# FOR TAX YEAR 2019

CENTER FOR COMMUNITY ADVOCACY

CHIANG AND YOUNGBERG LLP 2007 W HEDDING STREET SUITE 209 SAN JOSE, CA 95128 (408)244-2002

Form	Q	90	Rotur	n of Organization Exem	nt From Ir	ncom	o Tav			OMB No. 1545-0047
FOIIII		50		J	•					2019
(Rev.	Januar	ry 2020)		:), 527, or 4947(a)(1) of the Internal				ndations	s)	
Departi	ment of	the Treasury		nter social security numbers on this						Open to Public
		nue Service		www.irs.gov/Form990 for instructio						Inspection
-			year, or tax year begin			and end	ing	I		, 20
		applicable:		ENTER FOR COMMUNITY ADVO	CACY			D Emplo	•	entification number
		change	Doing business as							0192068
	ame cha	-		.O. box if mail is not delivered to street address)		Room/su	lite	E Telep		
_	itial retu	urn urn/terminated	22 WEST GABILA					C Creat	-	1)753-2324
		d return		ovince, country, and ZIP or foreign postal code				G Gross	s receipt	
		on pending	E Name and address of pr	incipal officer: DANIEL GONZALEZ			H(a) Is this a		for subord	1,988,089 tinates? Yes X No
	Splicatic	on pending	SAME AS C ABOV				H(b) Are all			
	ax-exem	npt status: X 50		)    (insert no.)    4947(a)(1) or	527					nstructions)
	ebsite:		CCA-VIVA.ORG				H(c) Grou			
				sociation Other ►	L Year of format	tion: <b>198</b>		State of leg		
Par	_	Summary						0		
	1		the organization's miss	sion or most significant activities: <b>T</b>	O IMPROVE :	гне нс	USING A	ND HE	ALTH	CONDITIONS
-		•	•	TIES FOR FARM WORKERS AN	D THEIR FAN	<b>1ILIES</b>	IN THE	SALI	NAS	AND PAJARO
nce		VALLEY ARE	AS.							
Activities & Governance										
ove	2	Check this box	▶ ☐ if the organization	n discontinued its operations or dispos	sed of more than	25% of	its net asse	ets.		
Ŭ	3	Number of voti	ng members of the gove	erning body (Part VI, line 1a)				. 3		18
ses 5	4	Number of inde	ependent voting member	rs of the governing body (Part VI, line	1b)			. 4		18
viti	5	Total number o	f individuals employed in	. 5		8				
Acti	6	Total number o	f volunteers (estimate if	necessary)				. 6		500
	7a			Part VIII, column (C), line 12				. 7a		0
	b	Net unrelated b	ousiness taxable income	e from Form 990-T, line 39				. 7b		0
							Prior Year			Current Year
	8	9 Program service revenue (Part VIII, line 2g)								1,986,271
nue										0
Revenue	10									1,818
œ	11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)							
	12			(must equal Part VIII, column (A), line	,		77	5,140		1,988,089
	13			IX, column (A), lines 1-3)						0
	14			X, column (A), line 4)		· —	40	4 1 2 2		<u> </u>
es	15			column (A), line 11e)		•	404	4,123		533,856
Expenses			ig expenses (Part IX, co		65,400					<u></u>
БХр	17		s (Part IX, column (A), li				26'	1,813		304,909
_	18	•	( , , , , , , , , , , , , , , , , , , ,	t equal Part IX, column (A), line 25)				5,936		838,765
	19			18 from line 12				9,204		1,149,324
es							inning of Curr	-		End of Year
ilanc	20	Total assets (P	art X, line 16)					4,947		2,604,843
Net Assets or Fund Balances	21	Total liabilities	(Part X, line 26)				5	0,105		40,677
Fund	22	Net assets or f	und balances. Subtract	line 21 from line 20			1,414	4,842		2,564,166
Par	t II	Signature	Block							
				urn, including accompanying schedules and state			wledge and be	elief, it is		
uue, C	oneci,	and complete. Declar		ficer) is based on all information of which prepare	nas any knowledge.					
		DANIEL	GONZALEZ							
Sigr		Signature of officer								
Here	•		GONZALEZ, EXEC	CUTIVE DIRECTOR						
			t name and title							
		Print/Type prepar	er's name	Preparer's signature	Date		Check	X if	PTIN	
Paid			YOUNGBERG CPA	JONATHAN YOUNGBERG CPA	03-25-20	)21	self-en	nployed	P	0933343
Prep				AND YOUNGBERG LLP		F	Firm's EIN 🕨			
Use	Only	<b>y</b> Firm's address	► 2007 W H	HEDDING STREET SUITE 209		F	Phone no.			

. . . . .

SAN JOSE CA 95128

No

408-244-2002

. . . . . . . X Yes

Form	990 (2019) CENTER FOR COMMUNITY ADVOCACY	77-0192068	Page <b>2</b>
Ра	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	TO IMPROVE THE HOUSING AND HEALTH CONDITIONS AS WELL AS THE OPPORTUNITIES FO	R FARM WORK	ERS AND
	THEIR FAMILIES IN THE SALINAS AND PAJARO VALLEY AREAS.		
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 measure	-	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o	thers,	
	the total expenses, and revenue, if any, for each program service reported.		
		<b>^</b>	
4a	(Code:) (Expenses \$693,804 including grants of \$) (Revenue		5,121)
	PROVIDE EDUCATIONAL PROGRAMS, HEALTH SERVICES, AND LEGAL SERVICES TO FARM WO SITES THROUGHOUT THE SALINAS VALLEY AND PROMOTE IMPROVED LIVING CONDITIONS F		
	SITES THROUGHOUT THE SALINAS VALUET AND FROMOTE IMPROVED BIVING CONDITIONS F	OK OVER 5,0	OU FEOFIL
		•	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$	)
4.	(Carles ) (Europeans (Carles including grants of (Carles ) (Deuropeans	<u>۴</u>	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$	)
4d	Other program services (Describe on Schedule O.)	,	
4-	(Expenses \$ including grants of \$ ) (Revenue \$       Tatal program convict output to the second	)	
<u>4e</u>	Total program service expenses     693,804	Ear	m <b>990</b> (2019)
EEA		FOR	<b>ээ∪</b> (∠019)

	n 990 (2019) CENTER FOR COMMUNITY ADVOCACY 77-0192	068	F	Page 3
Pa	rt 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	-	x	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	x	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? 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	x	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		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	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
C	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
C	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			х
e	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			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	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III.	-		х
20 a				x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

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Par	rt IV Checklist of Required Schedules (continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
•	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
204	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	200		А
	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 L	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		~
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20		~
21	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	27		v
20	persons? If "Yes," complete Schedule L, Part III	21		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
-	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	200		
	"Yes," complete Schedule L, Part IV.			x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	28b		x
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	00-		
~~	"Yes," complete Schedule L, Part IV.			x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
~	conservation contributions? If "Yes," complete Schedule M.			x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
~~	complete Schedule N, Part II.	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
~ .	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1			x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	x	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	• • •		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	-		
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable	_		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in 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 financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
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		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		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		х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		x
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
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:			
a	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			
40-	against amounts due or received from them.)	40-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b 42	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h				
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       13b         Enter the amount of reserves on hand       13c			
C		140		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
b 15	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule Q</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		v
	excess parachute payment(s) during the year?	15		x
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		v
10	If "Yes," complete Form 4720, Schedule O.	10		x

