

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ **Do not enter social security numbers on this form as it may be made public.**
▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

Open to Public Inspection

For calendar year 2020, or tax year beginning 01-01-2020 , and ending 12-31-2020

| | | |
|---|---|---|
| Name of foundation RECIDIVIZ INC | | A Employer identification number 82-5181074 |
| Number and street (or P.O. box number if mail is not delivered to street address) 988 MARKET STREET NO 7TH FL | Room/suite | B Telephone number (see instructions) (308) 760-3801 |
| City or town, state or province, country, and ZIP or foreign postal code SAN FRANCISCO, CA 94102 | | C If exemption application is pending, check here <input type="checkbox"/> |
| G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change | | D 1. Foreign organizations, check here..... <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ... <input type="checkbox"/> |
| H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation | | E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> |
| I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ <u>9,543,595</u> | J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ <i>(Part I, column (d) must be on cash basis.)</i> | F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/> |

| | Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions.)</i> | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|---|--|------------------------------------|---------------------------|-------------------------|---|
| Revenue | 1 Contributions, gifts, grants, etc., received (attach schedule) | 9,890,344 | | | |
| | 2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B | | | | |
| | 3 Interest on savings and temporary cash investments | 1,478 | 1,478 | 1,478 | |
| | 4 Dividends and interest from securities | | | | |
| | 5a Gross rents | | | | |
| | b Net rental income or (loss) | | | | |
| | 6a Net gain or (loss) from sale of assets not on line 10 | 0 | | | |
| | b Gross sales price for all assets on line 6a | 264,769 | | | |
| | 7 Capital gain net income (from Part IV, line 2) | | 264,093 | | |
| | 8 Net short-term capital gain | | | 0 | |
| | 9 Income modifications | | | | |
| | 10a Gross sales less returns and allowances | | | | |
| b Less: Cost of goods sold | | | | | |
| c Gross profit or (loss) (attach schedule) | | | | | |
| 11 Other income (attach schedule) | 12,500 | 0 | 12,500 | | |
| 12 Total. Add lines 1 through 11 | 9,904,322 | 265,571 | 13,978 | | |
| Operating and Administrative Expenses | 13 Compensation of officers, directors, trustees, etc. | 436,799 | 0 | 0 | 436,799 |
| | 14 Other employee salaries and wages | 1,515,548 | 0 | 0 | 1,515,548 |
| | 15 Pension plans, employee benefits | 307,935 | 0 | 0 | 286,984 |
| | 16a Legal fees (attach schedule) | 37,230 | 0 | 0 | 22,510 |
| | b Accounting fees (attach schedule) | 8,950 | 0 | 0 | 9,117 |
| | c Other professional fees (attach schedule) | 199,688 | 0 | 12,500 | 183,202 |
| | 17 Interest | 872 | 0 | 0 | 0 |
| | 18 Taxes (attach schedule) (see instructions) | | | | |
| | 19 Depreciation (attach schedule) and depletion | 9,236 | 0 | 0 | |
| | 20 Occupancy | 12,449 | 0 | 0 | 12,449 |
| | 21 Travel, conferences, and meetings | 3,489 | 0 | 0 | 3,488 |
| | 22 Printing and publications | | | | |
| | 23 Other expenses (attach schedule) | 75,967 | 0 | 0 | 76,363 |
| | 24 Total operating and administrative expenses. Add lines 13 through 23 | 2,608,163 | 0 | 12,500 | 2,546,460 |
| 25 Contributions, gifts, grants paid | 0 | | | 0 | |
| 26 Total expenses and disbursements. Add lines 24 and 25 | 2,608,163 | 0 | 12,500 | 2,546,460 | |
| 27 Subtract line 26 from line 12: | | | | | |
| a Excess of revenue over expenses and disbursements | 7,296,159 | | | | |
| b Net investment income (if negative, enter -0-) | | 265,571 | | | |
| c Adjusted net income (if negative, enter -0-) | | | 1,478 | | |

