasury Internal Revenue Service

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

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

2020

Name of exempt organization or person subject to tax

PIECE BY PIECE

Name and title of officer or person subject to tax

ALAN ALPERT, TREASURER

PART Type of Poturn and Poturn Information (Whole Dellars Only)

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here ► X	b Tota	al revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	347,904.
2a	Form 990-EZ check here ▶	b_	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	_ Ш	b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here ▶	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here ▶	b	Balance due (Form 8868, line 3c)	5b	
6a	Form 990-T check here ▶	b	Total tax (Form 990-T, Part III, line 4)	. 6b	
7a	Form 4720 check here ►	b	Total tax (Form 4720, Part III, line 1)	. 7b	
_					

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revolution a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

X I authorize HOLTHOUSE CARLIN & VAN TRIGT LL to enter my PIN ERO firm name

4 2 7 6 8

as my signature

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

AXPAYER'S COPY

Date ► 11/15/2021

Part III Certification and Authentication

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

9 5 2 0 6 4 9 5 4 3 4

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature

Date -

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

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2020)

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

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

A F	or th	e 2020	calendar year, or tax year beginning , 2020	, and ending			, 20	
В.			C Name of organization		D Employer ide	ntificatio	n number	
В (Check if a	applicable:	PIECE BY PIECE		20-834	8198		
	Addre		Doing business as					
	Name	e change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone nu	mber		
	Initia	l return	1317 EAST 7TH STREET		(213) 45	9-142	20	
		return/ inated	City or town, state or province, country, and ZIP or foreign postal code					
	Amer	nded	LOS ANGELES, CA 90021		G Gross receipts	\$ \$	347,904.	
		cation	F Name and address of principal officer: LEE RAAGAS		H(a) Is this a gro subordinates		Yes X No	
	_ ,	9	1317 EAST 7TH STREET, LOS ANGELES, CA 90021		H(b) Are all subord		ed? Yes No	
ī	Tax-ex	cempt st	atus: X 501(c)(3) 501(c) () ◄ (insert no.) 4947(a)(1)	or 527	If "No," a	tach a list.	See instructions	
J	Webs	ite: 🕨	HTTP://WWW.PIECEBYPIECE.ORG/		H(c) Group exem	ption numb	per 🕨	
K	Form	of organ	nization: X Corporation Trust Association Other	L Year of for	mation: 2007 M	State of I	egal domicile: CA	
P	art I	Su	ımmary	'	<u> </u>			
	1	Briefly	v describe the organization's mission or most significant activities: WE PR	OVIDE FREE	MOSAIC ART	WORK	SHOPS TO	
ø			IDENTS OF SKID ROW, SOUTH LA, AND SURROUNDING					
Governance		EXP	ERIENCED HOMELESSNESS AND/OR ARE LIVING WITH	ECONOMIC I	NSECURITY.			
ern	2	Check	this box if the organization discontinued its operations or dispose	ed of more than 2	25% of its net asset	S.		
98	3		er of voting members of the governing body (Part VI, line 1a)			3	8.	
	4		per of independent voting members of the governing body (Part VI, line 1b)			4	8.	
ijes	5		number of individuals employed in calendar year 2020 (Part V, line 2a)			5	2.	
Activities &	6		number of volunteers (estimate if necessary)			6	25.	
Act	7a		unrelated business revenue from Part VIII, column (C), line 12			7a	0.	
	1		nrelated business taxable income from Form 990-T, Part I, line 11			7b	0.	
_		1401 01	Treated business taxable mount from 500 1,1 art 1, mile 11 1 1 1 1 1		Prior Year	112	Current Year	
	8	Contri	ibutions and grants (Part VIII, line 1h)		212,16	0.	280,374.	
Revenue	9		am service revenue (Part VIII, line 2g)		222,13	0.	0.	
Ş.	10		tment income (Part VIII, column (A), lines 3, 4, and 7d)			0.	1.	
R	11		revenue (Part VIII, column (A), lines 5, 4, and 7d)		162,87		67,529.	
	12				375,03	_	347,904.	
	13		revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		373,03	0.	0.	
	14		s and similar amounts paid (Part IX, column (A), lines 1-3) its paid to or for members (Part IX, column (A), line 4)			0.	0.	
	4-		es, other compensation, employee benefits (Part IX, column (A), lines 5-10)		100,61		97,621.	
Expenses	16 0				10,11		7,945.	
ben	10a	Total	ssional fundraising fees (Part IX, column (A), line 11e)		10,11		7,713.	
$\tilde{\mathbf{x}}$	17		fundraising expenses (Part IX, column (D), line 25) 38,194		173,37	6	138,566.	
	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		284,10		244,132.	
	18		expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		90,93		103,772.	
- S	19	Rever	nue less expenses. Subtract line 18 from line 12		eginning of Current		End of Year	
Net Assets or Fund Balances	20	T-4-1	to (Post V. Es- 40)		85 , 86		246,815.	
sse Bala	20		assets (Part X, line 16)		9,82		66,998.	
a et	21		liabilities (Part X, line 26)		76,04		179,817.	
			ssets or fund balances. Subtract line 21 from line 20		70,05	5.	1/7,01/.	
	art II		of perjury, I declare that I have examined this return, including accompanying sched	ulas and statemen	to and to the heat o	: mu kno	wlodge and holief it is	
			complete. Declaration of preparer (other than officer) is based on all information of wh			IIIy KIIO	wiedge and belief, it is	
			TAXPAYER'S COP	Y	11/1	5/202	1	
Sig	ın	-	Signature of officer		Date	3/202		
He				משמ	Date			
		_	ALAN ALPERT TREASU Type or print name and title	REK				
				Date		DTIA	<u> </u>	
Paid	t		DUANTE MILKINGON A. T. T. M. A.		Check	if PTIN		
	parer		NOT BUOLISE CARLEN S. ITAN BRIGHT LID	11/15/2			P01231617	
	Only		s name ►HOLTHOUSE CARLIN & VAN TRIGT LLP		Firm's EIN ▶ 9			
			saddress >3011 TOWNSGATE ROAD, SUITE 400 WESTLAKE VILLAGE, CA 9136		1 110110 110.		74-8555	
_			iscuss this return with the preparer shown above? (see instructions)) <u>.</u>			X Yes No	
For	Pape	rwork	Reduction Act Notice, see the separate instructions.				Form 990 (2020)	

PIECE BY PIECE 20-8348198 Form 990 (2020) Page 2 Part III **Statement of Program Service Accomplishments** Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: TO PROVIDE LOW-INCOME AND FORMERLY HOMELESS PEOPLE FREE MOSAIC ART WORKSHOPS USING RECYCLED MATERIALS TO DEVELOP MARKETABLE SKILLS, SELF-CONFIDENCE, EARNED INCOME AND AN IMPROVED QUALITY OF LIFE. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?.... If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 168,955. including grants of \$) (Revenue \$ IN STRATEGIC PARTNERSHIP WITH SKID ROW HOUSING TRUST, PIECE BY PIECE OPERATES AS A SOCIAL-ENTERPRISE TO OFFER RESIDENTS OF SKID ROW AND SOUTH LA ARTS LEARNING THAT BRINGS VOICE TO THEIR CREATIVE EXPRESSION, AND PROVIDES A PATH TO EARNED INCOME THROUGH ENGAGEMENT IN COMMISSIONED PROJECTS. **4b** (Code:) (Expenses \$ including grants of \$) (Revenue \$) (Expenses \$ including grants of \$) (Revenue \$ **4c** (Code: 4d Other program services (Describe on Schedule O.)) (Revenue \$

(Expenses \$ including grants of \$

4e Total program service expenses ▶ 168,955.

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Form 990 (2020)
Part IV Page 3

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
-	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
·	assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
·	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	Ė		
•	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
_	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		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		Х
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			3.5
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			Х
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	Х	Λ
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	- 1	
'	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f		Х
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111		- 21
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	120		Х
h	Schedule D, Parts XI and XII	12a		
b	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
-	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
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
	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			Х
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Λ

Part IV Checklist of Required Schedules (continued) Page 4

ı aı ı	One children of nequired ocheques (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		162	
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
_0	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		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 lines 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			37
	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,"			v
	complete Schedule N, Part II.	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	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,		Х	
25-	or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	25h		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		
30	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	31		
30	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part		30		
rare	Check if Schedule O contains a response or note to any line in this Part V			
	2.122 Concessed Communication of note to any mile in the fact virginity virginity in the fact virginity vi		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 in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
-	reportable gaming (gambling) winnings to prize winners?	1c	Х	
JSA 0E1030			990	(2020)
J = 1000	6891SD U575 11/15/2021 12:43:44 PM V 20-7.6F			

Form 990 (2020)

Part V S Page 5

Par	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. 2							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X				
	b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>							
	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).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the							
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or							
	gifts were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods							
	and services provided to the payor?	7a		X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was							
	required to file Form 8282?	7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year?	8						
	Sponsoring organizations maintaining donor advised funds.	0-						
	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
	Initiation fees and capital contributions included on Part VIII, line 12							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders							
	Gross income from members or shareholders							
D	against amounts due or received from them.)							
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
	Is the organization licensed to issue qualified health plans in more than one state?	13a						
-	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which							
	the organization is licensed to issue qualified health plans							
С	Enter the amount of reserves on hand							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or							
	excess parachute payment(s) during the year?	15		X				
	If "Yes," see 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.							