Form **990** (2019)

Form	990 (2019) CENTER FOR COMMUNITY ADVOCACY 77-015	2068	F	age 6
Par	Tt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and it	or a "No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruc	tions.		_
	Check if Schedule O contains a response or note to any line in this Part VI			. x
Sec	tion A. Governing Body and Management			1
			Yes	No
1a		18		
	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		18		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	. 3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	. 4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	. 5		X
6	Did the organization have members or stockholders?	6		х
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		х
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		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
-	the year by the following:	80		
a b	The governing body?	<u>8a</u> 8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at		x	
9	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	. 9		v
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			X
000			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	x
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?	. 10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	. 11a		x
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	. 12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		x	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?		x	
14	Did the organization have a written document retention and destruction policy?	. 14		х
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	x	
b	Other officers or key employees of the organization	15b		x
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		x
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?	16b		x
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed   California			
18	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.			
	Own website Another's website I Upon request Other (explain on Schedule O)			
19	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.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	DANIEL GONZALEZ (831)753-2324, 22 WEST GABILAN STREET, SALINAS, CA 93901			

Form 990 (2019	CENTER FOR COMMUNITY ADVOCACY	77-0192068	Page 7
	Compensation of Officers, Directors, Trustees, Key Employees, Highest Cor	npensated Employe	es, 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 th	nis table for all persons required to be listed. Report compensation for the calendar year ending with or	within the	
organization's t	ax year.		

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

	any related organizati	01100	mpen	Sale	u ai	ny cun	EIII		แน้งเออ.		
				(0							
(A)	(B)	Position (do not check more than one				(D)	(E)	(F)			
Name and title	Average hours per week	box	, unless	s pers	son is	nan one s both ar /trustee)		Reportable compensation from the organization	Reportable compensation from related	Estimated amount of other compensation	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Officer Institutional trustee Individual trustee		Highest compensated employee Key employee		Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations	
(1) DANIEL GONZALEZ	40.00										
EXECUTIVE DIRECTOR		х		х				85,000	0	0	
(2) SABINO LOPEZ	40.00										
INTERIM EXECUTIVE DIRECTOR		х						78,000	0	0	
(3) ANA C TOLEDO	1.00										
DIRECTOR		x						0	0	0	
(4) NELLIE ANTUNA	1.00										
DIRECTOR		x						0	0	0	
(5) OSCAR RUIZ	1.00										
DIRECTOR		х						0	0	0	
(6) JOY BRITTAIN, DR.	1.00										
DIRECTOR		х						0	0	0	
(7) LORRAINE INGRAM	1.00										
DIRECTOR		х						0	0	0	
(8) MELISSA DUFLOCK	1.00										
DIRECTOR		х						0	0	0	
(9) JOSE_SILONZOCHILT	1.00										
DIRECTOR		х						0	0	0	
(10)OSCAR GANTES, M.D.	1.00										
DIRECTOR		х						0	0	0	
(11)MARIA G RAMIREZ	1.00										
DIRECTOR		x						0	0	0	
(12)BIRT JOHNSON	1.00										
DIRECTOR		x						0	0	0	
(13)BIRT JOHNSON	1.00										
DIRECTOR		x						0	0	0	
(14)LAURA GALVAN	1.00										
DIRECTOR		x						0	0	0	
EFA	ii		· · · · ·							Form <b>990</b> (2019)	

### Form 990 (2019)

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

	(A) Name and title	<b>(B)</b> Average hours	box,		s pers	tion re tha on is l	an one both an rustee)	<b>(D)</b> Reportable compensation	(E) Reportable compensation	Es	<b>(F)</b> Estimated amou of other	
		per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	0	compensa from the rganization ated organi	and
	GONZALEZ	<u>1.0</u> 0										
IREC		1.00	х		-			0	0			0
IREC		00	x					0	0			0
	RIANA AQUINO	1.00							-			
IREC			x		x			0	0			0
	DIA M VILLAREAL	2.00	x		x			0	0			0
	RTHA GRIMES	2.00										
SECRE			х		x			0	0			0
20)JOS	SE JESUS RODGRIGUEZ		x					0	0			0
	SE PONCE	1.00										
DIREC					x			0	0	_		0
22)												
23)												
24)												
25)												
1b	Subtotal							•				
с	Total from continuation sheets to Part VII, Sect	ion A .										
d	Total (add lines 1b and 1c)							163,000	0			0
2	Total number of individuals (including but not limit reportable compensation from the organization		sted a	bove	) who	o rec	ceived m	ore than \$100,000	of			
											Yes	No
3	Did the organization list any <b>former</b> officer, direc employee on line 1a? <i>If "Yes," complete Schedul</i>		-				-			. 3		
4	For any individual listed on line 1a, is the sum of re								•••••	. 3		x
-	organization and related organizations greater th											
	individual									. 4		x
5	Did any person listed on line 1a receive or accrue	compensatio	n from	any	unre	lated	d organiz	ation or individual				
	for services rendered to the organization? If "Yes	s," complete	Schea	lule J	for s	such	person			. 5		х
	on B. Independent Contractors											
1	Complete this table for your five highest compensation from the organization. Report comp											
	(A)		ne cai	enua	i yea			(B)			C)	
	Name and business addres	s						Description of service	ces		ensation	

Form 99		19) <u>CENTE</u>	R FOR COMM	JNIT	Y ADVOCACY			77-01920	68 Page 9
Part	VIII	Statement of Rev	/enue						
		Check if Schedule O co	ontains a respons	e or n	ote to any line in th	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns .		1a					
s s	b	Membership dues		1b	1,150				
unts	c	Fundraising events		1c	95,710				
s, G Amo	d	Related organizations .		1d					
Gift	е	Government grants (cont	ributions)	1e					
Contributions, Gifts, Grants and Other Similar Amounts	f		-						
utio Jer S		and similar amounts not i		1f	1,889,411				
l Oth	g								
and	.	lines 1a-1f		1g					
	h	Total. Add lines 1a-1f	• • • • • • • • •			1,986,271			
	20				Business Code				
Program Service Revenue	2a b								
	c b								
s en S	d								
ogra Re	e								
Pro	f	All other program service	revenue						
	g	Total. Add lines 2a-2f .			•••••				
	3	Investment income (includ	ing dividends, inte	erest, a	and				
		other similar amounts) .				1,818	1,818		
	4	Income from investment of	•	•					
	5	Royalties							
		<b>a</b> <i>i</i>	(i) Rea	I	(ii) Personal				
		Gross rents							
		Less: rental expenses Rental income or (loss)	6b 6c						
		Net rental income or (loss)			L				
		х , ,	(i) Securiti		(ii) Other				
	7a	Gross amount from sales of assets		00					
	h	other than inventory Less: cost or other basis	7a						
nue	d	and sales expenses	7b						
ven	c	Gain or (loss)	7c						
Re	d	Net gain or (loss)							
Other Reve	8a	Gross income from fundra	ising						
δ		events (not including \$_	95,710	-					
		of contributions reported of							
		1c). See Part IV, line 18		8a 8b					
		Less: direct expenses . Net income or (loss) from							
		Gross income from gamin	-	ы. Г	· · · · · · •				
	0	activities, See Part IV, line	-	9a					
	b	Less: direct expenses .		9b					
	c	Net income or (loss) from	gaming activities		· · · · · · •				
	10a	Gross sales of inventory, I	ess						
		returns and allowances .		1 <b>0</b> a					
	b	Less: cost of goods sold		1 <b>0</b> k	b l				
	C	Net income or (loss) from	sales of inventor	y <u></u>	· · · · · · •				
					Business Code				
Miscellanous Revenue	11a								
enu	b								
Rev	C d	All other revenue							
Σ		Total. Add lines 11a-11d			<b></b>				
		Total revenue. See instru			· · · · · · · · · · · · · · · · · · ·	1 . 988 . 089	1 . 818	0	0