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)

| | | Beginning of year | End of year | |
|---|--|-------------------|----------------|-----------------------|
| | | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| Assets | 1 Cash—non-interest-bearing | 869,568 | 728,892 | 728,892 |
| | 2 Savings and temporary cash investments | | 3,176,045 | 3,176,045 |
| | 3 Accounts receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____ | | | |
| | 4 Pledges receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____ | | | |
| | 5 Grants receivable | 295,105 | 4,886,490 | 4,886,490 |
| | 6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) | | | |
| | 7 Other notes and loans receivable (attach schedule) ▶ _____ Less: allowance for doubtful accounts ▶ _____ | | | |
| | 8 Inventories for sale or use | | | |
| | 9 Prepaid expenses and deferred charges | 29,467 | 32,028 | 32,028 |
| | 10a Investments—U.S. and state government obligations (attach schedule) | | | |
| | b Investments—corporate stock (attach schedule) | | | |
| | c Investments—corporate bonds (attach schedule) | | | |
| | 11 Investments—land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____ | | | |
| | 12 Investments—mortgage loans | | | |
| | 13 Investments—other (attach schedule) | 0 | 265,357 | 265,357 |
| | 14 Land, buildings, and equipment: basis ▶ _____ 55,264 Less: accumulated depreciation (attach schedule) ▶ _____ 11,579 | 0 | 43,685 | 43,685 |
| 15 Other assets (describe ▶ _____) | 2,026 | 411,098 | 411,098 | |
| 16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I) | 1,196,166 | 9,543,595 | 9,543,595 | |
| Liabilities | 17 Accounts payable and accrued expenses | 4,053 | 56,718 | |
| | 18 Grants payable | | | |
| | 19 Deferred revenue. | | 587,500 | |
| | 20 Loans from officers, directors, trustees, and other disqualified persons | | | |
| | 21 Mortgages and other notes payable (attach schedule) | | 128,592 | |
| | 22 Other liabilities (describe ▶ _____) | 583 | 0 | |
| | 23 Total liabilities (add lines 17 through 22). | 4,636 | 772,810 | |
| Net Assets or Fund Balances | Foundations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 24, 25, 29 and 30. | | | |
| | 24 Net assets without donor restrictions | 1,191,530 | 4,149,909 | |
| | 25 Net assets with donor restrictions | 0 | 4,620,876 | |
| | Foundations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 26 through 30. | | | |
| | 26 Capital stock, trust principal, or current funds | | | |
| | 27 Paid-in or capital surplus, or land, bldg., and equipment fund | | | |
| | 28 Retained earnings, accumulated income, endowment, or other funds | | | |
| 29 Total net assets or fund balances (see instructions) | 1,191,530 | 8,770,785 | | |
| 30 Total liabilities and net assets/fund balances (see instructions) | 1,196,166 | 9,543,595 | | |

Part III Analysis of Changes in Net Assets or Fund Balances

| | | |
|---|----------|-----------|
| 1 Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) | 1 | 1,191,530 |
| 2 Enter amount from Part I, line 27a | 2 | 7,296,159 |
| 3 Other increases not included in line 2 (itemize) ▶ _____ | 3 | 283,096 |
| 4 Add lines 1, 2, and 3 | 4 | 8,770,785 |
| 5 Decreases not included in line 2 (itemize) ▶ _____ | 5 | 0 |
| 6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29. | 6 | 8,770,785 |

Part IV Capital Gains and Losses for Tax on Investment Income

| (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) | (b) How acquired P—Purchase D—Donation | (c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) |
|--|---|---|-------------------------------------|
| 1 a SQUARE, INC. | | | 2020-02-19 |
| b | | | |
| c | | | |
| d | | | |
| e | | | |

| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | (h) Gain or (loss) (e) plus (f) minus (g) |
|--------------------------|---|--|---|
| a 264,769 | 0 | 676 | 264,093 |
| b | | | |
| c | | | |
| d | | | |
| e | | | |

| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 | | | (l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h)) |
|---|---|--|---|
| (i) F.M.V. as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col. (i) over col. (j), if any | |
| a | | | 264,093 |
| b | | | |
| c | | | |
| d | | | |
| e | | | |

| | | | |
|---|---|----------|---------|
| Capital gain net income or (net capital loss) | { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 } | 2 | 264,093 |
| 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8 | } | 3 | 0 |

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 - DO NOT COMPLETE

| (a) Reserved | (b) Reserved | (c) Reserved | (d) Reserved |
|-----------------------------|-----------------|-----------------|-----------------|
| 2 Reserved | | | 2 |
| 3 Reserved | | | 3 |
| 4 Reserved | | | 4 |
| 5 Reserved | | | 5 |
| 6 Reserved | | | 6 |
| 7 Reserved | | | 7 |
| 8 Reserved | | | 8 |