Form 990 (2020) PIECE BY PIECE 20-8348198 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI S

Sect	ion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	8			
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		0			
b	Enter the number of voting members included on line 1a, above, who are independent	1b	8	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business re		ship with		X	
	any other officer, director, trustee, or key employee?			2		-
3	Did the organization delegate control over management duties customarily performed by or ur			3		Х
	supervision of officers, directors, trustees, or key employees to a management company or other p			4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi			5		X
5 6	Did the organization become aware during the year of a significant diversion of the organization's Did the organization have members or stockholders?			6		X
о 7а	Did the organization have members of stockholders, or other persons who had the power to el					
· u	one or more members of the governing body?			7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval					
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions under					
	the year by the following:					
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					37
`4:	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9	١	X
becu	on B. Policies (This Section B requests information about policies not required by the Inte	iiiai	Revenue	Code	.) Yes	No
	Did the annuitation have lead shorters branches an efficience?			10a		X
	Did the organization have local chapters, branches, or affiliates?		oboptoro	Tua		
b	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exempt procedure.		-	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	•		11a		Х
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	mig in	o ioiiii. I			
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests		ould give			
	rise to conflicts?		_	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the p	olicy?	If "Yes,"			
	describe in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review are					
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation			15a	X	
a	The organization's CEO, Executive Director, or top management official			15b		X
Ŋ	Other officers or key employees of the organization					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	r arra	ingement			
	with a taxable entity during the year?		_	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization					
	participation in joint venture arrangements under applicable federal tax law, and take steps to					
	organization's exempt status with respect to such arrangements?			16b		<u> </u>
ecti	on C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ►CA,					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), (3)s only) available for public inspection. Indicate how you made these available. Check all that ap		and 990-	(Sec	tion 5	01(c)
	Own website Another's website X Upon request Other (explain on Science and that ap		e ())			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents of the contract		,	of intor	act r	oliov
13	and financial statements available to the public during the tax year.	icillo,	COMMICT	ıı ıııtel	esi þ	oncy,
20	· · · · · · · · · · · · · · · · · · ·	ooks	and record	ls ▶		
	State the name, address, and telephone number of the person who possesses the organization's lawn m. Mendelson 1317 E 7TH STREET LOS ANGELES, CA 90021 213-459-1420		10001C			

Form **990** (2020)

Form 990 (2020) PIECE BY PIECE 20-8348198 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 Employees

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	neck ss pe	ition more	e than of is both or/trust Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) DAWN MENDELSON	40.00									
MANAGING DIRECTOR	0.			Х				56,537.	0.	0.
(2) LEE RAAGAS	1.00									
BOARD CHAIR	0.	Х		Х				0.	0.	0.
(3) ALAN ALPERT	1.00									
BOARD TREASURER	0.	X		Х				0.	0.	0.
(4)NICK GRIFFEN	1.00									
BOARD SECRETARY	0.	Х		Х				0.	0.	0.
(5) SOPHIE ALPERT	1.00									
VICE CHAIR	0.	Х		Х				0.	0.	0.
(6) JENNIFER CHRISTIAN HERMAN	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(7) DEREK ALPERT	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(8) WENDY LEVIN	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(9) NANCY GELLER	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(10) MONIQUE DAVIS	1.00									
FORMER BOARD CHAIR	0.	X		Х				0.	0.	0.
(11) JENNIFER CASPAR	1.00									
FORMER BOARD MEMBER	0.	Х						0.	0.	0.
<u>(12)</u>										
(13)										
(14)										
	1		\Box				$\overline{}$			

Form **990** (2020)

20-8348198

Page 8 Form 990 (2020)

PIECE BY PIECE

Pa	rt VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	oye	es,	and I	Hig	hest Compensat	ed Emplo	yees (c	ontinue	d)	
	(A)	(B)			(0	C)			(D)	(E)		ı	(F)	
	Name and title	Average				sition			Reportable	Reporta	able	Est	imated	
		hours per	,				e than c		compensation	compensati			ount of	
		week (list any					is both tor/trust		from	relate				n
		hours for related				1		<u> </u>	the	organiza	99-MISC) from			71
		organizations	divi	stit	Officer	эу е	ghe	Former	organization (W-2/1099-MISC)	(00-2/1099	organiz			ı
		below dotted	dua	tion	4	mpl	st c	P P	(**-2/1033-141100)				related	
		line)	ĭ Ē	lal t		Key employee	omp					orga	nizations	3
			Individual trustee or director	Institutional trustee		0) en					ı		
				ee			Highest compensated employee					Ì		
							<u> </u>							
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1b	Sub-total								56,537.		0.			0.
	Total from continuation sheets to Part VII, S	_							0.		0.			0.
d	Total (add lines 1b and 1c)							>	56,537.		0.			0.
2	Total number of individuals (including but not				ed a	bov	e) who	o re	ceived more than	\$100,000	of			
	reportable compensation from the organization	n ▶	0.											
													Yes	No
3	Did the organization list any former office	er, directo	r, or	tru	uste	e.	kev e	emp	lovee, or highes	t compens	sated			
	employee on line 1a? If "Yes," complete Sched											3		X
4	For any individual listed on line 1a, is the													
4	organization and related organizations gre													
	individual											4		Χ
5	Did any person listed on line 1a receive or										idual			
,	for services rendered to the organization? If "Ye											5		Х
Se	ction B. Independent Contractors	,pio	501				- 5. 511	12.01						
1		nensated i	ndene	anda	ent	COn	tracto	rs t	hat received more	than \$100	0.000			
•	compensation from the organization. Report of													
	year.						,		.					
	<u> </u>							Т	(D)					
	(A) Name and business add	dress							(B) Description of se	rvices		(C) Compens	ation	
	.13.110 4114 24011000 444							+						
								+						
								-						
								+			-			
								-						
2	Total number of independent contractors (in				nite			se li	isted above) who	received				
	more than \$100,000 in compensation from th	e organizat	tion 🕨	>		0	١.							

PIECE BY PIECE 20-8348198 Form 990 (2020) Page 9

Part VIII Statement of Revenue

		Check if Schedule O contains a respon	se or note to ar	y line in this Part V	/III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
vice Contributions, Gifts, Grants and Other Similar Amounts	2a	Federated campaigns		280,374.			
Program Service Revenue	b c d e f g	All other program service revenue		0.			
	3 4 5 6a	Investment income (including dividends, other similar amounts)	proceeds •	1. 0. 0.			1
	b c d 7a	Less: rental expenses Rental income or (loss) Net rental income or (loss) Gross amount from sales of assets	(ii) Other	0.			
er Revenue	b c d	other than inventory 7a Less: cost or other basis and sales expenses 7b Gain or (loss) 7c Net gain or (loss)		0.			
Other	8a b	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	0.				
		Net income or (loss) from fundraising events. Gross income from gaming activities. See Part IV, line 19 9a Less: direct expenses 9b	0.	0.			
		Net income or (loss) from gaming activities. Gross sales of inventory, less returns and allowances	0.	0.			
neous nue	11a	Net income or (loss) from sales of inventory. SALES OF ARTWORK SERVICE WORKSHOPS	Business Code 900099 900099	0. 56,529. 11,000.	56,529. 11,000.		
Miscellaneous Revenue	b c d	All other revenue		67,529.	11,000.		
	12	Total revenue. See instructions		347,904.	67,529.		1

Form 990 (2020) PIECE BY PIECE 20-8348198 Page **10**

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response	onse or note to any line	in this Part IX	 	X
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21	0.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign				
organizations, foreign governments, and				
foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors,				
trustees, and key employees	56,537.	28,269.	11,307.	16,961.
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	33,558.	16,779.	6,712.	10,067.
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	0.			
9 Other employee benefits	0.			
10 Payroll taxes	7,526.	3,763.	1,505.	2,258.
11 Fees for services (nonemployees):				
a Management	0.			
b Legal	20.		20.	
c Accounting	12,013.		12,013.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	7,945.			7,945.
f Investment management fees	0.			
9 Other. (If line 11g amount exceeds 10% of line 25, column	60 106	60 106		
(A) amount, list line 11g expenses on Schedule O.) ATCH 1	69,196.	69,196.		
12 Advertising and promotion	5,646.	5,646.	0.000	
13 Office expenses	3,566.	1,334.	2,232.	0
14 Information technology	998.		989.	9.
15 Royalties	0.	F 020		
16 Occupancy	5,232.	5,232.	700	
17 Travel	824.	26.	798.	
18 Payments of travel or entertainment expenses	0.			
for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	7,876.	7,876.		
23 Insurance	7,0701	7,0701		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O.)				
aPROGRAM SUPPLIES/ACTIVITIES	27,112.	27,112.		
hPAYROLL PROCESSING FEES	3,180.	1,590.	636.	954.
cWORKSHOP MEALS	2,132.	2,132.		
dBANK FEES	771.	, ,	771.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	244,132.	168,955.	36,983.	38,194.
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				
following SOP 98-2 (ASC 958-720)	0.			