# 19) CENTER FOR COMMUNITY ADVOCACY

Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all c	olumns. All other orgai	nizations must complet	e column (A).	
	Check if Schedule O contains a response or note to	any line in this Part IX			X
Do n	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	163,000	138,550	16,300	8,150
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	243,121	206,653	24,312	12,156
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	93,637	79,591	9,364	4,682
10	Payroll taxes	34,098	28,983	3,410	1,705
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	32,007	27,205	3,201	1,601
d					_
е	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	84,924	72,185	8,493	4,246
12	Advertising and promotion				
13	Office expenses	3,630	3,154	317	159
14					
15	Royalties				
16	Occupancy	32,714	27,807	3,271	1,636
17		8,314	7,067	831	416
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	00.055	10 540	0.000	
19 20	Conferences, conventions, and meetings	22,057	18,748	2,206	1,103
20 21	Payments to affiliates				
21 22	Depreciation, depletion, and amortization	11 170	0 500	1 110	550
22		11,179	9,502	1,118	559
23 24	Other expenses. Itemize expenses not covered	5,579	4,742	558	279
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.)				
а	PUBLIC RELATIONS	3,780	3,213	378	189
b	BANK CHARGES	2,157	1,833	216	108
c C	PRINTING AND REPRODUCTION	7,347	6,245	735	367
d	TRAINING - NEIGHBORHOOD LEAD	40,396	34,336	4,040	2,020
e	All other expenses	50,825	23,990	811	26,024
25	Total functional expenses. Add lines 1 through 24e	838,765	693,804	79,561	65,400
26	Joint costs. Complete this line only if the			,	
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

	990 (20		7	7-019206	8 Page 11
Par	t X	Balance Sheet			_
		Check if Schedule O contains a response or note to any line in this Part X		• • • • • •	
			(A)		(B)
	1		Beginning of year		End of year
	1	Cash - non-interest-bearing		1	24,508
	2	Savings and temporary cash investments	1,116,447	2	1,304,745
	3	Pledges and grants receivable, net		3	492,000
	4	Accounts receivable, net	19,231	4	403,197
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 576,102			
	b	Less: accumulated depreciation         10b         239,827	328,269		336,275
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,000	15	44,118
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,464,947	16	2,604,843
	17	Accounts payable and accrued expenses	31,327	17	18,007
	18	Grants payable		18	
	19			19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	18,778	21	22,670
ties	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
Lia		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
				25	
	26	Total liabilities. Add lines 17 through 25	50,105	26	40,677
		Organizations that follow FASB ASC 958, check here <b>x</b>			
ses	07	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions	1 414 040	07	0 564 166
lano	27 28		1,414,842	27 28	2,564,166
Ba	20	Net assets with donor restrictions         Organizations that do not follow FASB ASC 958, check here		20	
pun		and complete lines 29 through 33.			
ц Т	29	Capital stock or trust principal, or current funds		29	
tso	29 30	Paid-in or capital surplus, or land, building, or equipment fund		29 30	
sse	30 31	Retained earnings, endowment, accumulated income, or other funds		30	
Net Assets or Fund Balances	31	Total net assets or fund balances	1 111 010	31	2 564 166
ž	33	Total liabilities and net assets/fund balances	1,414,842	33	2,564,166
	55		1,464,947	33	2,604,843

EEA

Form 990 (2019)

Form	990 (2019) CENTER FOR COMMUNITY ADVOCACY	77-019206	8	Pa	age <b>12</b>
Par	rt 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	1,	988,	,089
2	Total expenses (must equal Part IX, column (A), line 25)	. 2		838,	,765
3	Revenue less expenses. Subtract line 2 from line 1	. 3	1,	149,	,324
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	. 4	1,	414,	,842
5	Net unrealized gains (losses) on investments	. 5			
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	2,	564,	,166
Par	rt 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 in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	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		x
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
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		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Form	<b>990</b> (2	2019)

OMB No. 1545-0047

2019

Open to Public Inspection

~~			Public Charity Status and Public Support	ł	OMB N
SCHEDULE A			Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexe	empt charitable trus	t.
•		0 or 990-EZ)	► Attach to Form 990 or Form 990-EZ.		Ope
•		of the Treasury venue Service	Go to www.irs.gov/Form990 for instructions and the latest info	rmation.	In
Name	e of th	e organization		Employer identificati	on numb
CEN	ITER	FOR COMMU	NITY ADVOCACY	77-0192068	3
Pa	rt I	Reason	for Public Charity Status (All organizations must complete this part.) S	ee instructions.	
Гhe	orga	nization is not a	private foundation because it is: (For lines 1 through 12, check only one box.)		
1		A church, conv	vention of churches, or association of churches described in section 170(b)(1)(A)(i).		
2		A school desc	ribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)		
3		A hospital or a	cooperative hospital service organization described in section 170(b)(1)(A)(iii).		
4		A medical rese	earch organization operated in conjunction with a hospital described in section 170(b)(1)(/	A)(iii). Enter the	
		hospital's nam	e, city, and state:		
5		An organizatio	n operated for the benefit of a college or university owned or operated by a governmental un	nit described in	
		section 170(b	)(1)(A)(iv). (Complete Part II.)		
6		A federal, state	e, or local government or governmental unit described in section 170(b)(1)(A)(v).		
7	х	An organizatio	n that normally receives a substantial part of its support from a governmental unit or from the	e general public	
		described in <b>s</b>	ection 170(b)(1)(A)(vi). (Complete Part II.)		
8		A community t	rust described in section 170(b)(1)(A)(vi). (Complete Part II.)		
9		An agricultura	research organization described in section 170(b)(1)(A)(ix) operated in conjunction with	a land-grant colleg	е
		or university of	r a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of	the college or	
		university:			
0		An organizatio	n that normally receives: (1) more than 33 1/3% of its support from contributions, membersh	ip fees, and gross	
		receipts from a	activities related to its exempt functions - subject to certain exceptions, and (2) no more than	n 33 1/3% of its	
		support from g	ross investment income and unrelated business taxable income (less section 511 tax) from	businesses	
		acquired by th	e organization after June 30, 1975. See <b>section 509(a)(2).</b> (Complete Part III.)		
1		An organizatio	n organized and operated exclusively to test for public safety. See section 509(a)(4).		
12		An organizatio	n organized and operated exclusively for the benefit of, to perform the functions of, or to carr	ry out the purposes	
		of one or more	e publicly supported organizations described in section 509(a)(1) or section 509(a)(2). Se	e section 509(a)(3	3).
		Check the box	in lines 12a through 12d that describes the type of supporting organization and complete lin	nes 12e, 12f, and 12	2g.
	а	Type I. A	supporting organization operated, supervised, or controlled by its supported organization(s	s), typically by givin	g

a I 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.
 b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having

I ype 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.

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.

d 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.

