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ARMANINO LLP

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** PUBLIC DISCLOSURE COPY **

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

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

Open to Public Inspection

A	or u	ne 2021 calendar year, or tax year beginning	ов I, 2021 and	i enaing 0	UN 30, 2022		_
В	Check i applical	f C Name of organization THE CONNIE RICE INSTITUTE FOR URE	BAN		D Employer ider	ntification number	
	Addr	ress					
F	Nam Char	e IIDDAN DEAGE INGE	TUTE		36-48160)75	
F	_ Initia	Being saemiese as		Room/suite	E Telephone nun		_
	retur Final retur	1910 SUNSET BLVD	iivereu to street address)	800	(213) 404		
	term ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$	4,271,981	
	Ame retur	nded LOS ANGELES, CA 90026			H(a) Is this a grou	ıp return	
	Appl tion	Finame and address of principal officer: Finance	ANDO REJON		for subordina	ates? Yes X No	o
	pend	SAME AS C ABOVE			H(b) Are all subordina	tes included? Yes No	o
<u> </u>	Гах-е	xempt status: X 501(c)(3) 501(c) ()		or 527	If "No," attac	ch a list. See instructions	
J	Webs	ite: N/A			H(c) Group exem	ption number >	
	orm o		ssociation Other >	L Year	of formation: 2015	M State of legal domicile; CF	A
	1	Briefly describe the organization's mission or most	significant activities: TO REI	DUCE AND E	PREVENT COMMUNI	ΓͲΥ	_
Activities & Governance	'	VIOLENCE BY CREATING INNOVATIVE AND HE					
rna	2	Check this box if the organization disco	ntinued its operations or dispo	sed of more	than 25% of its net	assets.	
o Ve	3	Number of voting members of the governing body	(Part VI, line 1a)			3	5
Ğ	4	Number of independent voting members of the gov	verning body (Part VI, line 1b)			4	5
S S	5	Total number of individuals employed in calendar y	rear 2021 (Part V, line 2a)			5	0
Vitie	6	Total number of volunteers (estimate if necessary)				6	5
Ć	7 a	a Total unrelated business revenue from Part VIII, co				7a 0	٠.
_	l t	Net unrelated business taxable income from Form	990-T, Part I, line 11	<u></u>		7b 0	٠.
					Prior Year	Current Year	_
Φ	8	Contributions and grants (Part VIII, line 1h)			69,81		
eun	9					0. 610,300	•
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4,					•
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c	, 9c, 10c, and 11e)				٠.
	12	Total revenue - add lines 8 through 11 (must equal		69,81	· · · · · ·		
	13	Grants and similar amounts paid (Part IX, column (•
	14	Benefits paid to or for members (Part IX, column (A					•
es	15	Salaries, other compensation, employee benefits (F				0. 815,737	
Expenses	16a	Professional fundraising fees (Part IX, column (A), I	ine 11e)			0. 0	٠.
ă X	. k	Total fundraising expenses (Part IX, column (D), line				021 004	
ш	''	Other expenses (Part IX, column (A), lines 11a-11d,				13. 931,804	
	18	Total expenses. Add lines 13-17 (must equal Part I)				1,747,541	_
	19	Revenue less expenses. Subtract line 18 from line	12		69,80	' '	•
Net Assets or	1	T		Ве	ginning of Current Ye 69,80		_
SSE	20	Total assets (Part X, line 16)			09,80	03. 2,691,736 0. 97,493	
let A	21	Total liabilities (Part X, line 26)			69,80		
	22 art II	Net assets or fund balances. Subtract line 21 from Signature Block	ine 20		02,00	2,334,243	÷
		nalties of perjury, I declare that I have examined this return,	including accompanying schedule	e and stateme	ents, and to the hest o	of my knowledge and helief it is	_
		ect, and complete. Declaration of preparer (other than office				in my knowledge and boller, it is	
tiuo	, 00110	ot, and complete. Declaration of preparer (other than office	n j is based on an information of w	mon proparor	nas any knowledge.		_
Sig	n	Signature of officer			Date		_
Her		FERNANDO REJON, EXECUTIVE DIRECTO	R				
	·	Type or print name and title					_
		Print/Type preparer's name	Preparer's signature	1	Date Check	PTIN	_
Paid	i	KATY BROWN	KATY BROWN	o	3/22/23 if self-e	mployed P00650274	
	parer	Firm's name ARMANINO LLP		I	Firm's EIN		_
	Only	Firm's address 11766 WILSHIRE BLVD 9TH	FLOOR			.	_
	•	LOS ANGELES, CA 90025			Phone no.	310-478-4148	
Ma	v the	IRS discuss this return with the preparer shown abo	ve? See instructions		·	X Yes No	_

