Form **990**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

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

Open to Public Inspection

7/1/2018 6/30/2019 , 20 2019, and ending For the 2019 calendar year, or tax year beginning C Name of organization Catholic Charities of the Diocese of Monterey D Employer identification number Check if applicable: 77-0042961 Doing business as Catholic Charities Address change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change 831-393-3117 922 Hilby Ave Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/terminated Seaside CA 93955 G Gross receipts \$ 1,593,736 Amended return H(a) Is this a group return for subordinates? Yes No F Name and address of principal officer: Ana Ventura Phares J.D. Application pending 922 Hilby Ave. Seaside CA 93955 H(b) Are all subordinates included? Yes No 501(c)(3) 501(c) (4947(a)(1) or 527 If "No," attach a list. (see instructions) Tax-exempt status:) < (insert no.) Website: ▶ catholiccharitiescentralcoast.org H(c) Group exemption number ▶ L Year of formation: M State of legal domicile: CA Part Summarv Briefly describe the organization's mission or most significant activities: Catholic Charities of the Diocese of Monterey 1 provides service to people in need, to advocate for social justice, and to call other people of good will to do the same. Activities & Governance Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 3 14 0 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 23 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 23 6 0 Total unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 39 0 **Current Year** Contributions and grants (Part VIII, line 1h) . . . 1,672,192 1,464,660 8 77.923 9 Program service revenue (Part VIII, line 2g) 63,221 53,955 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 65,855 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . 00 00 1,593,736 1,804,070 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 125,649 134,747 00 nn 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,110,832 1,359,101 15 16a Professional fundraising fees (Part IX, column (A), line 11e) 00 00 Total fundraising expenses (Part IX, column (D), line 25) ▶ b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 619,383 602,804 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,855,864 2,096,652 19 Revenue less expenses. Subtract line 18 from line 12 -51,794 -502916 **Beginning of Current Year End of Year** 20 3,221,009 2,724,505 Total assets (Part X, line 16) 21 55,299 Total liabilities (Part X, line 26) 48,887 22 3,172,122 2,669,206 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Date 5/14/2020 Sign Here Type or print name and title Date Print/Type preparer's name Preparer's signature Check if **Paid** self-employed **Preparer** Firm's EIN ▶ Firm s name **Use Only** Firm's address ▶ Phone no. ✓ Yes □ No May the IRS discuss this return with the preparer shown above? (see instructions)

1	Check if Schedule O contains a Briefly describe the organization's miss	response or note to any line in this ion:	Part III	[
2	Did the organization undertake any sign prior Form 990 or 990-EZ?		rear which were not listed on the	☐ Yes ☐ No
3	If "Yes," describe these new services of Did the organization cease conducting services?	g, or make significant changes in	how it conducts, any program	□Yes □No
4	If "Yes," describe these changes on Scl Describe the organization's program se expenses. Section 501(c)(3) and 501(c)(the total expenses, and revenue, if any,	ervice accomplishments for each of it 4) organizations are required to repo	s three largest program services, rt the amount of grants and alloc	as measured by ations to others
4a			\/Davanus	
Tu	(Code:) (Expenses \$	including grants of \$		
4b	(Code:) (Expenses \$			
			, γ (πονοπαε ψ	
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
			/ (lotolido	
4d (Other program consists /Describer and City			
	Other program services (Describe on Sch (Expenses \$ including gra)	
4e	Total program service expenses	, y		

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	+	
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			
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			
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			
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			
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		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		
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		
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		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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		
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		
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1 1 1 1 1 1
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		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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		
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		
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		
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		
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		100
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		
2 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
b		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		

Par	t IV Checklist of Required Schedules (continued)			
			Ye	s N
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	2	
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		
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		
b	mich de la	24b	_	\top
C	to defease any tax-exempt bonds?	240	;	
d	and the second device with the bolical for bolical data and the dailing the year?	24d	4	
25a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		1
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		\vdash
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		
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		
34 35a	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b 36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	38		
art \				_
		Ť	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1100		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	19.0	333	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