Enter the number of supported organizations

e 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.

g Provide the following information abo	ut the supported or	rganization(s).								
(i) Name of supported organization	<b>(ii)</b> EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		listed in your governing		listed in your governing support (		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No						
(A)										
(B)										
(C)										
(D)										
(E)										
Total										

f

Sche		R COMMUNITY				77-019206	
Pa	art II Support Schedule for Organiza	ations Descri	bed in Secti	ons 170(b)(1	)(A)(iv) and	170(b)(1)(A)(v	i)
	(Complete only if you checked th	e box on line	5, 7, or 8 of F	Part I or if the	organization	failed to qualif	y under
	Part III. If the organization fails to	o qualify unde	r the tests list	ted below, ple	ease complet	e Part III.)	
Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)►	(a) 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	435,841	395,486	575,113	773,627	993,750	3,173,817
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	435,841	395,486	575 <b>,</b> 113	773,627	993,750	3,173,817
5	The portion of total contributions by	-	-	-	-	-	<u> </u>
	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)						1,724,433
6	<b>Public support.</b> Subtract line 5 from line 4						1,449,384
	ction B. Total Support						
_	endar year (or fiscal year beginning in)►	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	435,841	395,486		773,627	993,750	3,173,817
8	Gross income from interest, dividends,		,	,			
•	payments received on securities loans,						
	rents, royalties and income from						
	similar sources	582	603	885	1,513		3,583
9	Net income from unrelated business	502			1/515		57505
Ū	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	<b>Total support.</b> Add lines 7 through 10.						3,177,400
	Gross receipts from related activities, etc. (se	ee instructions)				12	3,17,400
	First five years. If the Form 990 is for the or						3)
	organization, check this box and <b>stop here</b>						
Se	ction C. Computation of Public Suppor	t Percentage	•••••••	•••••			
	Public support percentage for 2019 (line 6, c			olumn (f))		14	45.62 %
	Public support percentage from 2018 Sched					15	85.86 %
	<b>33 1/3% support test - 2019.</b> If the organization						
100	box and <b>stop here.</b> The organization qualifie						
ł	<b>33 1/3% support test - 2018.</b> If the organization						
	this box and <b>stop here.</b> The organization qu						
179	10%-facts-and-circumstances test - 2019.			-			
170	10% or more, and if the organization meets t	-					
	Part VI how the organization meets the "facts						
	organization			-	-		
L	0						
Ľ	0 10%-facts-and-circumstances test - 2018.	-					
	15 is 10% or more, and if the organization m					-	
	Explain in Part VI how the organization meet					-	· _
10	supported organization						· · · ► 🛛
10	Private foundation. If the organization did n						
		••••		• • • • • • • •			··· ► ∐

Sche	, , , , , , , , , , , , , , , , , , ,	R COMMUNITY				77-0192	2068 Page 3
Pa	rt III Support Schedule for Organiz	ations Desc	ribed in Sec	tion 509(a)(2	2)		
	(Complete only if you checked t	he box on lin	e 10 of Part I	or if the orga	nization failed	l to qualify i	under Part II.
	If the organization fails to qualify	under the te	ests listed bel	ow, please co	omplete Part I	l.)	
Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
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						
5	unrelated trade or business under section 513.						
٨	Tax revenues levied for the						
4							
	organization's benefit and either paid to						
F	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Se	ction B. Total Support				11		
	endar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6					(-)	
	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
h	Unrelated business taxable income (less						
b	section 511 taxes) from businesses						
_	acquired after June 30, 1975						
	Add lines 10a and 10b						
11							
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the or	ganization's fi	rst, second, thi	rd, fourth, or fil	fth tax year as a	a section 501	(c)(3)
	organization, check this box and stop here						
Se	ction C. Computation of Public Suppor	t Percentag	e				
	Public support percentage for 2019 (line 8, c			column (f)) .		15	%
16	Public support percentage from 2018 Sched					16	%
	ction D. Computation of Investment Inc					1 - 1	,,,
17	Investment income percentage for 2019 (line		-	ine 13. column	(f)),	17	%
18	Investment income percentage from <b>2018</b> So					18	%
	<b>33 1/3% support tests - 2019.</b> If the organiz						
130							
Ŀ	17 is not more than 33 1/3%, check this box						
a	<b>33 1/3% support tests - 2018.</b> If the organiz						
~~	line 18 is not more than 33 1/3%, check this	-	-	-			-
20	Private foundation. If the organization did n	IUL CHECK & DO	x on line 14, 19	a, or 190, che	CK THIS DOX AND	see instruct	uns 🕨 📋

	Supporting Organizations (Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete 3 and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, co			
	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and C. If you checked 12d of Part I, co Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part I		;	
ect	ion A. All Supporting Organizations			
			Yes	N
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> how the organization determined that the supported	_		
	organization was described in section 509(a)(1) or (2).	2		
a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a		
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 <b>Part VI</b> when and how the			
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$			
_	purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
а	Was any supported organization not organized in the United States ("foreign supported organization")? If	4-		
<b>h</b>	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
с	Did the organization support any foreign supported organization that does not have an IRS determination	40		
C	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
		4c		
а	<i>purposes.</i> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If</i> "Yes,"	40		
a	answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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).	5a		
h	Type I or Type II only. Was any added or substituted supported organization part of a class already	Ju		
~	designated in the organization's organizing document?	5b		
с	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
	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 <b>Part VI.</b>	6		
	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
а	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.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
)a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
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.)	10b		

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Page 4

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019         CENTER FOR COMMUNITY ADVOCACY         77-0192	068	F	age 5
Part IV Supporting Organizations (continued)			
		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
below, the governing body of a supported organization?	11a		
b A family member of a person described in (a) above?	11b		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Section B. Type I Supporting Organizations			
1. Did the directory trustees, or membership of one or more supported organizations have the newer to		Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to			
regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
controlled the organization's activities. If the organization had more than one supported organization,			
describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2 Did the organization operate for the benefit of any supported organization other than the supported			
organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
supervised, or controlled the supporting organization.	2		
Section C. Type II Supporting Organizations			
		Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
or management of the supporting organization was vested in the same persons that controlled or managed			
the supported organization(s).	1		
Section D. All Type III Supporting Organizations			

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in <b>Part VI</b> how</i>			
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a	2		
J	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard	3		

## Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a D The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2 Activities Test. Answer (a) and (b) below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

2a

2b

3a

Yes

No

CENTER FOR COMMUNITY ADVOCACY		77-019	2068 Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or			
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970 (expla	in in Part VI). <b>See</b>
instructions. All other Type III non-functionally integrated supporting organi	zations	s must complete Section	ns A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea
ection A - Adjusted Net Income		(A) FIIOI Teal	(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		
ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% 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 .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 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-functionally	integr	ated Type III supporting	g organization (see
instructions).	megn		

Schedule A (Form 990 or 990-EZ) 2019

	Ile A (Form 990 or 990-EZ) 2019 CENTER FOR COMMUNITY ADVO		77-019	2068 Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3	) Supporting Organiz	zations (continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exen	npt purposes		
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizat	ions	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.	· ,· ·		
8	Distributions to attentive supported organizations to which the	e organization is respons	sive	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		(ii)	(iii)
5	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(") Underdistributions Pre-2019	Distributable Amount for 2019
_1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in <b>Part VI</b> ). See			
	instructions.			
	Excess distributions carryover, if any, to 2019			
	From 2014			
	From 2015            From 2016			
	France 0017			
	<b>F</b> 0040			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Carryover from 2014 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in <b>Part VI</b> . See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016 Excess from 2017			
	Evenes from 2019			
	Evenes from 2010			
EEA			Sched	ule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Fo	m 990 or 990-EZ) 2019 Page 8
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

### Schedule B (Form 990, 990-EZ.

Internal Revenue Service

(Form 990, 990-EZ, or 990-PF) Department of the Treasury

# \_\_\_\_,

Attach to Form 990, Form 990-EZ, or Form 990-PF.