Form 990 (2020) Page **11**

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	66,913.	1	239,227.
	2	Savings and temporary cash investments	0.	2	0.
	3	Pledges and grants receivable, net	0.	3	0.
	4	Accounts receivable, net	18,953.	4	7,588.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
ets	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
⋖	9	Prepaid expenses and deferred charges	0.	9	0.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 3 , 336 .			
		Less: accumulated depreciation		10c	0.
	11	Investments - publicly traded securities	0.	11	0.
	12	Investments - other securities. See Part IV, line 11	0.		0.
	13	Investments - program-related. See Part IV, line 11.	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	85,866.	15	246,815.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	7,321.	16 17	2,198.
	17	Accounts payable and accrued expenses	0.	18	0.
	18	Grants payable	0.	19	0.
	19 20	Deferred revenue	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0.		0.
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ig		controlled entity or family member of any of these persons	0.	22	0.
Ë	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.		62,300.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	2,500.	25	2,500.
	26	Total liabilities. Add lines 17 through 25	9,821.	26	66,998.
Fund Balances		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
alar	27	Net assets without donor restrictions	76,045.	27	179,817.
Ã	28	Net assets with donor restrictions	0.	28	0.
Fun		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
Assets or	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net	32	Total net assets or fund balances	76,045.	32	179,817.
<u>z</u>	33	Total liabilities and net assets/fund balances	85,866.	33	246,815.
					Form 990 (2020)

Form **990** (2020)

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Χ

Form **990** (2020)

Form 990 (2020) Page **12** Part XI **Reconciliation of Net Assets** Check if Schedule O contains a response or note to any line in this Part XI 347,904. 1 244,132. 2 103,772. 3 3 76,045. Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 4 0. 5 5 0. 6 6 0. 7 7 0. 8 8 0. 9 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 179,817. 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII........ Yes No Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Χ 2a Were the organization's financial statements compiled or reviewed by an independent accountant?..... 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Χ 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of 2c the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.

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

SCHEDULE A (Form 990 or 990-EZ)

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 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

PII	ECE	BY PIECE					20-834	819	8	
Pa	rt I	Reason for Public Cha	rity Status. (All o	organizations must	complet	te this pa	art.) See instructi	ons	•	-
Γhe	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)			
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)									
3		A hospital or a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).			
4		A medical research organiz	ation operated in	conjunction with a hos	spital de	scribed ir	section 170(b)(1)	(A)(iii). Enter the	
	_	hospital's name, city, and st								_
5		An organization operated f		a college or universit	y owned	d or ope	rated by a govern	mer	ntal unit described i	r
	_	section 170(b)(1)(A)(iv). (C	complete Part II.)							
6	Ш	A federal, state, or local go	_			-				
7		An organization that norma	=	•	pport fro	om a go	vernmental unit o	fro	m the general publ	i
		described in section 170(b)		· · · · · · · · · · · · · · · · · · ·						
8		A community trust describe	-		-					
9		An agricultural research org	=			-	-			
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). Ei	nter the i	name, city, and stat	e of	the college or	
		university:								
10		An organization that norma receipts from activities rela support from gross investmacquired by the organization	ted to its exempt f rent income and u n after June 30, 19	unctions, subject to c nrelated business tax 975. See section 509	ertain ex able incc (a)(2). (C	ceptions ome (less Complete	s; and (2) no more to s section 511 tax) fro Part III.)	than	331/3 % of its	
11	37	An organization organized	•	•	-				1	
2	X	An organization organized	•	•					• • •	
		of one or more publicly su	-							-
		Check the box in lines 12a t	_				· ·			J
а		Type I. A supporting orga	•	•	•		•			
		the supported organization	. , .	• • • •		ajority of	the directors or tru	ıstee	es of the	
_		supporting organization.	•							
b			-							
		control or management of			the sam	e person	is that control or n	nana	age the supported	
		organization(s). You must	-							
С	L			• •				nall	y integrated with,	
		its supported organization								
d		☐ Type III non-functionally								
		that is not functionally inte	-		-			and	an attentiveness	
		requirement (see instruct		•					-	
е		Check this box if the orga					• • • • • • • • • • • • • • • • • • • •	pe II,	, Type III	
f	En	functionally integrated, or			porting c	organizat	ion.		1	1
g		ter the number of supported ovide the following information	=							J
9		ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of moneta	arv/	(vi) Amount of	-
	(1)	amo or oupported organization	(11) = 111	(described on lines 1-10	listed in yo	ur governing	support (see	,	other support (see	
Z	ATTA	ACHMENT 1		above (see instructions))	Yes	ment?	instructions)		instructions)	
					163	NO				-
A)										
										-
B)										
										_
C)										
ο,										-
D)										
										-
E)										
Γota	al						168,95	5.		

Schedule A (Form 990 or 990-EZ) 2020 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2016 **(b)** 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total Amounts from line 4 Gross income from interest, dividends. payments received on securities loans. rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 . . . 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) Section C. Computation of Public Support Percentage % Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) % 16a 331/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this b 331/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2020 Page 3

Support Schedule for Organizations Described in Section 509(a)(2) Part III

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

	tion A. Public Support		I	T	T		
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
•	organization without charge						
6	Total. Add lines 1 through 5						
ı a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
-	received from other than disqualified						
	persons that exceed the greater of \$5,000						
_	or 1% of the amount on line 13 for the year. Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
•	line 6.)						
Sec	tion B. Total Support		1				
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar						
	sources						
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
_	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	activities not included in line 10b, whether						
	or not the business is regularly carried on.						
40							
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	the organizati	on's first, secon	d, third, fourth,	or fifth tax ye	ear as a section	501(c)(3)
	organization, check this box and stop here.						▶ 🔲
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2020 (line 8,	column (f), divid	led by line 13, colu	mn (f))		15	%
16	Public support percentage from 2019 Sche	dule A, Part III, lir	ne 15			16	%
Sec	tion D. Computation of Investment	Income Per	centage				
17	Investment income percentage for 2020 (lin	ie 10c, column ((f), divided by line	13, column (f))		17	%
18	Investment income percentage from 2019 S	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2020. If the org	ganization did r	not check the bo	ox on line 14, a	nd line 15 is m	ore than 331/3%	, and line
	17 is not more than 331/3%, check this	box and stop	here. The organ	nization qualifies	as a publicly s	upported organiza	ation . 🕨 🔲
b	331/3% support tests - 2019. If the orga	anization did no	t check a box on	line 14 or line	19a, and line 16	is more than 33	1/3 %, and
	line 18 is not more than $331/3\%$, check	this box and s	top here. The or	ganization qualifi	es as a publicly	supported organi	ization 🕨 🔙
20	Private foundation. If the organization d	id not check a	a box on line 1	4, 19a, or 19b,	check this box	and see instruc	ctions >

Schedule A (Form 990 or 990-EZ) 2020 Page **4**

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a 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.)