FOIII	1990 (2021)	30 4010073 Page 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	URBAN PEACE INSTITUTE REDUCES AND PREVENTS COMMUNITY VIOLENCE BY	
	APPLYING A PUBLIC HEALTH APPROACH TO UNDERSTAND THE UNDERLYING REASONS	
	FOR VIOLENCE AND CREATE INNOVATIVE, HOLISTIC WAYS TO CHANGE THE	
	CONDITIONS THAT LEAD TO THEM. WE PROVIDE TECHNICAL ASSISTANCE AND	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as me	easured 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 \$ 357,217. including grants of \$) (Revenue :	323,070.
	COMMUNITY HEALTH AND SAFETY - IN LOS ANGELES, UPI IMPLEMENTS	·
	ON-THE-GROUND VIOLENCE REDUCTION PROGRAMS, INCLUDING TWO SCHOOL SAFETY	
	COLLABORATIVES TO INCREASE SAFETY FOR FAMILIES, A LEADERSHIP INSTITUTE	
	TO DEVELOP THE ADVOCACY CAPACITY OF BLACK AND BROWN RESIDENTS, AND	
	SPEARHEADS THE COMMUNITY SAFETY PARTNERSHIP RELATIONSHIP-BASED POLICING	
	INITIATIVE TO PREVENT AND REDUCE VIOLENCE. THESE PROGRAMS HAVE THE	
	OVERARCHING GOAL TO CREATE SAFE AND HEALTHY NEIGHBORHOODS.	
	OVERANCHING GOAD TO CREATE DATE AND HEADTHI NEIGHBORHOODS.	
4b	(Code:) (Expenses \$) (Revenue :	\$
	TRAINING AND REGIONAL SUPPORT - THROUGH THE URBAN PEACE ACADEMY, THE	
	ORGANIZATION TRAINS RESIDENTS, PEACEMAKERS, AND LAW ENFORCEMENT	
	OFFICERS IN PUBLIC HEALTH APPROACHES TO REDUCE VIOLENCE. OVER THE PAST	
	YEAR, UPI TRAINED OVER 1,000 PEACEMAKERS, RESIDENTS, COMMUNITY	
	PRACTITIONERS, AND HEALTH OUTREACH WORKERS TO SUPPORT COMMUNITY HEALTH	
	AND SAFETY IN LOS ANGELES AND ACROSS THE COUNTRY.	
4c	(Code:) (Expenses \$ 119,124. including grants of \$) (Revenue:	\$ 287,230.
	SMART JUSTICE - UPI WORKS TO PROMOTE SMART JUSTICE POLICY SOLUTIONS TO	
	KEEP YOUTH OF COLOR ON TRACK AND OUT OF THE CRIMINAL JUSTICE SYSTEM.	
	THIS WORK INCLUDES UPLIFTING THE VOICES OF YOUNG PEOPLE TO END THE	
	DEVASTATING CYCLE OF YOUTH INCARCERATION, UPI ENGAGES IN ADVOCACY	
	EFFORTS TO TRANSFORM THE YOUTH JUSTICE SYSTEM IN LOS ANGELES COUNTY.	
	WITH THE GOAL OF ENDING THE DEVASTATING CYCLE OF INCARCERATION THAT HAS	
	DISPROPORTIONATELY IMPACTED COMMUNITIES OF COLOR FOR DECADES.	
	DISTRICT ORTHOGRAFIED THE ACTED COMMONTHES OF COLOR FOR DECADED.	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 1,166,499.	