Schedule of Contributors

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

OMB No. 1545-0047

2019

Name of the organization

Employer identification number 77-0192068

### CENTER FOR COMMUNITY ADVOCACY

Organization type (check one):	
Filers of:	Section:
Form 990 or 990-EZ	<b>X</b> 501(c)( <b>3</b> ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

# Check if your organization is covered by the General Rule or a Special Rule.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

## Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)
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Name of organization

CENTER FOR COMMUNITY ADVOCACY

Part I         Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.
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Part I	<b>Contributors</b> (see instructions). Use duplicate copies of	or Part I il additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_1_	THE CALIFORNIA ENDOWMENT 1000 NORTH ALAMEDA STREET LOS ANGELES, CA 90012	\$503,918	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	THE JAMES IRVINE FOUNDATION 1 BUSH STREET STE 800 SAN FRANCISCO, CA 94104	\$686,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	COMMUNITY FOUNDATION OF MONTEREY 2354 GARDEN ROAD MONTEREY, CA 93940	\$92,000	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	NANCY BUCK RANSOM FOUNDATION PO BOX 749 MONTEREY, CA 93942	\$15,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	HARTNELL COLLEGE FOUNDATION 411 CENTRAL AVE BUILDING E ROOM 101 SALINAS, CA 93901	\$20,250	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
6	PAJARO VALLEY PREVENTION 335 E LAKE AVENUE WATSONVILLE, CA 95076	\$10,000	Person     x       Payroll

EEA

Employer identification number 77-0192068

EEA

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

CENTER FOR COMMUNITY ADVOCACY

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

Faili	Contributors (see instructions). Ose duplicate copies		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	SUNLIGHT GIVING 855 EL CAMINO REAL BLDG 4 250 PALO ALTO, CA 94301	\$80,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	MONTEREY PENINSULA FOUNDATION          1 LOWER RAGSDALE DR BLDG 3 STE 100         MONTEREY, CA 93940	\$70,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	CLAIRE GIANNINI FUND 751 LAUREL ST SAN CARLOS, CA 94070	\$40,000	PersonxPayrollNoncash(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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	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.)

Employer identification number 77-0192068

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

SCHEDULE D	
(Form 990)	

# **Supplemental Financial Statements**

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

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

OMB No. 1545-0047

2019
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Dener	demonst of the Treesury	►	Attach to Form 990.	, ,			Open to	Public
	rtment of the Treasury al Revenue Service	► Go to www.irs.gov/Forms	990 for instructions and t	he latest informa	tion.		Inspect	ion
Name	of the organization				Employer ide	entification n	umber	
CEN	TER FOR COMMU	NITY ADVOCACY			77-0	192068		
Pa	rt I Organizat	tions Maintaining Donor Advised Fu	unds or Other Similar	Funds or Acco	unts.			
	Complete	if the organization answered "Yes" on	Form 990, Part IV, line	e 6.				
			(a) Donor advised	d funds	(b	) Funds and	other accour	nts
1	Total number at en	nd of year						
2	Aggregate value of	f contributions to (during year)						
3	Aggregate value of	f grants from (during year)						
4	Aggregate value at	tend of year						
5	Did the organizatio	n inform all donors and donor advisors in w	riting that the assets held in	n donor advised				
	funds are the orga	nization's property, subject to the organizati	on's exclusive legal control	?			Yes	🗌 No
6	Did the organizatio	n inform all grantees, donors, and donor ad	visors in writing that grant f	unds can be used				
	only for charitable p	purposes and not for the benefit of the dono	r or donor advisor, or for ar	ny other purpose				
	conferring impermi	ssible private benefit?					Yes	No
Pa	rt II Conserv	vation Easements.						
	Complete	e if the organization answered "Yes" o	n Form 990, Part IV, lin	e 7.				
1	Purpose(s) of cons	servation easements held by the organization	n (check all that apply).					
	Preservation o	f land for public use (e.g., recreation or edu	cation)	Preservation of	a historicall	y importar	it land area	а
	Protection of n	atural habitat		Preservation of	a certified h	nistoric stru	ucture	
	Preservation o	f open space						
2	Complete lines 2a th	nrough 2d if the organization held a qualified	conservation contribution	in the form of a co	nservation			
	easement on the la	ast day of the tax year.				Held at the	e End of th	ne Tax Year
а	Total number of co	onservation easements			. 2a			
b	Total acreage restr	ricted by conservation easements			. 2b			
С	Number of conserv	vation easements on a certified historic strue	cture included in (a)		. 2c			
d	Number of conserv	vation easements included in (c) acquired a	fter 7/25/06, and not on a					
	historic structure lis	sted in the National Register			. 2d			
3	Number of conserv	vation easements modified, transferred, rele	ased, extinguished, or tern	ninated by the orga	anization du	ring the		
	tax year							
4	Number of states v	where property subject to conservation ease	ement is located					
5	Does the organizat	tion have a written policy regarding the period	odic monitoring, inspection,	handling of			—	_
	,	preement of the conservation easements it h					Yes	No
6	Staff and volunteer	hours devoted to monitoring, inspecting, ha	ndling of violations, and en	forcing conservation	on easemer	nts during t	he year	
	▶							
7		es incurred in monitoring, inspecting, handlir	ng of violations, and enforce	ing conservation ea	asements d	uring the y	rear	
	▶\$							
8		vation easement reported on line 2(d) above					□	Π
	and section 170(h)						Yes	∐ No
9		be how the organization reports conservation						
		include, if applicable, the text of the footnot	e to the organization's final	ncial statements the	at describes	sthe		
Do		ounting for conservation easements. zations Maintaining Collections	of Art Historical Tr		thar Sim	ilor Acc		
га		te if the organization answered "Yes" of				iiai A55	E13.	
10						turarlea		
1a	-	elected, as permitted under FASB ASC 958 asures, or other similar assets held for publi						
		•				lic		
h		Part XIII the text of the footnote to its finan			aa ahaat wa	rka of		
b	-	elected, as permitted under FASB ASC 958	•					
		ures, or other similar assets held for public e	Exhibition, education, or res			service,		
	•	ng amounts relating to these items:				⊾ ¢		
	.,	ded on Form 990, Part VIII, line 1          d in Form 990, Part X						
2		received or held works of art, historical trea						
2					i, provide tr			
2	•	required to be reported under FASB ASC 9 on Form 990, Part VIII, line 1	•			▶ \$		
a						- U		

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. . . . . . . . . . .