		Yes	NIa
		Yes	No
′		Х	
	1	Λ	
1			
1			X
	2		
-	2-		Х
	3a		- 11
•			
•	3b		
	30		
	3с		
_	36		
f	4a		X
	44		
1			
'	4b		
	40		
l			
)			
	4c		
,	40		
	5a		Х
	Ju		
	5b		
	5c		
	6		Х
	7		X
	8		X
,			
	9a		X
	9b		X
	9с		X
	10a		X
)			
_	10b		

20-8348198

PIECE BY PIECE Schedule A (Form 990 or 990-EZ) 2020

Schedu	le A (Form 990 or 990-EZ) 2020		F	Page 5
Part	Supporting Organizations (continued)			
	r		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 in lines 11b and			3.7
	, , , , ,	11a		X
	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	11b		X
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			X
Secti	detail in Part VI. on B. Type I Supporting Organizations	11c		
Occii	51 D. Type I dapporting organizations		Yes	No
			103	110
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Х	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			X
Socti	on C. Type II Supporting Organizations	2		Λ
Secu	on C. Type ii Supporting Organizations		Yes	No
	Manager of the control of the forest of the forest of the first of the		169	NO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
		2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on 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 ins	tructi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instr		_
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard	3h		

Schedule A (Form 990 or 990-EZ) 2020 Page **6**

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	3	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (expla	in in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organi	izations n	nust complete Sectio	ns A through E.
Se	ction 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		
	Other expenses (see instructions)	7		
_8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Se	ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
c	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors (explain in detail in Part VI):	1e		
_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		
Se	ection 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		ted Type III supporting	n organization
-	(see instructions).	, iii.ogia		g 0. gann <u>-</u> anon

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 Page **7**

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		
Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpo	3			
4	4 Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required - p	5			
6	Other distributions (describe in Part VI). See instructions.	6			
7	Total annual distributions. Add lines 1 through 6.		7		
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	9 Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)

		(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2020			
а	From 2015			
b	From 2016			
С	From 2017			
d	From 2018			
е	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2016			
b	Excess from 2017			
С	Excess from 2018			
d	Excess from 2019			
е	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 Page **8**

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

				ATTACHMENT	1
SCHEDULE A, PART I - INFORMATION ABOUT	SUPPORTED C	RGANIZATIO	NS		
		(III) TYPE OF	(IV)	(V) AMOUNT OF	(VI) OTHER
(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	ORGANIZATION	YES NO	SUPPORT	SUPPORT AMOUNT
SKID ROW HOUSING TRUST	95-4205316	10	X	168,955.	0.
TOTAL AMOUNT OF SUPPORT				168,955.	0.

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

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

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

2020

Employer identification number

PIECE BY PIECE 20-8348198 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** [X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

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

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

Name of organization PIECE BY PIECE

Employer identification number 20-8348198

Part I	Contributors	(see instructions).	Use duplicate	copies of Part I if	additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	RAYMOND & BARBARA ALPERT FOUNDATION 5521 E. LA PASADA STREET LONG BEACH, CA 90815	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	LAURA LETCHINGER 21122 AVENUE SAN LUIS WOODLAND HILLS, CA 91364	\$9,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_	THE ALPERT & ALPERT FOUNDATION 1815 SOTO STREET LOS ANGELES, CA 90023	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	JEWISH COMMUNITY FOUNDATION OF LA 6505 WILSHIRE BOULEVARD., STE 1200 LOS ANGELES, CA 90048	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	6505 WILSHIRE BOULEVARD., STE 1200	\$5,000. (c) Total contributions	Payroll Noncash (Complete Part II for
(a)	6505 WILSHIRE BOULEVARD., STE 1200 LOS ANGELES, CA 90048 (b)	(c)	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	6505 WILSHIRE BOULEVARD., STE 1200 LOS ANGELES, CA 90048 (b) Name, address, and ZIP + 4 ALPERT-WALDMAN FAMILY TRUST 25021 BUCKSKIN DRIVE	(c) Total contributions	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

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

Name of organization PIECE BY PIECE

Employer identification number 20-8348198

Part I Con	tributors (see instructions).	Use duplicate copies of Part I	if additional space is needed.
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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7	LOS ANGELES COUNTY ARTS COMMISSION 1055 WILSHIRE BLVD. SUITE 800 LOS ANGELES, CA 90017	\$69,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8	NATIONAL ENDOWMENT FOR THE ARTS 400 7TH STREET, SW WASHINGTON, DC 20506	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
9	CALIFORNIA ARTS COUNCIL 1300 I STREET, SUITE 930 SACRAMENTO, CA 95814	\$19,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization PIECE BY PIECE

Employer identification number 20-8348198

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization PIECE BY PIECE Employer identification number

				20-8348198		
Part III	Exclusively religious, charitable, etc					
				Complete columns (a) through (e) and		
				of exclusively religious, charitable, etc.,		
	contributions of \$1,000 or less for th Use duplicate copies of Part III if addit			ee instructions.) \triangleright $ _{$		
(a) No.			su.			
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
		(e) Transf	er of gift			
	Transferee's name, address, a	nd 7IP ± 4	Palatio	nship of transferor to transferee		
	Transieree's name, address, a	IIU ZIF T 4	Kelatio	nsinp of transferor to transferee		
(a) No. from	(b) Purpose of gift	(c) Use	of aift	(d) Description of how gift is held		
Part I	(ii) i iii pees ei giii	(0,000		(a) Decempion of non-girt is not		
	(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relatio	nship of transferor to transferee		
(a) No.						
`from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
· u						
		(e) Transf	er of gift			
	Transferee's name, address, a	nd 7ID : 4	Polotio	nship of transferor to transferee		
	Transieree's name, address, a	IIU ZIF T 4	Kelatio	nship of transferor to transferee		
(a) No. from	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
Part I	(,, , , , , , , , , , , , , , , , , , ,	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(,, , , , , , , , , , , , , , , , , , ,		
				1		
		(e) Transf	er of gift			
	Transferee's name, address, a	nd ZIP + 4	Relatio	nship of transferor to transferee		

SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

PII	CE BY PIECE		20-8348198
Pa	rt I Organizations Maintaining Donor Adv		r Accounts.
	Complete if the organization answered	l "Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	r advisors in writing that the assets held	in donor advised
	funds are the organization's property, subject to the	e organization's exclusive legal control? .	Yes No
6	Did the organization inform all grantees, donors, a	and donor advisors in writing that grant f	unds can be used
	only for charitable purposes and not for the bene	fit of the donor or donor advisor, or for a	any other purpose
	conferring impermissible private benefit?		Yes No
Pa	rt II Conservation Easements.		
	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (for example		of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contribution in	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement		2b
С	Number of conservation easements on a certified		2c
d	Number of conservation easements included in (
_	historic structure listed in the National Register		2d
3	Number of conservation easements modified, tra	insferred, released, extinguished, or term	inated by the organization during the
	tax year ►	annetice accompant is leasted b	
4	Number of states where property subject to conse		tion bounding of
5	Does the organization have a written policy re-		-
6	violations, and enforcement of the conservation ea Staff and volunteer hours devoted to monitoring, insp		
6	Starr and volunteer nours devoted to monitoring, msp	becting, handing of violations, and emorcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspec	ting handling of violations and enforcing o	conservation easements during the year
•	S	and chiefening of violations, and chiefening c	onservation easements during the year
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of secti	ion 170(h)(4)(B)(i)
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text		
	organization's accounting for conservation easeme	•	
Pa	rt III Organizations Maintaining Collections		er Similar Assets.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under Fa of art, historical treasures, or other similar asse	ASB ASC 958, not to report in its revenu	ue statement and balance sheet works
	of art, historical treasures, or other similar asse service, provide in Part XIII the text of the footnote	ets held for public exhibition, education,	or research in furtherance of public
b	If the organization elected, as permitted under F		
D	art, historical treasures, or other similar assets he provide the following amounts relating to these ite	eld for public exhibition, education, or res ms:	search in furtherance of public service,
	(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 a		assets for financial gain, provide the
	following amounts required to be reported under F		
а	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		· · · · · · · • \$
b	Assets included in Form 990, Part X		⊳ \$

Schedule D (Form 990) 2020 Page 2

Pa	rt Organizations Maintaini	ng Colle	ctions of	Art, Histo	rical Tre	asures	s, or	Other	Similar A	Assets (d	continued	1)
3	Using the organization's acquisition	n, acces	sion, and o	other recor	ds, check	c any of	f the	follow	ing that m	nake sigr	nificant us	e of its
	collection items (check all that app	ly):			_							
а	Public exhibition			d	_	or excha						
b	Scholarly research			e	Other							
С	Preservation for future gene											
4	Provide a description of the organ	nization's	collections	s and expla	ain how t	hey fur	ther	the or	ganization's	s exemp	t purpose	in Part
_	XIII.											
5	During the year, did the organization									_		
Do	assets to be sold to raise funds rath			ained as pa	rt of the c	organiza	ation	s collec	ction?		Yes	No
Ра	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.											
1 a	a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not											
	included on Form 990, Part X?											
b	If "Yes," explain the arrangement i	n Part XII	I and comp	olete the fol	lowing tab	ole:						
										Amount		
С	Beginning balance											
d	Additions during the year						1d					
е	Distributions during the year					- F	1e					
f	Ending balance						1f	- (l' - l		L 11'L O		
	Did the organization include an am		•	•						, _	Yes	No No
	If "Yes," explain the arrangement in the transfer of the trans	n Part XII	i. Check n	ere ii the ex	pianation	nas bee	en pr	ovided	on Part XIII		<u></u>	
Га	rt V Endowment Funds. Complete if the organiza	ation ans	wered "Ye	es" on For	m 990 F	Part IV	line	10				
	Complete ii the organize		rent year	(b) Prio		(c) Two			(d) Three y	ears back	(e) Four ye	ears back
4 -	Denimina of wear balance	(4) 04.		(2)	. , , , , ,	(-,	,		(4)		(0) : 0 a.) 0	
1a	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains, and losses											
d	Grants or scholarships											
e	Other expenditures for facilities											
Ū	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage	of the cu	rrent year	end balance	e (line 1g,	column	(a))	held as	:			
а	Board designated or quasi-endown			_%								
	Permanent endowment	%										
С	Term endowment ▶	_%										
	The percentages on lines 2a, 2b, a		•									
3a	Are there endowment funds not in	the posse	ession of th	ne organiza	ition that	are held	d and	d admir	nistered for	the	V	es No
	organization by:											S NO
	(i) Unrelated organizations(ii) Related organizations										3a(i) 3a(ii)	
b	If "Yes" on line 3a(ii), are the relate										3b	
4	Describe in Part XIII the intended	•		•								
_	rt VI Land, Buildings, and Equ	uipment.	_									
	Complete if the organize	ation ans	swered "Y									
	Description of property			other basis tment)	(b) Cost o	or other ba ther)	sis		cumulated eciation	(d	l) Book value	9
1a	Land		, 50	,	,-	,						
b	Buildings											
С	Leasehold improvements	ı										
d	Equipment	[3,33	6.		3,336.			
<u>e</u>	Other											
Tota	I. Add lines 1a through 1e. (Column	(d) must	equal Forr	n 990, Part	X, columi	n (B), lin	e 10	c.)	<u>.</u> >			