PEACE 36-4816075

Form 990 (2021) PEACE Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
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		х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20 a	and the second s	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes " complete Schedule I, Parts I and II	21	1	х

132003 12-09-21

Form **990** (2021)

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Form 990 (2021) PEACE
Part IV | Checklist of Required Schedules (continued) 36-4816075

	Continued)						
	Bill		Yes	No			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			x			
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22					
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current						
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23		x			
24.5	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23					
24a	last day of the year, that was issued after December 31, 2002? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete</i>						
	Schedule K. If "No," go to line 25a	24a		x			
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b					
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	245					
·	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					
	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		Х			
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,						
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled						
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х			
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,						
	instructions for applicable filing thresholds, conditions, and exceptions):						
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If						
	"Yes," complete Schedule L, Part IV	28a		Х			
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х			
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If						
	"Yes," complete Schedule L, Part IV	28c		X			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			,,			
	contributions? If "Yes," complete Schedule M	30		X			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31					
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x			
22	Schedule N, Part II	32		Α .			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		x			
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33					
0.7		34		x			
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х			
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000					
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b					
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?						
	If "Yes," complete Schedule R, Part V, line 2	36		х			
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization						
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI						
38							
	Note: All Form 990 filers are required to complete Schedule O	38	X				
Pai	TV Statements Regarding Other IRS Filings and Tax Compliance						
	Check if Schedule O contains a response or note to any line in this Part V						
			Yes	No			
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 12						
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming						
	(gambling) winnings to prize winners?	1c	Х	l			

Page 5 Form 990 (2021)
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 36-4816075

	o o i learninger			T			
0-	Fater the growth are of applications are added as Farms W.O. Transposition of Warra and Tay Obstances.		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						
	The drief the calcificative serious with the year covered by this fetal in	OI.					
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b					
0-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	0-		х			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		^			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4-		x			
_	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a					
D	If "Yes," enter the name of the foreign country See instructions for filling requirements for FinCFN Form 114. Beneat of Foreign Benk and Financial Associate (FRAR)						
E	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	Ea		х			
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u> 5b		x			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c					
_	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30					
6a	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			
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ua					
b	was and have the three Hills O	6b					
7	Organizations that may receive deductible contributions under section 170(c).	OD					
и 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		х			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.5					
·	to file Form 8282?	7с		x			
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d						
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g					
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?						
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?						
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities						
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders						
b	Gross income from other sources. (Do not net amounts due or paid to other sources against						
40-	amounts due or received from them.) Continue (2007(-) VI) and account the production of the productio	40-					
_	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a					
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year						
		13a					
ŭ	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	iou					
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 13c						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or						
	excess parachute payment(s) during the year?	15		х			
	If "Yes," see the instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х			
	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any						
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17					
	If "Ves." complete Form 6069						

Form 990 (2021)

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 Section 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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? X 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes " describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Own website X Upon request Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records TIMOTHY SHUGRUE - (213) 404-0124

Form **990** (2021)

90026

1910 SUNSET BLVD, STE 800, LOS ANGELES,

Form 990 (2021) PEACE 36-4816075 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 the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)			((C)			ed any current officer, di	(E)	(F)	
Name and title	Average	Pos			Position			Reportable	Reportable	Estimated	
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)			s both	n an	compensation	compensation	amount of	
	week	offi	cer ar	nd a d	irecto	r/trus	tee)	from	from related	other	
	(list any	ctor						the	organizations	compensation	
	hours for	dire				ᇛ		organization	(W-2/1099-MISC/	from the	
	related	tee o	ıstee			ensat		(W-2/1099-MISC/	1099-NEC)	organization	
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee		1099-NEC)		and related	
	below	idual	tution	æ	em pl	est c loyee	Jer.			organizations	
	line)	Indiv	Insti	Officer	Key	High	Former				
(1) FERNANDO REJON	40.00										
EXECUTIVE DIRECTOR				Х				8,654.	0.	C	
(2) CONNIE RICE	1.00										
CHAIR		Х		Х				0.	0.	C	
(3) SUSAN LEE	1.00										
TREASURER		Х		Х				0.	0.	(
(4) XAVIER MORALES	1.00										
SECRETARY		Х		Х				0.	0.	(
(5) PAULA LITT	1.00										
DIRECTOR		Х						0.	0.	1	
(6) GERALD TORRES	1.00										
DIRECTOR		Х						0.	0.	(
		1									
		_									
		-									
		-									
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_	THE CONNIE R	CE INSTITU	TE :	FOR	URI	BAN				26 4914	507E		5	
orm Par	990 (2021) PEACE † VII Section A. Officers, Directors, Trus	toos Kov Emr	love	200	and	Hic	nhas	t Co	omnensated Employee	36-4816	00/5		Pa	age
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(do box,	not cl	(C Posi neck r ss per	c) ition more son is recto		one n an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC 1099-NEC)	/	am comp frorga	(F) timate nount other pensa om the anizat d relate	of tion e ion ed
1b	Subtotal								8,654.		0.			0
С	Total from continuation sheets to Part VI Total (add lines 1b and 1c) Total number of individuals (including but n compensation from the organization	I, Section A						o re	8,654. ceived more than \$100,		0.			0
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s.								hest compensated empl			3	Yes	No X
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	0,000? <i>If</i> "Yes," accrue compen	e co " <i>co</i> satio	mpe <i>mple</i> on fr	ensate ete S om a	tion Sche any	and dule unre	oth J fo elate	er compensation from the compensation from the compensation or individual compensation in the compensation from the compensation	ne organization		4		X
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors Complete this table for your five highest con											5 on fro	om	Х
	the organization. Report compensation for the	•	•							•				