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

1a Exempt operating foundations described in section 4940(d)(2), check here [] and enter "N/A" on line 1.
Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)
b Reserved 1 3,691
c All other domestic foundations enter 1.39% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 2 0
3 Add lines 1 and 2. 3 3,691
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4 0
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 5 3,691
6 Credits/Payments:
a 2020 estimated tax payments and 2019 overpayment credited to 2020 6a 21
b Exempt foreign organizations—tax withheld at source 6b
c Tax paid with application for extension of time to file (Form 8868) 6c 0
d Backup withholding erroneously withheld 6d 0
7 Total credits and payments. Add lines 6a through 6d 7 21
8 Enter any penalty for underpayment of estimated tax. Check here [] if Form 2220 is attached. 8 0
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 3,670
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid. 10
11 Enter the amount of line 10 to be: Credited to 2021 estimated tax Refunded 11

Part VII-A Statements Regarding Activities

1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? Yes No
1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). Yes No
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.
1c Did the foundation file Form 1120-POL for this year? Yes No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:
(1) On the foundation. \$ 0 (2) On foundation managers. \$ 0
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ 0
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? Yes No
If "Yes," attach a detailed description of the activities.
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes Yes No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? Yes No
b If "Yes," has it filed a tax return on Form 990-T for this year? Yes No
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? Yes No
If "Yes," attach the statement required by General Instruction T.
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:
• By language in the governing instrument, or
• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? Yes No
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV. Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) CA, UT
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation Yes
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2020 or the taxable year beginning in 2020? See the instructions for Part XIV. If "Yes," complete Part XIV Yes
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses. Yes

Part VII-A Statements Regarding Activities (continued)

| | | | | | |
|-----------|---|------------|------------|-----------|-----------|
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions. | | | | No |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions | | | | No |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>WWW.RECIDIVIZ.ORG</u> | Yes | | | |
| 14 | The books are in care of ► <u>JENN SHAW</u> Telephone no. ► <u>(308) 760-3801</u> Located at ► <u>988 MARKET STREET NO 7TH FL SAN FRANCISCO CA 94102</u> ZIP+4 ► _____ | | | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year 15 _____ | | | | |
| 16 | At any time during calendar year 2020, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign | | Yes | No | No |

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

| | | | | | Yes | No |
|-----------|--|-----------|--|--|------------|-----------|
| 1a | During the year did the foundation (either directly or indirectly): | | | | | |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | |
| | (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | |
| b | If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/> | 1b | | | | |
| c | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2020? | 1c | | | | No |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)): | | | | | |
| a | At the end of tax year 2020, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2020? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► 20____, 20____, 20____, 20____ | | | | | |
| b | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions.) | 2b | | | | |
| c | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► 20____, 20____, 20____, 20____ | | | | | |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | |
| b | If "Yes," did it have excess business holdings in 2020 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period?(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2020.) | 3b | | | | |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | | | No |
| b | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2020? | 4b | | | | No |

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

- 5a** During the year did the foundation pay or incur any amount to:
- (1)** Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes No
 - (2)** Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? Yes No
 - (3)** Provide a grant to an individual for travel, study, or other similar purposes? Yes No
 - (4)** Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions. Yes No
 - (5)** Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? Yes No
- b** If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions
Organizations relying on a current notice regarding disaster assistance check here.
- c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? Yes No
If "Yes," attach the statement required by Regulations section 53.4945–5(d).
- 6a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
If "Yes" to 6b, file Form 8870.
- 7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes No
- b** If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction? Yes No
- 8** Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year? Yes No