Schedule D (Form 990) 2020

PIECE BY PIECE

	red "Yes" on Form 99	00, Part IV, line 11b. See Form 990, F	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	
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)		_	
(D)			
(E)			
(F) (G)			
(H)		+	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	>		
Part VIII Investments - Program Related.			
Complete if the organization answe	red "Yes" on Form 99	00, Part IV, line 11c. See Form 990, F	Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market	า:
(1)		· ·	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	>		
Part IX Other Assets.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	00 Part IV line 44d Cae Form 000 F	20 mt V 15m n 4.5
Complete if the organization answe		90, Part IV, line 11d. See Form 990, F	(b) Book value
(a)	Description		(b) book value
(4)			
(2)			
(2) (3)			
(2) (3) (4)			
(2) (3) (4) (5)			
(2) (3) (4) (5) (6)			
(2) (3) (4) (5) (6) (7)			
(2) (3) (4) (5) (6)			
(2) (3) (4) (5) (6) (7) (8) (9)	B) line 15.)		
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (Part X) Complete if the organization answe			990, Part X,
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (Part X) Complete if the organization answelline 25.			990, Part X, (b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (Part X) Other Liabilities. Complete if the organization answelline 25. 1. (a) Design (1) Federal income taxes	red "Yes" on Form 99		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (Part X) Other Liabilities. Complete if the organization answelline 25. 1. (a) Des (1) Federal income taxes (2) DUE TO AFFILIATES	red "Yes" on Form 99		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (Part X) Complete if the organization answer line 25. 1. (a) Des (1) Federal income taxes (2) DUE TO AFFILIATES (3)	red "Yes" on Form 99		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (Part X) Complete if the organization answe line 25. 1. (a) Des (1) Federal income taxes (2) DUE TO AFFILIATES (3) (4)	red "Yes" on Form 99		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (Part X Other Liabilities.	red "Yes" on Form 99		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (Part X) Complete if the organization answe line 25. 1. (a) Des (1) Federal income taxes (2) DUE TO AFFILIATES (3) (4) (5) (6)	red "Yes" on Form 99		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (Part X) Complete if the organization answe line 25. 1. (a) Des (1) Federal income taxes (2) DUE TO AFFILIATES (3) (4) (5) (6) (7)	red "Yes" on Form 99		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (Part X) Complete if the organization answe line 25. 1. (a) Des (1) Federal income taxes (2) DUE TO AFFILIATES (3) (4) (5) (6) (7) (8)	red "Yes" on Form 99		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (Part X) Complete if the organization answe line 25. 1. (a) Des (1) Federal income taxes (2) DUE TO AFFILIATES (3) (4) (5) (6) (7) (8) (9)	red "Yes" on Form 99	90, Part IV, line 11e or 11f. See Form	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (Part X) Complete if the organization answe line 25. 1. (a) Des (1) Federal income taxes (2) DUE TO AFFILIATES (3) (4) (5) (6) (7) (8)	red "Yes" on Form 99 cription of liability	90, Part IV, line 11e or 11f. See Form	(b) Book value 2,500

Schedule D (Form 990) 2020 Page 4

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
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.)	-	
C	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	-	
b	Prior year adjustments	-	
С	Other losses	-	
d	Other (Describe in Part XIII.)	-	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	-	
b	Other (Describe in Part XIII.)	4c	
с 5	Add lines 4a and 4b	5	
	XIII Supplemental Information.		
Provide 2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	Part V, nation.	line 4; Part X, line

20-8348198 Schedule D (Form 990) 2020 PIECE BY PIECE Page 5

Part XIII Supplemental Information (continued)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number 20-8348198

Name of the organization PIECE BY PIECE

FORM 990, PART VI, SECTION A, LINE 2:

THE BOARD MEMBERS, SOPHIE ALPERT AND ALAN ALPERT, HAVE A FAMILY

RELATIONSHIP. DEREK ALPERT IS NOT RELATED TO EITHER OF THEM.

FORM 990, PART VI, SECTION A, LINE 7A:

SKID ROW HOUSING TRUST APPOINTS 5 OF THE 9 BOARD MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11B:

BOARD CHAIR AND FINANCE COMMITTEE MEMBERS WILL REVIEW IT BEFORE IT IS SUBMITTED.

FORM 990, PART VI, SECTION B, LINE 12C:

CONFLICT OF INTEREST POLICY IS DOCUMENTED IN THE CORPORATE BYLAWS. AT HIRING, HUMAN RESOURCE MANAGEMENT DISTRIBUTES THE CONFLICT OF INTEREST POLICY TO ALL EMPLOYEES WHICH REQUIRES THAT THE EMPLOYEES DISCLOSE ANY ACTIVITIES THAT MAY BE IN CONFLICT WITH PIECE BY PIECE AND SIGN THE POLICY AGREEMENT. NEW MEMBERS RECEIVE COPIES OF THE CORPORATE BYLAWS INCLUDING CONFLICT OF INTEREST CLAUSES

UPON JOINING THE BOARD. THE BOARD ANNUALLY SIGNS THE CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD UTILIZES ANNUAL QUESTIONNAIRES TO ACHIEVE THIS.

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL

STATEMENTS ARE AVAILABLE UPON REQUEST.

ATTACHMENT 1

FORM 990, PART IX - OTHER FEES

DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
INSTRUCTOR FEES	15,735.	15,735.		
VISITING ARTISTS FEE	1,300.	1,300.		
ARTISAN FEES	27,833.	27,833.		
STUDIO INSTRUCTOR FEES	23,528.	23,528.		
PROFESSIONAL FEES	800.	800.		
TOTALS	69,196.	69,196.		

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
PIECE BY PIECE

Department of the Treasury

Internal Revenue Service

Employer identification number 20-8348198

Part I	Identification of Disregarded Entities. Complete if the organization	answered "Yes" on	Form 990, Part I	V, line 33.		
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(1 controlled entity?	
						Yes	No
(1) SKID ROW HOUSING TRUST 95-4205316							
1317 EAST SEVENTH STREET LOS ANGELES, CA 90021	HOUSING	CA	501(C)(3)	LINE 10	N/A		X
(2)							
							l
(3)							
							l
(4)							
							İ
(5)							
							İ
(6)							
(7)							
							<u> </u>

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2020

Schedule R (Form 990) 2020 Page 2

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, Part III because it had one or more related organizations treated as a partnership during the tax year. (b) Primary activity (g) Share of end-of-(i) Code V - UBI (j) (d) (e) Predominant (h) (k) Name, address, and EIN of Lègal Direct controlling Share of total Percentage General or Disproportionate income (related, domicile related organization income amount in box 20 entity year assets managing ownership allocations? unrelated. (state or of Schedule K-1 partner? excluded from foreign (Form 1065) tax under sections 512 - 514) country) Yes No Yes No (1) (2) (3) (4)

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes No
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

(5)

(6)

(7)