(A)	(B)	(C)
Name and business address	Description of services	Compensation
CHAPTER TWO, 8929 S SEPULVEDA BLVD STE		
405, LOS ANGELES, CA 90045	CONSULTING	350,048.
2 Total number of independent contractors (including but not limited to	those listed above) who received more than	
0400 000 f	1	

Page 9 Form 990 (2021) PEACE
Part VIII Statement of Revenue 36-4816075

		Check if Schedule O contains a response	or note to any line	in this Part VIII			
		Officer if deficable of contains a response	or note to any line	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
							Sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns1a					
ira ou	b	Membership dues1b					
s, C	С	Fundraising events1c					
i i	d	Related organizations 1d					
s, c	е	Government grants (contributions) 1e	946,771.				
Sign	f	All other contributions, gifts, grants, and					
her		similar amounts not included above	2,714,910.				
햦	g						
No.	9 h	Total. Add lines 1a-1f		3,661,681.			
<u> </u>		Total: Add lines 14 11	Business Code	, , , , , , , , , , , , , , , , , , , ,			
_	0 -	CONTRACT REVENUE	900099	333,070.	333,070.		
ice	2 a	DDOGDAN FEED	900099	•	,		
er v	b	PROGRAM FEES	900099	277,230.	277,230.		
n S en	С						
ran }ev	d						
Program Service Revenue	е						
<u>P</u>	f	All other program service revenue					
	g	Total. Add lines 2a-2f	>	610,300.			
	3	Investment income (including dividends, inter-	est, and				
		other similar amounts)	▶ [
	4	Income from investment of tax-exempt bond					
	5	Royalties	. [
	•	(i) Real	(ii) Personal				
	6 2						
	_						
	b	' "					
	C	` '					
		Net rental income or (loss)	(ii) Othor				
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
Jue		and sales expenses					
Revenue	С	Gain or (loss) 7c					
	d	Net gain or (loss)					
Jer	8 a	Gross income from fundraising events (not					
₹		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18	1				
	b	Less: direct expenses 8t	,				
		Net income or (loss) from fundraising events	•				
		Gross income from gaming activities. See					
	- u	Part IV, line 19	J				
	h	Less: direct expenses 9t					
			<u>'</u>				
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10					
		Less: cost of goods sold10					
	С	Net income or (loss) from sales of inventory					
ဖွ			Business Code				
Miscellaneous Revenue	11 a						
ane	b						
eve	С						
Aisc B	d	All other revenue					
2		Total. Add lines 11a-11d					
		Total revenue See instructions		4 271 981.	610 300.	0	0

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Х Check if Schedule O contains a response or note to any line in this Part IX (D) Do not include amounts reported on lines 6b. Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 92,898 51,094. 41,804 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 393,302. Other salaries and wages 577,017. 146,578. 37,137. 7 8 Pension plan accruals and contributions (include 5,097 9,009 section 401(k) and 403(b) employer contributions) 14 106 77,729 29,410, 48,319 Other employee benefits 9 53,987 30,778 23,209 10 Payroll taxes Fees for services (nonemployees): Management а Legal 27,580, 21,009. 6.571. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 674,670 589,986 52,280 32,404. column (A), amount, list line 11g expenses on Sch O.) 70,703 15,894 16,358 38,451. Advertising and promotion 12 37,264. 6,125. 30,727. 412. 13 Office expenses Information technology 14 Royalties 15 75,136. 75,136 16 Occupancy 13,635. 10,708. 2,606. 321. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 22 Depreciation, depletion, and amortization 10,339. 10,339 23 Other expenses. Itemize expenses not covered 24 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.) DEVELOPMENT 11,204, 10,525. 679. SUBSCRIPTIONS 9,335 1,189 6,611 535. MISCELLANEOUS 1,266. 735. 163 368. С MEMBERSHIPS/DUES 672. 647. 25. All other expenses е 1,747,541 469,735 111,307. Total functional expenses. Add lines 1 through 24e 1,166,499 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined