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▶ \$

Sched	ule D (Form 990) 2019 CENTER FOR COM						77-019		Page <b>2</b>
Pa	rt III Organizations Maintaining	<b>Collections of</b>	Art, Hist	orical T	reasures,	or Ot	her Similar A	Assets (c	ontinued)
3	Using the organization's acquisition, accession	n, and other records,	check any	of the follo	owing that ma	ıke signi <sup>.</sup>	ficant use of its		
	collection items (check all that apply):								
а	Public exhibition		d	Loan	or exchange	program	S		
b	Scholarly research		е [	Other					
с	Preservation for future generations								
4	Provide a description of the organization's col	lections and explain	how they fu	urther the c	organization's	exempt	purpose in Part		
	XIII.		-		•				
5	During the year, did the organization solicit or	receive donations of	art, historio	al treasur	es, or other s	imilar			
	assets to be sold to raise funds rather than to							🗌 Ye	s 🗌 No
Pa	rt IV Escrow and Custodial Arra			0					
	Complete if the organization a		on Form	990, Pa	art IV, line 9	9. or re	ported an an	nount on l	Form
	990, Part X, line 21.			, -	, -	-,			
1a	Is the organization an agent, trustee, custodiar	n or other intermedia	rv for contri	butions or	other assets	not			
			-					🗌 Ye	s X No
b	If "Yes," explain the arrangement in Part XIII a				•••••				
~			owing table	•			Δ	mount	
с	Beginning balance					. 1c			
ь Ч									
ŭ	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on For							X Vo	s 🗌 No
	If "Yes," explain the arrangement in Part XIII.								_
b	rt V Endowment Funds.	Check here if the exp	Jianation na	as been pr	ovided on Pa			• • • • • •	• 🗆
Га	Complete if the organization a	answarad "Vas"	on Earm	000 Dc	ort IV/ line	10			
4-		(a) Current year	(b) Pric	or year	(c) Two years	back	(d) Three years bac	:k <b>(e)</b> ⊦ou	r years back
1a	Beginning of year balance								
D	Contributions								
С	Net investment earnings, gains, and								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curre	-	(line 1g, co	lumn (a)) l	held as:				
а	Board designated or quasi-endowment	%							
b		6							
С	Term endowment   %								
	The percentages on lines 2a, 2b, and 2c should								
3a	Are there endowment funds not in the posses	sion of the organizat	ion that are	held and	administered	for the			
	organization by:							Г <b></b>	Yes No
	(i) Unrelated organizations				•••••			3a(i)	
	()								
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Sche	dule R?.				3b	
4	Describe in Part XIII the intended uses of the		wment fund	s.					
Pa	rt VI Land, Buildings, and Equip								
	Complete if the organization a	answered "Yes"	on Form	990, Pa	art IV, line	11a. S	ee Form 990	, Part X, li	ne 10.
	Description of property	(a) Cost or oth	er basis	(b) Cost o	r other basis	(c)	Accumulated	<b>(d)</b> Boo	k value
		(investme	ent)	(0	other)	de	epreciation		
1a	Land		91,832						91,832
b	Buildings	42	26,271				205,555		220,716
С	Leasehold improvements								
d	Equipment		39,994				34,041		5,953
е	OtherSTMD1		18,005				231		17,774
Tota	I. Add lines 1a through 1e. (Column (d) must	equal Form 990, Pai	rt X, colum	n (B), line	10.c.)				336,275

EEA

Schedule D (Form 990) 2019	Schedule	D	(Form	990)	2019
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#### Part VII **Investments - Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.). . . . . . ►

# Part VIII Investments - Program Related.

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

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

### Part IX Other Assets.

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

(a) Description	(b) Book value
(1) FTATE FUND DEPOSIT	785
(2) INVESTMENT IN FNMA	215
(3RESTRICTED CASH	41,725
(4REIMBURSABLE - OTHER	1,393
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.).	44,118

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1) Federal	income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column	) (b) must equal Form 990, Part X, col. (B) line 2	25.). ►

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

Sched	ule D (Form 990) 2019 CENTER FOR COMMUNITY ADVOCACY	77-0192068	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Reven	ue 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	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines <b>4a</b> and <b>4b</b>		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expe	enses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	I	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
C	Add lines <b>4a</b> and <b>4b</b>		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Pa	rt XIII Supplemental Information.		

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

SCHEDULE G	Supplemer	tal Informati	on Regard	ding Fund	Iraising or Gan	ning Act	ivities	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the					2019		
Department of the Treasury Internal Revenue Service	organization entered more than \$15,000 on Form 990-EZ, line 6a. ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.						Open to Public Inspection	
Name of the organization							Employer ide	entification number
CENTER FOR COMMUN								92068
Part I Fundraisi	ng Activities	. Complete if t	the organiz	zation ans	wered "Yes" on	Form 99	0, Part IV,	, line 17.
Form 990-E	Z filers are not	required to cor	nplete this I	part.				
1 Indicate whether the	organization rais	ed funds through	any of the fol	lowing activit	ies. Check all that a	ipply.		
a 🗌 Mail solicitations			e 🗌 🗄	Solicitation of	f non-government gr	rants		
<b>b</b> Internet and email	solicitations		f 🗌 🗄	Solicitation of	f government grants			
c 🗌 Phone solicitation	S		g 🗌 :	Special fund	aising events			
d 🗌 In-person solicitat	ions							
<ul><li>2a Did the organization or key employees list</li><li>b If "Yes," list the 10 hi compensated at lease</li></ul>	ed in Form 990, ghest paid indivic	Part VII) or entity luals or entities (fo	in connectior	n with profess	sional fundraising se	ervices?		es 🗌 No e
(i) Name and address or entity (fundra		(ii) Activity	custody o	ndraiser have or control of outions?	(iv) Gross receipts from activity	(or re fundrais	ount paid to tained by) ser listed in ol. <b>(i)</b>	(vi) Amount paid to (or retained by) organization
			Yes	No		0	01. (1)	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
<b>—</b>								
Total	the organization				ons or has been not	tified it is ex	kempt from	

		,	TER FOR COMMUNITY			7-0192068 Page 2
Pa	rt II		-			-
		than \$15,000 of fundraising gross receipts greater than		a gross income on Form	1990-EZ, lines 1 and	6D. LIST EVENTS WITH
		gross receipts greater than	<b>(a)</b> Event #1	(b) Event #2	(c) Other events	
			ANNUAL FUNDR		NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
ē		-	(even type)	(event type)	(lotal humber)	
Revenue	1	Gross receipts				
Re						
	2	Less: Contributions				
	3	Gross income (line 1 minus				
		line 2)				
	4	Cash prizes				
	5	Noncash prizes				
	_					
Jsec	6	Rent/facility costs				
xper	7	Food and hoverages				
ш ъ	'	Food and beverages				
Direct Expenses	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines	• • • • • • •			
	11	Net income summary. Subtract line				
Pa	rt II		-	Yes" on Form 990, Part	IV, line 19, or reporte	ed more than
		\$15,000 on Form 990-EZ,	line 6a.			
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue		-		billigo, progressive billige		
Å	1	Gross revenue				
	•					
~	2	Cash prizes				
penses		-				
xpe	3	Noncash prizes				
ц						
Direct	4	Rent/facility costs				
Ц	_					
	5	Other direct expenses	□ <b>v</b> ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~			
		Volumtoor lobor	☐ Yes %	│		%
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines	2 through 5 in column (d)			
	•					
	8	Net gaming income summary. Subt	ract line 7 from line 1, colu	mn (d)		
9		ter the state(s) in which the organizat				
а	ls t	the organization licensed to conduct g	paming activities in each of	f these states?		Yes 🗌 No
b	lf"	No," explain:				
		and the state of the	·	ad an tanal of the tank	1	
		ere any of the organization's gaming I		-	-	Yes 🗌 No
C C	, 11	Yes," explain:				

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 990-EZ.