Yes No

Page 3

Scriedule K ((F0III 990) 2020
Part V	Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

b	Gift, grant, or capital contribution to related organization(s)				10		_
С	Gift, grant, or capital contribution from related organization(s)				1c		X
	Loans or loan guarantees to or for related organization(s)				1d		X
	Loans or loan guarantees by related organization(s)				1e		X
f	Dividends from related organization(s)				1f		X
	Sale of assets to related organization(s)				1g		X
					1h		X
:	Purchase of assets from related organization(s)				1i	- 1	X
!	Exchange of assets with related organization(s).				1j		X
J	Lease of facilities, equipment, or other assets to related organization(s)				',		
	Leave of the PPC and any Comment of the comment of				1k		X
	Lease of facilities, equipment, or other assets from related organization(s)				11		<u>X</u>
	Performance of services or membership or fundraising solicitations for related organization(s)				-		<u>X</u>
	Performance of services or membership or fundraising solicitations by related organization(s)				1m	Х	_
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		-
0	Sharing of paid employees with related organization(s)				10		<u>X</u>
	Reimbursement paid to related organization(s) for expenses				1p		X
q	Reimbursement paid by related organization(s) for expenses				1q		X
r	Other transfer of cash or property to related organization(s)				1r		X
S	Other transfer of cash or property from related organization(s)		 		1s		Χ
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete to	this line, including cove	red relationships and trans	action thre	sholds	i	
	(a) Name of related organization	(b) Transaction	(c) Amount involved	Method	(d)		
	Name of related organization	type (a-s)	Amount involved		oi detei int invol		
		31 - (* -)					
(1)							
(2)							
							_
(3)							
							_
(4)							
							_
(5)							
							_
(6)			Sci	hedule R (I	Form 9	990) 20	20

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Schedule R (Form 990) 2020

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

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

(a) Name, address, and EIN of	entity (b) Primary activit	y (c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	Are all sec 501 organia	e) partners ction (c)(3) zations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop	(h) cortionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana parti	i) eral or aging ner?	(k) Percentage ownership
			sections 512 - 514)	Yes	No			Yes	No	(Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													
											<u> </u>		

Page 4

Schedule R (Form 990) 2020 Page 5

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

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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

Auton	natic 6-Month Extension of Time. Only subm	it origin	al (no copies needed).			
All corp	orations required to file an income tax return other than Fo	rm 990-T	(including 1120-C filers), partnership	s, REMICs	s, and trusts	
must us	e Form 7004 to request an extension of time to file income	e tax retur	ns.			
	1					
Type or	De or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN)					
print						
File by the	PIECE BY PIECE				20-834819	8
due date fo filing your return. See	1317 EAST 7TH STREET	ee instruct	ions.			
instruction		reign add	ress, see instructions.			
Enter th	e Return Code for the return that this application is for (file	a separa	te application for each return)			0 1
Applica	tion	Return	Application			Return
ls For		Code	Is For			Code
Form 99	00 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 99	00-BL	02	Form 1041-A			08
Form 47	'20 (individual)	03	Form 4720 (other than individual)			09
Form 99	00-PF	04	Form 5227			10
	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	00-T (trust other than above)	06	Form 8870			12
			MANAGING DIRECTOR	0001		
	pooks are in the care of \triangleright 1317 E 7TH STRE	SET -)UZI		
-	ohone No. ► (213) 459-1420		Fax No.			
	organization does not have an office or place of business					
	s is for a Group Return, enter the organization's four digit (1				
box 🕨	. If it is for part of the group, check this box	and atta	ch a list with the names and TINs of	all membe	ers the extension is	tor.
4 1.	aguant an automatic 6 month automaion of time until	MOVE	MBER 15, 2021 , to file	a tha avan	ant avanciantion rate	um for
	equest an automatic 6-month extension of time until			e tne exem	ipt organization retu	irn for
	e organization named above. The extension is for the orgate \overline{X} calendar year 2020 or	iriization s	return for.			
	tax year beginning	an	d ending			
	tax year beginning	, an			_ ·	
2 If	the tax year entered in line 1 is for less than 12 months, ch	neck reaso	on: Initial return	Final retur	n	
_ <u>"</u>	Change in accounting period	TOOK TOUGH	milian rotaini	i iiiai rotai		
_						
3a If	this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, 6	enter the tentative tax, less			
	ny nonrefundable credits. See instructions.	,	,	За	\$	0.
	this application is for Forms 990-PF, 990-T, 4720, or 6069,	, enter any	refundable credits and			
	stimated tax payments made. Include any prior year overpa	•		3b	\$	0.
c B	alance due. Subtract line 3b from line 3a. Include your pa	yment witl	h this form, if required, by			
us	sing EFTPS (Electronic Federal Tax Payment System). See	instructio	ns.	3с	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

Form 8868 (Rev. 1-2020)

HOLTHOUSE CARLIN & VAN TRIGT LLP CERTIFIED PUBLIC ACCOUNTANTS 3011 TOWNSGATE ROAD, SUITE 400 WESTLAKE VILLAGE, CA 91361

* * * * *

PIECE BY PIECE
INSTRUCTIONS FOR FILING
FORM 8453-E0

CA E-FILE RETURN AUTHORIZATION FOR EXEMPT ORGANIZATIONS FOR THE YEAR ENDED DECEMBER 31, 2020

THE ORIGINAL FORM 8453-EO SHOULD BE SIGNED (USE FULL NAME) AND DATED BY AN AUTHORIZED OFFICER OF THE ORGANIZATION.

PLEASE RETURN THE SIGNED FORM ON OR BEFORE NOVEMBER 15, 2021 TO:

HOLTHOUSE CARLIN & VAN TRIGT LLP 3011 TOWNSGATE ROAD, SUITE 400 WESTLAKE VILLAGE CA 91361

YOUR RETURN WILL BE FILED ELECTRONICALLY.

THERE IS NO TAX DUE WITH THE FILING OF THIS RETURN.

DO NOT SEPARATELY FILE FORM 199 WITH THE STATE OF CALIFORNIA. DOING SO WILL DELAY THE PROCESSING OF YOUR RETURN.

WE MUST RECEIVE YOUR SIGNED FORM BEFORE WE CAN ELECTRONICALLY TRANSMIT YOUR RETURN, WHICH IS DUE ON OR BEFORE NOVEMBER 15, 2021. WE WOULD APPRECIATE YOU RETURNING THIS FORM AS SOON AS POSSIBLE AS THIS WILL EXPEDITE THE PROCESSING OF YOUR RETURN. THE STATE WILL NOTIFY US WHEN YOUR RETURN IS ACCEPTED. YOUR RETURN IS NOT CONSIDERED FILED UNTIL THE STATE CONFIRMS THEIR ACCEPTANCE, WHICH MAY OCCUR AFTER THE DUE DATE OF YOUR RETURN.

027 DO NOT MAIL THIS FORM TO THE FTB Date Accepted California e-file Return Authorization for TAXABLE YEAR **FORM Exempt Organizations** 8453-EO **Exempt Organization name** Identifying number PIECE BY PIECE 20-8348198 Part I Electronic Return Information (whole dollars only) 347,904. 244,132. Part II Settle Your Account Electronically for Taxable Year 2020 Electronic funds withdrawal 4a Amount **4b** Withdrawal date (mm/dd/yyyy) Part III Banking Information (Have you verified the exempt organization's banking information?) 5 Routing number Checking 7 Type of account: Savings 6 Account number Part IV Declaration of Officer I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a. Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2020 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay. TAXPAYER'S CC Sign 11/15/2021 TREASURER Here Signature of officer Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions. I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2020 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge. ERO's PTIN Check Date Check if ERO'salso paid if self-**ERO** signature employed preparer Must Firm's FEIN Firm's name (or yours Sign if self-employed) ZIP code and address Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge. Paid Date Check Paid preparer's PTIN Paid preparer's if self-

For Privacy Notice, get FTB 1131 ENG/SP.