Form 990 (2021)

Check here

educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

Page **11**

Form 990 (2021) Part X Balance Sheet

1 2			Beginning of year		End of year
					End of year
2				1	972,744.
	Savings and temporary cash investments			2	
3	Pledges and grants receivable, net			3	
4	Accounts receivable, net		4	1,718,992	
5	Loans and other receivables from any curren				
	trustee, key employee, creator or founder, su	bstantial contributor, or 35%			
	controlled entity or family member of any of t			5	
6	Loans and other receivables from other disqu				
	under section 4958(f)(1)), and persons descri			6	
7	Notes and loans receivable, net		7		
8					
9	Prepaid expenses and deferred charges			9	
10a					
b			10c		
11					
12					
13					
14					
15					
	•	•	· · · · · · · · · · · · · · · · · · ·		2,691,736
					97,493
				21	
22					
				24	
25					
	1 ,	nes 17-24). Complete Part X		05	
00			0		97,493.
∠0		chock hore	0.	20	31,433.
		check here			
27			69 803	27	1,644,243.
	•••••		52,000.		950,000.
20				20	200,000
	_	C 936, Check here			
20		nde		20	
	— ·				2,594,243.
			60,002		2,691,736.
	9 10a b 11 12 13	 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, lir 13 Investments - program-related. See Part IV, lir 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must of the same securities) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Completed trustee, key employee, creator or founder, succontrolled entity or family member of any of the trustee, key employee, creator or founder, succontrolled entity or family member of any of the secured mortgages and notes payable to uneast of the liabilities (including federal income tax, parties, and other liabilities not included on line of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, of and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions Organizations that do not follow FASB ASC and complete lines 29 through 33. 29 Capital stock or trust principal, or current funding Paid-in or capital surplus, or land, building, or and complete lines 29 through 33. 29 Capital stock or trust principal, or current funding Paid-in or capital surplus, or land, building, or Total net assets or fund balances 	8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 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 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets with donor restrictions Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances	8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 10b Less: accumulated depreciation 11 Investments - publicity traded securities 12 Investments - publicity traded securities 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 10 Tax-exempt bond liabilities 11 Escrow or custodial account liability. Complete Part IV of Schedule D 12 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 18 Secured mortgages and notes payable to unrelated third parties 19 Unsecured notes and loans payable to unrelated third parties 20 Total liabilities (including federal income tax, payables to related third parties 21 Unsecured notes and loans payable to unrelated third parties 22 Unsecured notes and loans payable to unrelated third parties 23 Other liabilities (including federal income tax, payables to related third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities, Add lines 17 through 25 26 Total liabilities. Add lines 17 through 25 27 Organizations that follow FASB ASC 958, check here 28 Net assets with odnor restrictions 29 Organizations that do not follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances	8

Form 990 (2021) PEACE 36-4816075 Page **12**

Pai	T XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,	271,	981.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	747,	541.			
3	Revenue less expenses. Subtract line 2 from line 1	3	2,524,4 69,8					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
5	Net unrealized gains (losses) on investments							
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B)) 10							
Pai	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?							
	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							
b	Were the organization's financial statements audited by an independent accountant?		2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	gle Audit						
	Act and OMB Circular A-133?		За		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					
			Form	990	(2021)			

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

THE CONNIE RICE INSTITUTE FOR URBAN Name of the organization **Employer identification number** PEACE 36-4816075 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Page 2