| | Yes | No |
|-----------|-----|----|
| 5b | | |
| 6b | | No |
| 7b | | |

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation. See instructions

| (a) Name and address | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---|---|---|---|---------------------------------------|
| CLEMENTINE JACOBY 988 MARKET STREET 7TH FLOOR SAN FRANCISCO, CA 94102 | CHAIRPERSON/CHIEF EXECUTIVE OFFICER 40.00 | 147,689 | 17,273 | 0 |
| JOSHUA ESSEX THRU 1120 988 MARKET STREET 7TH FLOOR SAN FRANCISCO, CA 94102 | SECRETARY/CHIEF TECHNOLOGY OFFICER 40.00 | 157,819 | 17,779 | 0 |
| ANDREW WARREN 988 MARKET STREET 7TH FLOOR SAN FRANCISCO, CA 94102 | TREASURER/CHIEF OPERATING OFFICER 40.00 | 86,974 | 9,266 | 0 |
| EVA ASPLUND THRU 1120 988 MARKET STREET 7TH FLOOR SAN FRANCISCO, CA 94102 | DIRECTOR 1.00 | 0 | 0 | 0 |
| EVAN MARWELL AS OF 1120 988 MARKET STREET 7TH FLOOR SAN FRANCISCO, CA 94102 | DIRECTOR 1.00 | 0 | 0 | 0 |
| NICCO MELE AS OF 0820 988 MARKET STREET 7TH FLOOR SAN FRANCISCO, CA 94102 | DIRECTOR/VICE CHAIR 1.00 | 0 | 0 | 0 |
| MATT ROOT THRU 0620 988 MARKET STREET 7TH FLOOR SAN FRANCISCO, CA 94102 | VICE CHAIR 1.00 | 0 | 0 | 0 |
| ERIK SHILTS THRU 0820 988 MARKET STREET 7TH FLOOR SAN FRANCISCO, CA 94102 | DIRECTOR 1.00 | 0 | 0 | 0 |
| JOHN WETZEL AS OF 1020 988 MARKET STREET 7TH FLOOR SAN FRANCISCO, CA 94102 | DIRECTOR 1.00 | 0 | 0 | 0 |

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|--|---|------------------|---|---------------------------------------|
| TERIN MICHAEL PATEL-WILSON 988 MARKET STREET 7TH FLOOR SAN FRANCISCO, CA 94102 | SENIOR SOFTWARE ENGI 40.00 | 156,054 | 16,106 | 0 |
| ANNA ROSE GEIDUSCHEK 988 MARKET STREET 7TH FLOOR SAN FRANCISCO, CA 94102 | SENIOR SOFTWARE ENGI 40.00 | 156,074 | 16,065 | 0 |
| JUSTINE CHARMAINE KUNZ 988 MARKET STREET 7TH FLOOR SAN FRANCISCO, CA 94102 | SENIOR DATA SCIENTIS 40.00 | 152,821 | 15,284 | 0 |
| JULIA DRESSEL 988 MARKET STREET 7TH FLOOR SAN FRANCISCO, CA 94102 | SOFTWARE ENGINEER 40.00 | 127,073 | 14,618 | 0 |
| IAN MACFARLAND 988 MARKET STREET 7TH FLOOR SAN FRANCISCO, CA 94102 | SENIOR SOFTWARE ENGI 40.00 | 118,628 | 11,927 | 0 |

Total number of other employees paid over \$50,000.

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Total number of others receiving over \$50,000 for professional services. 0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

| | Expenses |
|--|-----------|
| <p>1 CORE PLATFORM WITH LEADERSHIP AND LINE STAFF: THE MAJORITY OF OUR EFFORTS ARE THROUGH PARTNERSHIPS WITH STATES, HELPING CORRECTIONS AGENCIES MAKE THEIR DATA AVAILABLE IN ANY NUMBER OF FORMATS TO POWER PROGRAM EVALUATION, ACADEMIC PARTNERSHIPS, REQUIRED REPORTING, OR INCREASED TRANSPARENCY, SAVING STAFF TIME IN THE PROCESS. THIS INCLUDES LEADERSHIP TOOLS, WHICH HELP DIRECTORS GOALS, FORECAST THE IMPACT OF POLICY OR PRACTICE CHANGES, AND TRACK THEIR OUTCOMES ACROSS THEIR AGENCY. IT ALSO HELPS TO IDENTIFY OUTLIERS AND GET ALERTED WHEN TRENDS CHANGE AND MODEL THE IMPACT OF POLICY AND PRACTICE CHANGES. IT ALSO INCLUDES LINE STAFF TOOLS, WHICH PULL DATA FROM CASE MANAGEMENT SYSTEMS, SO OFFICERS GET KEY INSIGHTS DELIVERED DIRECTLY TO THEIR INBOX, WITHOUT HAVING TO WADE THROUGH COMPLEX SOFTWARE SYSTEMS. WE PROVIDE CONTEXT ON SUPERVISION OUTCOMES, SHOWING OFFICERS HOW THEIR OWN CASELOAD OUTCOMES CHANGE OVER TIME, COMPARE TO THEIR STATE OR DISTRICT, OR COMPARE TO OFFICERS WITH SIMILAR CASELOADS.</p> | 1,687,635 |
| <p>2 COVID-19 MODELLING: WE DEVELOPED A TOOLKIT TO HELP CRIMINAL JUSTICE DECISION MAKERS TRACK AND ANTICIPATE THE IMPACT OF COVID-19 IN INCARCERATION SETTINGS. IT INCLUDED OUTBREAK MODELING TO PROJECT CASES, HOSPITALIZATIONS, AND DEATHS AMONG BOTH STAFF AND THE INCARCERATED POPULATION; REAL TIME RATE OF SPREAD AND TRAJECTORY OF THE OUTBREAK IN EACH FACILITY, BASED ON CASE NUMBERS ENTERED TO-DATE; AND AN IMPACT ANALYSIS WHICH COMPARED BEFORE-AND-AFTER SCENARIOS FOR POLICY CHANGES AND EARLY RELEASE DECISIONS.</p> | 613,685 |
| <p>3 SPARK POLICY MEMOS: THIS INITIATIVE PROVIDED IMPACT ANALYSES FOR POLICY PROPOSALS UNDER REVIEW IN LEGISLATIVE SESSIONS ACROSS THE COUNTRY, SUPPORTING GROUPS FROM BOTH SIDES OF THE AISLE TO FOCUS THE LEGISLATIVE DEBATE AROUND SOUND DATA AND THE FULL IMPACT OF PROPOSED REFORMS. OUR MODEL FORECASTS BOTH HUMAN AND FISCAL IMPACT. WE ALSO INCLUDE COMPARISONS THAT IDENTIFY WHEN STATES ARE OUTLIERS AMONG PEERS IN SPENDING, LENGTH OF STAY, RECIDIVISM, OR TRAJECTORY TO HELP PARTNERS IDENTIFY THE RIGHT APPROACH TO MOTIVATING CHANGE.</p> | 306,843 |
| <p>4</p> | |