and address

Firm's name (or yours if self-employed)

signature

Preparer

Must

Sign

P01231617

ZIP code

91361

employed

HOLTHOUSE CARLIN & VAN TRIGT LLP 95-4345526

3011 TOWNSGATE ROAD, SUITE 400

Firm's FEIN

CA

WESTLAKE VILLAGE

TAXABLE YEAR 2020

California Exempt Organization Annual Information Return

FORM

199

Calendar Yea	r 2020 or fiscal year beginning (mm/dd/yyyy)			, and	d ending (mm/do	d/yyyy)		
Corporation/O	rganization name					Californi	a corp	oration number
PIEC	E BY PIECE					301	315	0
	ormation. See instructions.					FEIN		
						20-	834	8198
Street address	s (suite or room)					۵ 0	J J I	PMB no.
	EAST 7TH STREET							
City	EASI /IN SIREEI						tate	Zip code
•	ANGEL EG							'
	ANGELES	Foreign province	o lototo locu	unts.			CA	90021 Foreign postal code
Foreign count	y name	Foreign provinc	e/state/cot	шц				Foreign postar code
			1					
A First retur	n		X No	I Did the org	ganization have a	ny chang	jes to it	
B Amended	l return		X No	not reporte	d to the FTB? Se	e instruct	ions.	Yes X No
C IRC Sect	ion 4947(a)(1) trust	Yes 7	X _{No}	J If exempt u	under R&TC Sec	tion 2370	01d, ha	as the organization
D Final info	rmation return?			engaged ir	n political activitie	s? See ir	struction	ons. Yes X No
• 🔲	Dissolved Surrendered (Withdrawn) Merge	d/Reorganized		K Is the orga	nization exempt	under R8	TC Se	ection 23701g? • Yes X No
Enter dat	e: (mm/dd/yyyy) •			•	·			nember sources • \$
E Check ac	counting method:				•			ny? • Yes X No
(1)	Cash (2) X Accrual (3) Other			_	ganization file Fo	-	-	, <u> </u>
F Federal re				-	ome?			
(1)	990T (2) ● 990PF (3) ● Sch H (990) (4	Other 990	series		nization under au			
. ,	group filing? See instructions		X No			,		Yes X No
		• = =	X					
	ganization in a group exemption	ies _] NO		rorm 1023/1024 with IRS			Yes X No
ii ies, v	what is the parent's name?			Date illed v	WILLI IKS		_	
Dort L Co	mulate Dout I impless not required to file this	- farm Caa C	anaval lu	formation D) and C			
Part I Co	mplete Part I unless not required to file this							67,53000
	1 Gross sales or receipts from other sources. From					1		67,53000
	2 Gross dues and assessments from members a					2		200 27400
	3 Gross contributions, gifts, grants, and similar	amounts receive	d		тсп т	3		280,37400
Receipts and	4 Total gross receipts for filing requirement tes		•					2.45 0.0400
Revenues	This line must be completed. If the result is I		00, see Ge	neral Informat				347,90400
	5 Cost of goods sold				0.0			
	6 Cost or other basis, and sales expenses of asset	ets sold ● 6			0.0			
	7 Total costs. Add line 5 and line 6					7		00
	8 Total gross income. Subtract line 7 from line 4				•	8		347,90400
Expenses	9 Total expenses and disbursements. From Side	2, Part II, line 1	8		•	9		244,13200
	10 Excess of receipts over expenses and disburs	ements. Subtrac	ct line 9 fro	om line 8		10		103,77200
	11 Total payments				•	11		00
	12 Use tax. See General Information K					12		00
	13 Payments balance. If line 11 is more than line	e 12, subtract lir	ne 12 from	line 11	•	13		00
Filing Fee	14 Use tax balance. If line 12 is more than line 1					14		00
	15 Penalties and Interest. See General Information	•				15		00
	16 Balance due. Add line 12 and line 15. Then s		from the re	esult				00
	Under penalties of periury I declare that I have examin	ed this return incl	uding accor	nnanving sched	lules and stateme	ents and	to the I	best of my knowledge and belief it is
Sign	true, correct, and complete. Declaration of preparer (et Signature	or than taxpayer)	is based o	all information	of which prepare	r has any	knowle	edge. elephone
Here	Signature of officer ALAN ALPERT	TREASU:	RER		Date		7	13-459-1420
		1-1-1-100.	Date		.		● P	
	Preparer's signature > At. Ohani Wilking	100		5/2021	Check if self- employed		- 1	01231617
	Preparer's signature Dtephanic Wilking		1 +1/1	0/4041	employed			irm's FEIN
Paid	Firm's name (or yours,	ייו איז א דאר	חיים ד מ	ת זז ח			- 1	
Preparer's	if self-employed) HOLTHOUSE CARLI and address 3011 TOWNSCATE						-	5-4345526 elephone
Use Only	JULI TOWNDOATH	-		1 00				'
	WESTLAKE VILLAG	-					Ιβ	05-374-8555
	May the FTB discuss this return with the preparer	shown above?	See instru	ctions			•	X Yes No

027

3651204

Form 199 2020 Side 1

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

Part II	regardless of amount of gross receipts of more	e than \$50,000 and private complete Part II or furnish s	substitute information.	_		
	1 Gross sales or receipts from all busines	s activities. See instructions		•	1	00
	2 Interest			ı	2	100
	3 Dividends			- 1	3	00
Receipts from	4 Gross rents			1	4	00
Other	5 Gross royalties			1	5	00
Sources	6 Gross amount received from sale of asse			1	6	00
	7 Other income. Attach schedule				7	67,52900
	8 Total gross sales or receipts from othe			•		07,32300
		-				67,53000
	Enter here and on Side 1, Part I, line 1			1	8	00
	9 Contributions, gifts, grants, and similar				9	00
	10 Disbursements to or for members				10	56,53700
	11 Compensation of officers, directors, and				11	33,55800
	12 Other salaries and wages			1	12	
Expenses					13	7,52600
and Disburse-	14 Taxes				14	5,23200
ments	15 Rents			1	15	, , , , , , , , , , , , , , , , , , , ,
	16 Depreciation and depletion (See instruc	tions)	лт∩ц	•	16	141 27000
	17 Other expenses and disbursements. Att	ach schedule	Алсп	. 4 •	17	141,27900
	18 Total expenses and disbursements. Ad			t I, line 9 .	18	244,13200
Schedul	e L Balance Sheet	Beginning of				xable year
Assets		(a)	(b)		(c)	(d)
			66,913.			239,227.
	ccounts receivable		18,953.			7,588.
3 Net n	otes receivable					•
	tories					•
5 Fede	ral and state government obligations					•
6 Inves	tments in other bonds					•
7 Inves	tments in stock					•
8 Morto	gage loans					•
9 Other	r investments. Attach schedule	2 225				•
10 a De	preciable assets	3,336.			3,336.	
b Les	ss accumulated depreciation	3,336.			3,336.	
11 Land						•
12 Other	r assets. Attach schedule					•
13 Total	assets		85,866.			246,815.
	s and net worth					0.100
14 Acco	unts payable		7,321.			<u>2,198.</u>
	ibutions, gifts, or grants payable					•
	s and notes payable					62,300.
17 Morto	gages payable					•
18 Other	r liabilities. Attach schedule	ATCH 5	2,500.			2,500.
19 Capit	al stock or principal fund					•
20 Paid-	in or capital surplus. Attach reconciliation .					•
21 Retai	ned earnings or income fund		76,045.			179,817.
22 Total	liabilities and net worth		85,866.			246,815.
Schedul	le M-1 Reconciliation of income per book Do not complete this schedule if th		line 13, column (d), is less the	han \$50,000		
1 Net in	come per books	103	,772. 7 Income reco	rded on books	this vear	
	al income tax				Attach schedule	•
	s of capital losses over capital gains		8 Deductions			
	e not recorded on books this year.			k income thi	-	
	schedule				s year.	
	ses recorded on books this year not		9 Total. Add I			
	ted in this return. Attach schedule		10 Net income			
	Add line 1 through line 5			•	6	103,772.
J TOTAL.	Add into 1 tillough into J	100	, , , Z • Subtract IIII	C & HOITINIE		100,112.

027 3652204

FORM 199, PART I, LINE 3 - LIST OF CONTRIBUTORS

ATTACHMENT 1

		DIRECT PUBLIC	GOVERNMENT
NAME AND ADDRESS	DATE	SUPPORT	GRANTS
RAYMOND & BARBARA ALPERT FOUNDATION 5521 E. LA PASADA STREET LONG BEACH, CA 90815	01/07/2020	20,000.	
LAURA LETCHINGER 21122 AVENUE SAN LUIS WOODLAND HILLS, CA 91364	04/03/2020	9,000.	
THE ALPERT & ALPERT FOUNDATION 1815 SOTO STREET LOS ANGELES, CA 90023	01/07/2020	5,000.	
JEWISH COMMUNITY FOUNDATION OF LA 6505 WILSHIRE BOULEVARD., STE 1200 LOS ANGELES, CA 90048	12/21/2020	5,000.	
ALPERT-WALDMAN FAMILY TRUST 25021 BUCKSKIN DRIVE LAGUNA HILLS, CA 92653	01/07/2020	5,000.	
DEPARTMENT OF CULTURAL AFFAIRS 201 N FIGUEROA ST., SUITE 1400 LOS ANGELES, CA 90012	VAR		32,600.
LOS ANGELES COUNTY ARTS COMMISSION 1055 WILSHIRE BLVD. SUITE 800 LOS ANGELES, CA 90017	VAR		69,000.
NATIONAL ENDOWMENT FOR THE ARTS 400 7TH STREET, SW WASHINGTON, DC 20506	05/01/2020		20,000.