36-4816075

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

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

Sed	ction A. Public Support						_
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")				69,816.	3,661,681.	3,731,497.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3				69,816.	3,661,681.	3,731,497.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						801,480.
	Public support. Subtract line 5 from line 4.						2,930,017.
Sec	ction B. Total Support		T				
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4				69,816.	3,661,681.	3,731,497.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						3,731,497.
	Gross receipts from related activities,	· ·				12	610,300.
13	First 5 years. If the Form 990 is for the	-	rst, second, third,	fourth, or fifth tax	year as a section 50	01(c)(3)	. =
<u> </u>	organization, check this box and stop						Х
	ction C. Computation of Publi			. (6)			
	Public support percentage for 2021 (li					14	<u>%</u>
	Public support percentage from 2020					15	. %
16a	33 1/3% support test - 2021. If the c						
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the c	•		•		•	
47-	and stop here. The organization qual						
1/a	10% -facts-and-circumstances test	_					
	and if the organization meets the facts					_	▶ □
	meets the facts-and-circumstances te	· ·	•				
D	10% -facts-and-circumstances test	_					U% Or
	more, and if the organization meets the		Ť		•		▶□
40	organization meets the facts-and-circu						
ΙÖ	Private foundation. If the organization	п иш посспеск а	box on line 13, 16	a, 100, 17a, 0r 171	u, check this box ar	iu see iristructions	

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

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

Se	ction A. Public Support	siow, piease comp	Diete Fait II.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						V
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 organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	nother than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	(1) = 2 · ·	, , , , , , , , , , , , , , , , , , ,	(2)	(4) = = =	(2,7===	(),
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>	504()(0)	<u> </u>
14	First 5 years. If the Form 990 is for the	•		•	•	. , . ,	. —
Se	check this box and stop here ction C. Computation of Publi	c Support Par	rcentage				P
	•			l (f))		45	
	Public support percentage for 2021 (li					15	<u>%</u>
	Public support percentage from 2020 ction D. Computation of Inves					16	<u>%</u>
	•			ino 13 column (f)\		17	
	Investment income percentage for 20 Investment income percentage from 2					18	<u>%</u>
	a 33 1/3% support tests - 2021. If the						
136	more than 33 1/3%, check this box ar						▶ □
k	33 1/3% support tests - 2020. If the	organization did r	not check a box or	n line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
00	line 18 is not more than 33 1/3%, chece Private foundation. If the organization						
/()	ELIVATE TOURGATION, IT THE ORGANIZATION	н ою пот спеск а	DOX ON line 14 19	a or igo check fr	us dox and see in:	SILLICHOUS	■

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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
4		
1		
2		
20		
3a		
3b		
3с		
4a		
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5b		
5c		
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7		
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9a		
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10a		
10b		

Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either acces or together with personal described on lines 11b and 11c blow, if you governing body or authorised controlled on line 11a above? b A family member of a porson described on line 11a above? c A 35% controlled entity of a person described on line 11a above? c A 35% controlled entity of a person described on line 11a to or 11b above? If yes' (a line 11a, 11b, or 11c, provide described provided in the 11a or 11b above? If yes' (a line 11a, 11b, or 11c, provide described provided in 11b or 11b above? If yes' (a line 11a, 11b, or 11c, provide described provided in 11b or 11b above? If yes' (a line 11a, 11b, or 11c, provide described provided	Pai	T IV Supporting Organizations (continued)			
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trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each					
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	_		3a		
	b	·			
			3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	. aga a
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2		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		
Sect	ion 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 orga	nization (see
	instructions).	, 5	,, ii 5 - 9 -	•

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

THE CONNIE RICE INSTITUTE FOR URBAN

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

PE <i>I</i>	36-4816075	
Organization type (check o	ne):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	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	
	s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	e. See instructions.
General Rule		
_	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's	
Special Rules		
sections 509(a)(1) a contributor, during	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support that 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) If line 1. Complete Parts I and II.	d that received from any one
contributor, during literary, or education	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a the year, total contributions of more than \$1,000 exclusively for religious, charitable, scional purposes, or for the prevention of cruelty to children or animals. Complete Parts I (e) instead of the contributor name and address), II, and III.	ientific,
year, contributions is checked, enter h purpose. Don't cor	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a exclusively for religious, charitable, etc., purposes, but no such contributions totaled materies the total contributions that were received during the year for an exclusively religious applete any of the parts unless the General Rule applies to this organization because it e, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box s, charitable, etc., received <i>nonexclusively</i>
answer "No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, g requirements of Schedule B (Form 990).	•
_HA For Paperwork Reducti	on Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization
THE CONNIE RICE INSTITUTE FOR URBAN
PEACE
36-4816075