Part IX-B Summary of Program-Related Investments (see instructions)

| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. | Amount |
|---|--------|
| 1 | |
| 2 | |
| All other program-related investments. See instructions. | |

Total. Add lines 1 through 3 0

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

| | | | |
|----------|--|-----------|-----------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | |
| a | Average monthly fair market value of securities. | 1a | 0 |
| b | Average of monthly cash balances. | 1b | 2,303,853 |
| c | Fair market value of all other assets (see instructions). | 1c | 0 |
| d | Total (add lines 1a, b, and c). | 1d | 2,303,853 |
| e | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). | 1e | 0 |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0 |
| 3 | Subtract line 2 from line 1d. | 3 | 2,303,853 |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). | 4 | 34,558 |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 2,269,295 |
| 6 | Minimum investment return. Enter 5% of line 5. | 6 | 113,465 |

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.)

| | | | |
|-----------|--|-----------|--|
| 1 | Minimum investment return from Part X, line 6. | 1 | |
| 2a | Tax on investment income for 2020 from Part VI, line 5. | 2a | |
| b | Income tax for 2020. (This does not include the tax from Part VI.) | 2b | |
| c | Add lines 2a and 2b. | 2c | |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1. | 3 | |
| 4 | Recoveries of amounts treated as qualifying distributions. | 4 | |
| 5 | Add lines 3 and 4. | 5 | |
| 6 | Deduction from distributable amount (see instructions). | 6 | |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. | 7 | |

Part XII Qualifying Distributions (see instructions)

| | | | |
|----------|--|-----------|-----------|
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | |
| a | Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. | 1a | 2,546,460 |
| b | Program-related investments—total from Part IX-B. | 1b | 0 |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes. | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | | |
| a | Suitability test (prior IRS approval required). | 3a | |
| b | Cash distribution test (attach the required schedule). | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 2,546,460 |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions. | 5 | 0 |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4. | 6 | 2,546,460 |

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2019 | (c) 2019 | (d) 2020 |
|--|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2020 from Part XI, line 7 | | | | |
| 2 Undistributed income, if any, as of the end of 2020: | | | | |
| a Enter amount for 2019 only. | | | | |
| b Total for prior years: 20___, 20___, 20___ | | | | |
| 3 Excess distributions carryover, if any, to 2020: | | | | |
| a From 2015. | | | | |
| b From 2016. | | | | |
| c From 2017. | | | | |
| d From 2018. | | | | |
| e From 2019. | | | | |
| f Total of lines 3a through e. | | | | |
| 4 Qualifying distributions for 2020 from Part XII, line 4: ► \$ _____ | | | | |
| a Applied to 2019, but not more than line 2a | | | | |
| b Applied to undistributed income of prior years (Election required—see instructions). | | | | |
| c Treated as distributions out of corpus (Election required—see instructions). | | | | |
| d Applied to 2020 distributable amount | | | | |
| e Remaining amount distributed out of corpus | | | | |
| 5 Excess distributions carryover applied to 2020. (If an amount appears in column (d), the same amount must be shown in column (a).) | | | | |
| 6 Enter the net total of each column as indicated below: | | | | |
| a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 | | | | |
| b Prior years' undistributed income. Subtract line 4b from line 2b. | | | | |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | | | |
| d Subtract line 6c from line 6b. Taxable amount—see instructions. | | | | |
| e Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount—see instructions. | | | | |
| f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 | | | | |
| 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). | | | | |
| 8 Excess distributions carryover from 2015 not applied on line 5 or line 7 (see instructions) | | | | |
| 9 Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a | | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2016 | | | | |
| b Excess from 2017 | | | | |
| c Excess from 2018. | | | | |
| d Excess from 2019 | | | | |
| e Excess from 2020 | | | | |