OMB No. 1545-0047

Open to Public

Inspection

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

Internal Revenue Service Name of the organization

#### CENTER FOR COMMUNITY ADVOCACY

Employer identification number

77-0192068

#### 01. Form 990 governing body review (Part VI, line 11)

A COPY OF FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW BEFORE FILING THE

RETURN.

02. Conflict of interest policy compliance (Part VI, line 12c)

EMPLOYEES WILL BE REQUIRED TO SIGN AN ACKNOWLEDGEMENT OF HAVING RECEIVED HAD READ THE

PERSONNEL MANUAL. POTENTIAL CONFLICTWS ARE EVALUATED ANNUALLY IF THE CENTER FOR COMMUNITY

ADVOCACY, IN ITS REPRESENTATIONS OF ITS CLIENTS, TAKES A POSITION WHICH IS, MAY, OR HAS

THE APPEARANCE OF CONFLICTING WITH A POSITION TAKEN BY ONE OF THE BOARD MEMBERS IN THEIR

INDIVIDUAL OR PROFESSIONAL POSITIONS. ALL COMMUNICATION REGARDING THAT CASE OR ISSUE

BETWEEN THE CENTER AND THAT BOARD MEMBER WILL BE CONDUCTED IN THEIR RESPECTIVE

PROFESSIONAL CAPACITIES ONLY. THE BOARD MEMBER WILL RECUSE HIM OR HERSELF FROM ANY

DECISION ON THAT CASE OR ISSUE. IF THE CONFLICT OR POSSIBLE CONFLIT IS WITH AN ATTORNEY

SERVING ON THE LEGAL ADVISORY COMMITTEE, NO LEGAL ADVICE WILL BE GIVEN BY THAT BOARD

MEMBER TO THE CENTER.

03. CEO, executive director, top management comp (Part VI, line 15a)

THE PROCESS FOR DETERMINING COMPENSATION OF THE EXECUTIVE DIRECTOR INCLUDES A REVIEW AND

APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF

THE DELIBERATION AND DECISION.

#### 04. Form 990 availability to public (Part VI, line 18)

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, AND

FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

Schedule O (Form 990 or 990-EZ) (2019)		Page <b>2</b>
Name of the organization CENTER FOR COMMUNITY ADVOCACY		Employer identification number
	ailable to public (Part VI, line 19)	77-0152000
THE ORGANIZATION MAKES ITS GOVER	NING DOCUMENTS, CONFLICTS OF INTEREST POLI	CY, AND
FINANCIAL STATEMENTS AVAILABLE T	D THE PUBLIC UPON REQUEST.	
06. Explanation of other changes	in net assets or fund balances (Part XI,	line 9)
NONDEDUCITLBE LIFE INSURANCE - \$	849	
07. List of other fees for servi	ces expenses (Part IX, line 11g)	
CONSULTING FEES:		
PROGRAM SERVICE EXPENSES	\$48,941	
MANAGEMENT AND GENERAL EXPENSES	\$ 5,758	
FUNDRAISING EXPENSES	\$ 2,879	
TOTAL CONSULTING FEES:	\$57,578	
OUTSIDE SERVICES:		
PROGRAM SERVICE EXPENSES	\$10,120	
MANAGEMENT AND GENERAL EXPENSES	\$ 1,012	
FUNDRAISING EXPENSES	\$ 506	

Form	8868
(Rev. Jar	uary 2020)

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

Department of the Treasury Internal Revenue Service

- File a separate application for each return.
- ► Go to www.irs.gov/Form8868 for the latest information.

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)				
print	CENTER FOR COMMUNITY ADVOCACY	77-0192068				
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.					
due date for	22 WEST GABILAN STREET					
filing your return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.					
instructions.	SALINAS, CA 93901					

Application	Return	Application	Return
Is For	Code	Is For	Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of > DANIEL GONZALEZ, 22 WEST GABILAN STREET, SALINAS, CA 93901

Т	elephone No. 831-753-2324	FAX No. ►		
● If	the organization does not have an office or place of business in	the United States, check this box		
• If	this is for a Group Return, enter the organization's four digit Grou	p Exemption Number (GEN)	f this is	
for th	e whole group, check this box $\ldots$ $\ldots$ $\ldots$ $\blacktriangleright$ . If it is for	or part of the group, check this box $\triangleright$ and attac	ch	
a list	with the names and TINs of all members the extension is for.			
1	I request an automatic 6-month extension of time until	11-16 , 20 20 , to file the exempt organization re	eturn fo	or
	the organization named above. The extension is for the organization			
	► X calendar year 2019 or			
	► tax year beginning	, 20 , and ending	, 2	0.
2	If the tax year entered in line 1 is for less than 12 months, check	reason: 🗌 Initial retum 🗌 Final retum		
	Change in accounting period			
3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or	6069, enter the tentative tax, less		
	any nonrefundable credits. See instructions.		3a	\$
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, en	ter any refundable credits and		
	estimated tax payments made. Include any prior year overpayn	nent allowed as a credit.	3b	\$
С	Balance due. Subtract line 3b from line 3a. Include your paym	nent with this form, if required, by		
	using EFTPS (Electronic Federal Tax Payment System). See in	structions.	3c	\$
Cau	ion: If you are going to make an electronic funds withdrawal (di		orm 88	379-EO for payment
instru	ctions.			
For I	Privacy Act and Paperwork Reduction Act Notice, see instruction	ztions.	For	m 8868 (Rev. 1-2020)

EEA

<b></b>	Demos of	A 44 a ma a 1	OMB No. 1545-0150			
Form <b>2848</b>	TM 2848 Power of Attorney and Declaration of Representative					
(Rev. Februrary 2020) Department of the Treasury	and Declaration o	of Representative	Received by:			
Internal Revenue Service		r instructions and the latest information.	Name			
	of Attorney		Telephone			
	Caution: A separate Form 2848 must be completed for each taxpayer. Form 2848 will not be honored					
	pose other than representation before the IRS.		Function			
	ation. Taxpayer must sign and date this form on pa	-	Date / /			
Taxpayer name and add		Taxpayer identification number(s)				
22 WEST GABILAN	STREET	77-0192068				
SALINAS CA 93901		Daytime telephone number Plan n	umber (if applicable)			
		(831)753-2324				
	wing representative(s) as attorney(s)-in-fact:					
· · ·	) must sign and date this form on page 2, Part II.					
Name and address		CAF No. 0308-00790R				
JONATHAN YOUNGBE		PTIN P00933343				
2007 W HEDDING S		Telephone No. (408)244-200				
SAN JOSE CA 9512		Fax No. (408)244-233	Fax No.			
Name and address	ies of notices and communications	Check if new: Address Telephone No.				
Name and address						
		Telephone No.				
		Fax No.				
Check if to be sent con	ies of notices and communications	Check if new: Address Telephone No.	Fax No.			
Name and address		CAF No.				
		PTIN				
		Telephone No.				
		Fax No				
(Note: IRS sends notice	s and communications to only two representatives.	Check if new: Address Telephone No.	Fax No.			
Name and address		CAF No.				
		PTIN				
		Telephone No.				
		Fax No.				
	s and communications to only two representatives.		Fax No.			
3 Acts authorized to receive and insp For example, my r	you are required to complete this line 3). With the sect my confidential tax information and to perform an	he exception of the acts described in line 5b, I authori cts that I can perform with respect to the tax matters de agreements, consents, or similar documents (see instru	escribed below.			
	(Income, Employment, Payroll, Excise, Estate, Gift,	The Free New York ()				
Whistleblower, Prac	titioner Discipline, PLR, FOIA, Civil Penalty, Sec.		r Period(s) (if applicable) see instructions)			
4980H Shared F	Responsibility Payment, etc.) (see instructions)	(1040, 941, 720, etc.) (ii applicable)				
INCOME		990 2018-20	24			
4 Specific use not	recorded on Centralized Authorization File (CAF	F). If the power of attorney is for a specific use not red	corded on CAF,			
		e instructions				
instructions for line	5a for more information):	bove, I authorize my representative(s) to perform the ecords via an Intermediate Service Provider; representative(s); Sign a retum;	following acts (see			
Other acts aut	horized:					