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a)	(b)	(c) Total contributions	(d)
No. 2	Name, address, and ZIP + 4	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	* *	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Name, audiess, and LIF + +	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Turney dedicate, and Ell TT	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Name of organization
THE CONNIE RICE INSTITUTE FOR URBAN
PEACE
36-4816075

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	Name, audress, and ZIP + 4	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	- Trume, addition, and En 1 1	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021) Page **3**

Name of organization
THE CONNIE RICE INSTITUTE FOR URBAN
PEACE

Employer identification number
36-4816075

Part II	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	

Schedule B (Form 990) (2021) Page **4**

	rganization		Employer identification number
THE CONN PEACE	HE RICE INSTITUTE FOR URBAN		36-4816075
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional states.	through (e) and the following line entertable, etc., contributions of \$1,000 or	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of gif	t Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of gif	t Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, ar	(e) Transfer of gif	t Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of gif	t Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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 Inspection

Name of the organization

THE CONNIE RICE INSTITUTE FOR URBAN PEACE

Employer identification number 36 - 4816075

Schedule D (Form 990) 2021

organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of prants from (during year) Dot the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Dot the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, for far ny other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a certified historic structure Preservation of open space Complete inse 2 at through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Total number of conservation easements included in (a) qualified conservation contribution in the form of a conservation easement in the last day of the tax year. Number of conservation easements included in (a) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year P A mount of expenses incurred in the conservation easements is holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year P S Does each conservation easement reported on line 2(d) above satisfy
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Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of
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service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of
provide the following amounts relating to these items:
(i) Revenue included on Form 990, Part VIII, line 1 * \$
(ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide
the following amounts required to be reported under FASB ASC 958 relating to these items:
the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$\Bigsim \frac{1}{2} = \fra

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Schedule D (Form 990) 2021

(d) Book value

e Other

(b) Cost or other

basis (other)

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

(a) Cost or other

basis (investment)

Description of property

b Buildingsc Leasehold improvementsd Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)

(c) Accumulated

depreciation

e 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-of-year market value
(c) Method of valuation: Cost or end-of-year market value
+
e 11c. See Form 990, Part X, line 13.
(c) Method of valuation: Cost or end-of-year market value
e 11d. See Form 990, Part X, line 15.
(b) Book value
>
- 44 445 O Form 200 Book V. Page 05
e 11e or 11f. See Form 990, Part X, line 25.
(b) Book value
to the organization's financial statements that reports the
here if the text of the footnote has been provided in Part XIII \dots X Schedule D (Form 990) 202

PEACE

Pa	rt XI Reconciliation of Revenue per Audited Financial		e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	s	1	4,271,981.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	J			
b				
С	1 , 0			
d	Other (Describe in Part XIII.)	2d		
е	• • • • • • • • • • • • • • • • • • • •			0.
3	Subtract line 2e from line 1		3	4,271,981.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а				
b	Other (Describe in Part XIII.)	4b		_
С				0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. lin	e 12.)	5	4,271,981.
Ра	rt XII Reconciliation of Expenses per Audited Financia	-	ses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a.		
1			1	1,747,541.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а				
b	• • • • • • • • • • • • • • • • • • • •			
С				
d	, , , , , , , , , , , , , , , , , , , ,	2d		0
е	• • • • • • • • • • • • • • • • • • • •			0.
3	Subtract line 2e from line 1		3	1,747,541.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 . 1		
a				
b	,			0
_C				0.
5 D a	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I rt XIII Supplemental Information.	ine 18.)	5	1,747,541.
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	· · · · · · · · · · · · · · · · · · ·	art V, line 4; Part X, lin	ie 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi	de any additional information.		
ם א סי	PV ITNE 2.			
PAK	F X, LINE 2:			
mur	ORGANIZATION HAS RECEIVED TAX-EXEMPT STATUS UNDER THE	THEORIAL DEVENUE		
Inb	ORGANIZATION HAS RECEIVED TAX-EXEMPT STATUS UNDER THE	INTERNAL REVENCE		
CODE	E SECTION 501(C)(3) AND UNDER THE CALIFORNIA REVENUE C	ODE SECTION		
CODI	S DECITOR SUITCE (S) AND UNDER THE CADIFORNIA REVENUE C	ODE SECTION		
2370	O1(D). ACCORDINGLY, THE ORGANIZATION IS EXEMPT FROM PA	YING FEDERAL AND		
2370	71(D): Necondinosi, ind onomismitor is samilinom in	TING TEDERAL TAND		
CALI	IFORNIA INCOME TAXES EXCEPT ON ANY UNRELATED BUSINESS	INCOME THE		
	- CONTRACTOR TIMES ENGLIT ON INT. COMPENIES SOCIALIS	incom. inc		
ORGA	ANIZATION HAD NO UNRELATED BUSINESS INCOME FOR THE YEA	R		
	MILITION MID TO ONLIDENIED DODINED INCOME TOX THE TELE			
THE	ORGANIZATION HAS EVALUATED ITS CURRENT TAX PROVISIONS	AND HAS		
CONC	CLUDED THAT AS OF JUNE 30, 2022, THE ORGANIZATION DOES	NOT HAVE ANY		
	, ,			
SIGN	NIFICANT UNCERTAIN TAX POSITIONS FOR WHICH A RESERVE W	OULD BE		
				_
NECI	ESSARY.			