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2020, enter the date of the ruling 2017-12-12
b. Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

Table with 5 columns: (a) 2020, (b) 2019, (c) 2018, (d) 2017, (e) Total. Rows include: 2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed; 2b 85% of line 2a; 2c Qualifying distributions from Part XII, line 4 for each year listed; 2d Amounts included in line 2c not used directly for active conduct of exempt activities; 2e Qualifying distributions made directly for active conduct of exempt activities; 3 Complete 3a, b, or c for the alternative test relied upon: 3a 'Assets' alternative test; 3b 'Endowment' alternative test; 3c 'Support' alternative test.

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:
a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)
ANDREW WARREN

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:
Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|---|--------------------------------|----------------------------------|----------|
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| Total ▶ 3a | | | | 0 |
| b <i>Approved for future payment</i> | | | | |
| Total ▶ 3b | | | | 0 |

Additional Data

[Return to Form](#)

Software ID:

Software Version:

Form 990PF - Special Condition Description:

Special Condition Description

| | |
|---|---|
| Name of the organization RECIDIVIZ INC | Employer identification number 82-5181074 |
|---|---|

Organization type (check one):

- | | |
|--------------------|---|
| Filers of: | Section: |
| Form 990 or 990-EZ | <input type="checkbox"/> 501(c)() (enter number) organization |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | <input type="checkbox"/> 527 political organization |
| Form 990-PF | <input checked="" type="checkbox"/> 501(c)(3) exempt private foundation |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | <input type="checkbox"/> 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

- 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 other 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 33¹/₃% 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, 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 totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization: **RECIDIVIZ INC** Employer identification number: **82-5181074**

| 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 | BLUE MERIDIAN PARTNERS 477 MADISON AVENUE SIXTH FL NEW YORK, NY 10022 | \$ 200,000 | <input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small> |
| 2 | BUREAU OF JUSTICE ASSISTANCE 810 SEVENTH STREET NW WASHINGTON, DC 20531 | \$ 105,392 | <input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small> |
| 3 | CHARLES KOCH INSTITUTE 1320 NORTH COURTHOUSE ROAD SUITE 50 ARLINGTON, VA 22201 | \$ 4,451,632 | <input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small> |
| 4 | CHREST FOUNDATION INC 130 EAST JOHN CARPENTER FREEWAY SUI IRVING, TX 75062 | \$ 50,000 | <input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small> |
| 5 | COUNCIL OF STATE GOVERNMENTS JUSTICE CENTER 22 CORTLANDT ST 22ND FL NEW YORK, NY 10007 | \$ 570,128 | <input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small> |
| 6 | DAVID KLAFTER C/O TABLE MGMT LP 787 ELEVENTH AVE NEW YORK, NY 10019 | \$ 25,000 | <input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small> |

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

Name of organization: **RECIDIVIZ INC** Employer identification number: **82-5181074**

| 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 |
| 7 | FIDELITY CHARITABLE 200 SEAPORT BLVD MZ NM43A BOSTON, MA 02210 | \$ 703,500 | <input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small> |
| 8 | GAURAV KAPADIA 1655 PINE LANE PROVO, UT 84604 | \$ 25,000 | <input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small> |
| 9 | GERSON LEHRMAN GROUP INC 60 EAST 42ND STREET 3RD FL NEW YORK CITY, NY 10165 | \$ 10,000 | <input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small> |
| 10 | HPE FOUNDATION 11445 COMPAQ CENTER DRIVE WEST HOUSTON, TX 77070 | \$ 6,542 | <input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small> |
| 11 | BREYER FAMILY FOUNDATION 314 LYTTON AVENUE PALO ALTO, CA 94301 | \$ 10,000 | <input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small> |
| 12 | JEWISH COMMUNITY FEDERATION 1221 STEUART STREET SAN FRANCISCO, CA 94105 | \$ 5,000 | <input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small> |