	accepting payment by any means, electronic or otherwise, into an account owned or controlled by the representative(s) or any firm or other entity with whom the representative(s) is (are) associated) issued by the government in respect of a federal tax liability.						
List any of	ther specific deletions to	the acts otherwise authorized in	this pov	ver c	of attorney (see instructions	for line 5b):	
attorney o to revoke	Retention/revocation of prior power(s) of attorney. The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same matters and years or periods covered by this document. If you do not want to revoke a prior power of attorney, check here						
7 Signature even if the represent the legal a	e of taxpayer. If a tax r ey are appointing the sa ative (or designated ind authority to execute this	matter concerns a year in which a ame representative(s). If signed by ividual, if applicable), executor, restorm on behalf of the taxpayer.	a joint re / a corpo ceiver, a	eturn orate admi	n was filed, each spouse m e officer, partner, guardian, inistrator, or trustee on beh	ust file a separate powe tax matters partner, partn alf of the taxpayer, I certif	nership fy that I have
	O'ara a tarra		Data		EXECUTIVE		
	Signature		Date			Title (if applicable)	
DANIEL GONZA	ALEZ	<u>C</u> 1	ENTER	FO	OR COMMUNITY ADVO	CACY	
	Print Nam			I	Print name of taxpayer from	n line 1 if other than indivi	dual
	claration of Repr f perjury, by my signatu						
<ul> <li>I am subject to</li> <li>I am authorized</li> <li>I am one of the <ul> <li>Attorney - a</li> <li>Certified P</li> <li>Certified P</li> <li>Enrolled A</li> <li>Officer - a</li> <li>Full-Time E</li> <li>Family Me</li> <li>Enrolled A</li> <li>the IRS is I</li> <li>Unenrolled</li> <li>prepared a</li> <li>claim for re</li> <li>and Requi</li> <li>k Qualifying</li> <li>student wo</li> <li>r Enrolled R</li> <li>Internal Re</li> <li>IF THIS</li> </ul></li></ul>	regulations contained i d to represent the taxpa following: a member in good stand ublic Accountant - a hol gent - enrolled as an ag bona fide officer of the Employee - a full-time en mber - a member of the ctuary - enrolled as an a imited by section 10.3( I Retum Preparer - Auth and signed the retum or efund; (3) has a valid P irements for Unenroll Student - receives perm rking in an LITC or STC etirement Plan Agent - venue Service is limited S DECLARATION O VER OF ATTORNE	mployee of the taxpayer. taxpayer's immediate family (spo actuary by the Joint Board for the d) of Circular 230). hority to practice before the IRS is claim for refund (or prepared if the TIN; and (4) possesses the requi ed Return Preparers in the inst hission to represent taxpayers bef CP. See instructions for Part II for enrolled as a retirement plan age by section 10.3(e)). FREPRESENTATIVE IS NO Y. REPRESENTATIVES MUS	A, Part 1 ter(s) sp of the ju e as a c nts of Ci buse, part Enrollm s limited. tere is no red Ann truction ore the l additionant under DT COM ST SIG	IO), a contraction of the section of	as amended, governing pra ied there; and liction shown below. ied public accountant in the lar 230. , child, grandparent, grandc of Actuaries under 29 U.S. , unenrolled retum preparen gnature space on the form). Filing Season Program Re or additional information. by virtue of his/her status a formation and requirements requirements of Circular 2 LETED, SIGNED, AND N THE ORDER LISTED	actice before the Internal e jurisdiction shown below child, step-parent, step-ch C. 1242 (the authority to r may represent, provided (2) was eligible to sign t accord of Completion(s). S as a law, business, or acc 30 (the authority to practi DATED, THE IRS WI D IN PART I, LINE 2.	/. ild, brother, or sister) practice before d the preparer (1) he return or <b>See Special Rules</b> counting ice before the
Designation - Insert above letter (a-r).	Licensing jurisdiction (State) or other licensing authority (if applicable)	e, position, or relationship to the Bar, license, certification, registration, or enrollment number (if applicable)			Signature	column.	Date
B	CA	98945					
FFA						Form 20	348 (Rev. 2-2020)

Specific acts not authorized. My representative(s) is (are) not authorized to endorse or otherwise negotiate any check (including directing or

Form 2848 (Rev. 2-2020) CENTER FOR COMMUNITY ADVOCACY

b

77-0192068

Page 2

	FOR YOUR RECOR Federal Supporting		2019	PG01	
Name(s) as shown on return			Tax ID Number		
CENTER FOR COMMUNITY ADVOCACY			7'	77-0192068	
FORM 9	INVESTMENTS -	PART VI - LINE OTHER	1E sta	TEMENT #D1E	
DESCRIPTION	COST/BASIS	COST/BASIS		BOOK	
OF INVESTMENT	(INVESTMENT)	(OTHER)	DEPR	VALUE	
ROOF	18,005	0	231	17,774	
TOTAL	18,005	0	231	17,774	

990	Overflow Statement		<b>2019</b> Page 1
Name(s) as shown on return		FEIN	
CENTER FOR COM	MUNITY ADVOCACY		77-0192068
	OTHER EXPENSES - PROGRAM SERVICE EXPENSE	S	
Description			Amount
	IS	\$	
OTHER FEES			611
	Total:	\$	72,185
OT	THER EXPENSES - MANAGEMENT AND GENERAL EXP	ENSE	S
Description			Amount
CONSULTING FEE	IS	\$	8,421
OTHER FEES			72
	Total:	\$	8,493
	OTHER EXPENSES - FUNDRAISING		
Description			Amount
	PENSES	\$	4,210
OTHER FEES			36
	Total:	\$	4,246
Description			Amount
	ELIVERY	_ <u>Ş</u>	3,882
UTILITIES			4 202
MISCELLANEOUS			<u>4,383</u> 2,570
REPAIRS AND MA	EXPENSES AINTENANCE		6,106
DUES AND SUBSC			390
DODD AND DODDC		_s	23,990
ΟΤ	THER EXPENSES - MANAGEMENT AND GENERAL EXP		
Description			Amount
	CLIVERY	;	<u>457</u>
MISCELLANEOUS		_ ¥_	6
	EXPENSES		
DUES AND SUBSC			46
	Total:	\$	811
	CRIPTIONS		

# 990 **2019** Page 2 **Overflow Statement** FEIN Name(s) as shown on return CENTER FOR COMMUNITY ADVOCACY 77-0192068 OTHER EXPENSES - FUNDRAISING Description Amount \$ FUNDRAISING EVENTS 25,619 POSTAGE AND DELIVERY <u>228</u> MISCELLANEOUS 3 <u>151</u> VIVA PROGRAM EXPENSES DUES AND SUBSCRIPTIONS 23 Total: \$ 26,024