THE CONNIE RICE INSTITUTE FOR URBAN

Schedule D (Form 990) 2021 PEACE	36-4816075	Page 5
Schedule D (Form 990) 2021 PEACE Part XIII Supplemental Information (continued)		

SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

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

2021
Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

THE CONNIE RICE INSTITUTE FOR URBAN

Employer identification number

36-4816075 PEACE PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PROVIDING TRAINING TO COMMUNITIES THROUGHOUT CALIFORNIA AND ACROSS THE COUNTRY. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: TRAINING TO COMMUNITIES THROUGHOUT CALIFORNIA AND ACROSS THE COUNTRY SUPPORTING SAFETY EFFORTS TO ENSURE THAT CHILDREN CAN LEARN, FAMILIES CAN THRIVE, AND COMMUNITIES CAN PROSPER FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: GENERAL AND OPERATIONS AND DEVELOPMENT AND COMMUNICATIONS FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS PREPARED BY MANAGEMENT OF THE ORGANIZATION WITH THE ASSISTANCE OF AN OUTSIDE CPA FIRM. THE FULL BOARD IS PROVIDED A COPY OF THE FORM 990 PRIOR TO FILING WITH THE IRS. FORM 990, PART VI, SECTION B, LINE 12C: IF A SITUATION OCCURS WHERE THERE IS A CONFLICT OF INTEREST FOR A PROJECT LEADER, VOLUNTEER, EMPLOYEE, ADVISORY BOARD MEMBER, OR IMMEDIATE FAMILY MEMBER, THE INDIVIDUAL MUST DISCLOSE THIS TO HUMAN RESOURCES FORM 990, PART VI, SECTION B, LINE 15: THE BOARD WILL REVIEW AND APPROVE THE COMPENSATION OF THE EXECUTIVE DIRECTOR. IT USES COMPARABLE DATA AND MARKET RATES FROM OTHER SIMILAR ORGANIZATIONS TO DETERMINE THE COMPENSATION IS REASONABLE AND ALL DECISIONS

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Schedule O (Form 990) 2021	Page 2	
Name of the organization THE CONNIE RICE INSTITUTE FOR URBAN PEACE		Employer identification number 36-4816075
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ARE CONTEMPORENAOUSLY DOCUMENTED.		
FORM 990, PART VI, SECTION C, LINE 19:		
	T 07 TYPEDEGE	
THE ORGANIZATION MAKES THEIR GOVERNING DOCUMENTS AND CONFLIC	T OF INTEREST	
POLICY AVAILABLE TO THE PUBLIC. THE ORGANIZATION'S FINANCIAL	STATEMENTS CAN	
BE FOUND ON THEIR WEBSITE.		
FORM 990, PART IX, LINE 11G, OTHER FEES:		
BANK FEES:		
PROGRAM SERVICE EXPENSES	0.	
MANAGEMENT AND GENERAL EXPENSES	195.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	195.	
CONSULTING:		
PROGRAM SERVICE EXPENSES	589,986.	
MANAGEMENT AND GENERAL EXPENSES	52,085.	
	·	
FUNDRAISING EXPENSES	32,404.	
TOTAL EXPENSES	674,475.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	674,670.	
	·	