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

Name of organization: **RECIDIVIZ INC** Employer identification number: **82-5181074**

| 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 |
| 13 | JOHN COLLISON C/O STRIPE 185 BERRY STREET SUITE 5 SAN FRANCISCO, CA 94107 | \$ 50,000 | <input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small> |
| 14 | KENNETH C GRIFFIN 131 SOUTH DEARBORN STREET CHICAGO, IL 60603 | \$ 1,698,530 | <input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small> |
| 15 | VINOD AND NEERU KHOSLA 630 LOS TRANCOS ROAD PORTOLA VALLEY, CA 94028 | \$ 264,769 | <input type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small> |
| 16 | MOZILLA 331 EAST EVELYN AVENUE MOUNTAIN VIEW, CA 94041 | \$ 50,000 | <input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small> |
| 17 | NATIONAL PHILANTHROPIC TRUST 165 TOWNSHIP LINE ROAD SUITE 1200 JENKINTOWN, PA 19046 | \$ 8,000 | <input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small> |
| 18 | PATRICK COLLISON C/O STRIPE 185 BERRY STREET SUITE 5 SAN FRANCISCO, CA 94107 | \$ 50,000 | <input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small> |

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

Name of organization: **RECIDIVIZ INC** Employer identification number: **82-5181074**

| 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 |
| 19 | RENAISSANCE CHARITABLE FOUNDATION INC 8910 PURDUE ROAD SUITE 555 INDIANAPOLIS, IN 46268 | \$ 75,000 | <input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small> |
| 20 | SCHWAB CHARITABLE PO BOX 628298 ORLANDO, FL 32862 | \$ 1,050,000 | <input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small> |
| 21 | SILICON VALLEY COMMUNITY FOUNDATION 2440 WEST EL CAMINO REAL SUITE 300 MOUNTAIN VIEW, CA 94040 | \$ 50,000 | <input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small> |
| 22 | THE DRAPER RICHARDS KAPLAN FOUNDATION 1600 EL CAMINO ROAD SUITE 155 MENLO PARK, CA 94025 | \$ 100,000 | <input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small> |
| 23 | THE HORACE W GOLDSMITH FOUNDATION 375 PARK AVENUE SUITE 1602 NEW YORK CITY, NY 10152 | \$ 100,000 | <input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small> |
| 24 | VANGUARD CHARITABLE PO BOX 9509 WARICK, RI 028899509 | \$ 225,000 | <input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small> |

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

Name of organization
 RECIDIVIZ INC

Employer identification number

82-5181074

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 |
|---------------------------|--|--|----------------------|
| 15 | SQUARE, INC. CLASS A SHARES | \$ 264,769 | 2020-02-19 |
| - | _____ _____ _____ | _____ \$ | _____ |
| - | _____ _____ _____ | _____ \$ | _____ |
| - | _____ _____ _____ | _____ \$ | _____ |
| - | _____ _____ _____ | _____ \$ | _____ |
| - | _____ _____ _____ | _____ \$ | _____ |
| - | _____ _____ _____ | _____ \$ | _____ |
| - | _____ _____ _____ | _____ \$ | _____ |
| - | _____ _____ _____ | _____ \$ | _____ |

Name of organization
RECIDIVIZ INC

Employer identification number

82-5181074

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

| | | | |
|---------------------------------------|---------------------|--|-------------------------------------|
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP 4 | | Relationship of transferor to transferee | |
| _____ | | _____ | |
| _____ | | _____ | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP 4 | | Relationship of transferor to transferee | |
| _____ | | _____ | |
| _____ | | _____ | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP 4 | | Relationship of transferor to transferee | |
| _____ | | _____ | |
| _____ | | _____ | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP 4 | | Relationship of transferor to transferee | |
| _____ | | _____ | |
| _____ | | _____ | |

Additional Data

Return to Form

Software ID:

Software Version:

TY 2020 IRS 990 e-File Render

Name: RECIDIVIZ INC

EIN: 82-5181074

| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|-----------------|--------|-----------------------|---------------------|---------------------------------------|
| ACCOUNTING FEES | 8,950 | 0 | 0 | 9,117 |