FORM 199, PART I, LINE 3 - LIST OF (CONTRIBUTORS		ATTACHMENT 1 (CONT'D)
NAME AND ADDRESS	DATE	DIRECT PUBLIC SUPPORT	GOVERNMENT GRANTS
CALIFORNIA ARTS COUNCIL 1300 I STREET, SUITE 930 SACRAMENTO, CA 95814	10/01/2020		19,000.
OTHER CONTRIBUTORS <\$5K EACH 1317 EAST 7TH STREET LOS ANGELES, CA 90021	VAR	95,774.	

139,774.

140,600.

TOTAL CONTRIBUTION AMOUNTS

ATTACHMENT	2	
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PART II - OTHER INCOME

SALES OF ARTWORK SERVICE WORKSHOPS

56,529. 11,000.

TOTAL OTHER INCOME

67,529.

ATTACHMENT 3

COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME	TITLE	COMPENSATION
LEE RAAGAS	BOARD CHAIR	0.
ALAN ALPERT	BOARD TREASURER	0.
NICK GRIFFEN	BOARD SECRETARY	0.
SOPHIE ALPERT	VICE CHAIR	0.
JENNIFER CHRISTIAN HERMAN	BOARD MEMBER	0.
DEREK ALPERT	BOARD MEMBER	0.
WENDY LEVIN	BOARD MEMBER	0.
NANCY GELLER	BOARD MEMBER	0.
DAWN MENDELSON	MANAGING DIRECTOR	56,537.
MONIQUE DAVIS	FORMER BOARD CHAIR	0.
JENNIFER CASPAR	FORMER BOARD MEMBER	0.
TOTAL COMPENSATION OF OFFICERS, DIRECTORS, AND	TRUSTEES	56,537.

ATTACHMENT 4

PART II - OTHER EXPENSES

LEGAL EXPENSES ACCOUNTING EXPENSE PROFESSIONAL EXPENSE OTHER FEES FOR SVCS ADVERTISING OFFICE EXPENSES INFO. TECHNOLOGY TRAVEL EXPENSES INSURANCE PROGRAM SUPPLIES/ACTIVITIES PAYROLL PROCESSING FEES WORKSHOP MEALS	20. 12,013. 7,945. 69,196. 5,646. 3,566. 998. 824. 7,876. 27,112. 3,180. 2,132.
	2,132. 771.

SCHEDULE L - OTHER LIABILITIES

CORPORATE NAME: PIECE BY PIECE EIN OF BUSINESS: 20-8348198

DESCRIPTION	BEG. OF YEAR	END OF YEAR
DUE TO AFFILIATES	2,500.	2,500.
TOTAL CORPORATION OTHER LIABILITIES	2,500.	2,500.
TOTAL OTHER LIABILITIES	2,500.	2,500.

HOLTHOUSE CARLIN & VAN TRIGT LLP CERTIFIED PUBLIC ACCOUNTANTS 3011 TOWNSGATE ROAD, SUITE 400 WESTLAKE VILLAGE, CA 91361

* * * * *

PIECE BY PIECE INSTRUCTIONS FOR FILING FORM RRF-1

CALIFORNIA ANNUAL REGISTRATION RENEWAL FEE REPORT FOR THE YEAR ENDED DECEMBER 31, 2020

THE ORIGINAL RETURN SHOULD BE SIGNED (USE FULL NAME) AND DATED ON PAGE 1 BY AN AUTHORIZED OFFICER OF THE ORGANIZATION. THE ATTACHED COPY OF THE FORM 990-PF SHOULD ALSO BE SIGNED (USING FULL NAME AND TITLE) AND DATED ON PAGE 13 BY AN AUTHORIZED OFFICER OF THE ORGANIZATION.

FILE THE SIGNED RETURN BY NOVEMBER 15, 2021 WITH:

REGISTRY OF CHARITABLE TRUSTS
P.O. BOX 903447
SACRAMENTO, CA 94203-4470

A CHECK OR MONEY ORDER PAYABLE TO "DEPARTMENT OF JUSTICE" IN THE AMOUNT OF \$75 SHOULD BE ATTACHED TO THE RETURN. BE SURE TO INCLUDE THE FEDERAL EIN AND "2020 FORM RRF-1" ON THE CHECK.

TO DOCUMENT THE TIMELY FILING OF YOUR TAX RETURN(S), WE SUGGEST THAT YOU OBTAIN AND RETAIN PROOF OF MAILING. PROOF OF MAILING CAN BE ACCOMPLISHED BY SENDING THE TAX RETURN(S) BY REGISTERED OR CERTIFIED MAIL (METERED BY THE U.S. POSTAL SERVICE) OR THROUGH THE USE OF AN IRS APPROVED DELIVERY METHOD PROVIDED BY AN IRS DESIGNATED PRIVATE DELIVERY SERVICE.

STATE OF CALIFORNIA

DEPARTMENT OF JUSTICE
PAGE 1 of 5

RRF-1 (Rev. 09/2017) MAIL TO:

MAIL 10:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
STREET ADDRESS
1300 I Street
Sacramento, CA 95814
(916) 210-6400
WEBSITE ADDRESS:

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

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

Failure to submit this report annually no later than four months and fifteen 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.

(For Registry Use Only)

www.oag.ca.gov/charities	2370	3; Government Code section 12586.1.	IRS extensions will b	e honored.			
PIECE BY PIECE			Check if:				
Name of Organization			Change of address				
List all DBAs and names the organization uses or has used		A					
1317 EAST 7TH STREET		Amended report					
Address (Number and Street)			State Charity Regis	tration Number CT01	149923		
LOS ANGELES CA 9002	21		Otate Chanty Negis				
City or Town, State and ZIP Code			Corporate or Ord	anization No. 3013	3150		
(213)459-1420	I	ADMIN@PIECEBYPIECE.ORG					
Telephone Number	E	E-mail Address	Federal Employer	I.D. No20-8	3348198		
ANNUAL	REGISTRATIO	N RENEWAL FEE SCHEDULE (11 Make Check Payable to Dep	•	•	1, and 312)		
Gross Annual Revenue	<u>Fee</u>	Gross Annual Revenue	<u>Fee</u>	Gross Annual Revenu	<u>ie</u>	Ē	Fee_
Less than \$25,000 Between \$25,000 and \$100,000	0 \$25	Between \$100,001 and \$250,000 Between \$250,001 and \$1 million			ı \$	\$150 \$225 \$300	
PART A - ACTIVITIES							,
Gross Annual Revenue \$	347,904.	g period (beginning0170172 Noncash Contributions	\$ ⁰ .			5.	
PART B - STATEMENTS REC	SARDING ORGA	ANIZATION DURING THE PERIOD O	F THIS REPORT				
		f you answer "yes" to any of the c ils for each "yes" response. Please				Yes	No
	•	contracts, loans, leases or other financial t			est?	103	X
officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest? 2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?						X	
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? 3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?						Х	
During this reporting period coventurer used?	, were the service	es of a commercial fundraiser, fundraising	counsel for charitable	e purposes, or commercia	ATCH 6	X	
5. During this reporting period	, did the organizati	on receive any governmental funding?			ATCH 7	X	
During this reporting period	, did the organizat	ion hold a raffle for charitable purposes?			AICII /		X
7. Does the organization condu	uct a vehicle donati	on program?					Х
Did the organization conduction generally accepted account		audit and prepare audited financial stater	ments in accordance	with			Х
At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?					х		
I declare under penalty of pe belief, it is true, correct and	erjury that I hav complete, and I	re examined this report, including am authorized to the company of	S COPY	cuments, and to the b	est of my know	edge an	d
		ALAN ALPERT	TR	EASURER			
Signature of Auth	norized Agent	Printed Name	e	Title	Dat	 :e	

FORM RRF-1, PART B - PROFESSIONAL FUNDRAISER

ATTACHMENT 6

NAME	STREET ADDRESS	CITY, STATE AND ZIP CODE	TELEPHONE
CALI HAYES	3439 NE SANDY BLVD., #3	354 PORTLAND, OR, 97232	323-919-9778

FORM RRF-1, PART B - CONTRIBUTING GO

ATTACHMENT 7

GOVERNMENT AGENCY NAME	STREET ADDRESS	CITY, STATE AND ZIP CODE	CONTACT NAME	TELEPHONE
DEPARTMENT OF CULTURAL AFFAIRS	201 N FIGUEROA ST. STE 1400	LOS ANGELES, CA 90012	JOE SMOKE	213-202-5500
LOS ANGELES COUNTY ARTS COMMISSION	1055 WILSHIRE BLVD. STE 800	LOS ANGELES, CA 90017	ROSALYN ESCOBAR	213-202-5858
NATIONAL ENDOWMENT FOR THE ARTS	400 7TH STREET, SW	WASHINGTON, DC, 20506	GRANTS ADMINISTRATOR	202-682-5046
CALIFORNIA ARTS COUNCIL	1300 I STREET, SUITE 930	SACRAMENTO, CA, 95814	NICOLE SANCHEZ	916-322-6555