TY 2020 IRS 990 e-File Render

Name: RECIDIVIZ INC

EIN: 82-5181074

| Identifier | Return Reference | Explanation |
|---------------------------|------------------|--|
| REASON FOR AMENDED RETURN | FORM 990-PF | PART I, LINE 6B, COLUMN (B): THE ORGANIZATION AMENDED THE RETURN TO REPORT THE GAIN FROM DONATED PUBLICLY TRADED SECURITIES.THE ORGANIZATION ALSO UPDATED THE ADDRESS TO THE CURRENT ADDRESS AS OF THE DATE OF THE AMENDED FILING THROUGHOUT THE RETURN. |

TY 2020 IRS 990 e-File Render

Name: RECIDIVIZ INC

EIN: 82-5181074

| Category/ Item | Listed at Cost or FMV | Book Value | End of Year Fair Market Value |
|--------------------|-----------------------|------------|-------------------------------|
| MONEY MARKET FUNDS | FMV | 265,357 | 265,357 |

TY 2020 IRS 990 e-File Render

Name: RECIDIVIZ INC

EIN: 82-5181074

| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|------------|--------|-----------------------|---------------------|---------------------------------------|
| LEGAL FEES | 37,230 | 0 | 0 | 22,510 |

TY 2020 IRS 990 e-File Render

Name: RECIDIVIZ INC

EIN: 82-5181074

| Description | Beginning of Year - Book Value | End of Year - Book Value | End of Year - Fair Market Value |
|--------------------|--------------------------------|--------------------------|---------------------------------|
| VENDOR CREDIT | 0 | 411,098 | 411,098 |
| DUE FROM EMPLOYEES | 26 | 0 | 0 |
| SECURITY DEPOSIT | 2,000 | 0 | 0 |

TY 2020 IRS 990 e-File Render

Name: RECIDIVIZ INC

EIN: 82-5181074

| Description | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|---------------------------|--------------------------------|-----------------------|---------------------|---------------------------------------|
| DUES & SUBSCRIPTIONS | 29,860 | 0 | 0 | 28,696 |
| MISCELLANEOUS FEES | 147 | 0 | 0 | 147 |
| RECRUITING | 285 | 0 | 0 | 285 |
| ADVERTISING AND MARKETING | 366 | 0 | 0 | 366 |
| PAYROLL PROCESSING FEE | 160 | 0 | 0 | 160 |
| EMPLOYEE GIFT | 4,127 | 0 | 0 | 4,127 |
| INSURANCE | 30,809 | 0 | 0 | 32,369 |
| FILING FEES | 1,548 | 0 | 0 | 1,548 |
| OFFICE EXPENSES | 8,665 | 0 | 0 | 8,665 |

TY 2020 IRS 990 e-File Render

Name: RECIDIVIZ INC

EIN: 82-5181074

| Description | Revenue And Expenses Per Books | Net Investment Income | Adjusted Net Income |
|----------------|--------------------------------|-----------------------|---------------------|
| SERVICE INCOME | 12,500 | | 12,500 |

TY 2020 IRS 990 e-File Render

Name: RECIDIVIZ INC

EIN: 82-5181074

| Description | Amount |
|-------------------------------------|---------|
| PRIOR PERIOD ADJUSTMENT | 12,710 |
| INKIND SERVICES IN DEFERRED REVENUE | 270,386 |

TY 2020 IRS 990 e-File Render

Name: RECIDIVIZ INC

EIN: 82-5181074

| Description | Beginning of Year - Book Value | End of Year - Book Value |
|---------------------|-----------------------------------|-----------------------------|
| ACCRUED VACATION | 0 | 0 |
| CREDIT CARD PAYABLE | 0 | 0 |
| OTHER PAYABLE | 583 | 0 |

TY 2020 IRS 990 e-File Render

Name: RECIDIVIZ INC

EIN: 82-5181074

| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|-------------------------|---------|-----------------------|---------------------|---------------------------------------|
| IT FEES | 116,955 | 0 | 0 | 114,519 |
| OTHER FEES FOR SERVICES | 82,733 | 0 | 12,500 | 68,683 |

TY 2020 IRS 990 e-File Render

Name: RECIDIVIZ INC

EIN: 82-5181074

| Name | Address |
|------------------------|---|
| KENNETH C GRIFFIN | 131 SOUTH DEARBOARD STREET CHICAGO,IL 60603 |
| VINOD AND NEERU KHOSLA | 630 LOS TRANCOS ROAD PORTOLA VALLEY,CA 94028 |