	1990 (5019)		-	Page
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			_
•			Yes	N
2	Old State of Transferred on Transfer	1		
ı	Statements, filed for the calendar year ending with or within the year covered by this return 2a If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		196
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	1553	1900
38		3a	1000000	-
k	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3b	\neg	
48			\neg	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
b	THE PARTY OF THE P		198	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	some and the state of the state	5a		
b	y many in any and any and any and any to a promotion tax officion transaction;	5b		
С		5c		
6a	ground that group and the trial are notifically ground that are notifically ground that are notifically			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		
b	The are dispersion included that overy construction an express statement that such contributions of			
7	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?	7-		
b		7a 7b	+	
c		70	+	
·	required to file Form 8282?	7c		
d		10	5393	SHE
е	The state of the s	7e	-	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
9	sponsoring organization have excess business holdings at any time during the year?	8		
a a	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a	+	
10	Section 501(c)(7) organizations. Enter:	9b		1331
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	_	
L	Note: See the instructions for additional information the organization must report on Schedule O.			
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	the organization is licensed to issue qualified health plans			
14a	Post the second of the second	14a	100	
b	16 (0.4) 11 12 13 14 15 15 15 15 15 15 15	14b	+	_
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	- 135	+	
	excess parachute payment(s) during the year?	15		
	If "Yes," see instructions and file Form 4720, Schedule N.	A987 073		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.			NAS.

Pai	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O	v, and See	d for a	a "No
	Check if Schedule O contains a response or note to any line in this Part VI	960.0		. [
Sec	ction A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a		Yes	No
16	If there are material differences in voting rights among members of the governing body, or			1
	if the governing body delegated broad authority to an executive committee or similar			1
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent . 1b			
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		
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets?.	5		
	Did the organization have members or stockholders?	6		
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?	7-		
b		7a		-
-	stockholders, or persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а		8a		
b	and the second of the governing body.	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
Coat	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		
Seci	tion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co		
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No
b		IUa	-	
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		11a		_
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			53
12a	3	12a		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
40	describe in Schedule O how this was done	12c		
13 14	Did the organization have a written whistleblower policy?	13	_	
15	Did the organization have a written document retention and destruction policy?	14	0.000	US 3 %
13	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		
b	and the second of the second o	15b	\neg	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			1240
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		
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			
Secti	organization's exempt status with respect to such arrangements?	16b		
17	ist the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T	1800	or 50	14/-1
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	(Secti	บท 50) I (C)
	☐ Own website ☐ Another's website ☐ 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	intere	st no	licv.
	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 reco	ordo A		

Form 990 (2019)	019)
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

Check this box if neither the organization no	r any relate	d org	ganiz	zati	on c	omp	ensa	ated any current	officer, director,	or trustee.
		(C)								
(A)	(B)	/			sition			(D)	(E)	(F)
Name and title	Average hours per week	(do not ch box, unles officer and			ersor	is bot	h an	Reportable compensation	Reportable compensation	Estimated amount of other
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Bishop Daniel Garcia	3									
Chairman of the Board, Bishop of DOM		1	1							
(2) Martina O'Sullivan	6									
President		1	1							
(3) Paul Guitierrez	3									
Vice President		~	1							
(4) Cindy Zoller-Silver	3									
Secretary		V	1							
(5) Clancy D'Angelo	3						П			
Treasurer		~	1							
(6) Chris Panetta	1									
Board Member		~	1							
(7) Joe Glunz	1									
Board Member		~	0							
(8) Melanie Nicora	1									
Board Member		~	v						1	
(9) Nanci Perocchi	1			\neg						
Board Member		~	1							
(10) Larry Sage	1				\exists		\neg			
Board Member		v	~							
(11) Laura Segura	1						T			
Board Member		V	0							
(12) Deacon Hugo Patino	1		\neg	\neg	\neg		\top			
Board Member		v	1							
(13) Bette Harkin	1			1	\forall		1			
Board Member		~	1							
(14) Fr. Freddy Calvario	1		\dashv	\dashv	\dashv	\neg	\top			
Board Member		v	1	- 1					1	

Par	t VII Section A. Officers, Directors,	Trustees,	Key I	Em	plo	yee	s, ar	nd H	lighest Compe	ensated Emplo	yees (continued)
					(C)					
	(A)	(B)	(do n	not cl		ition	e than	one	(D)	(E)	(F)
	Name and title	Average hours	box,	unles	ss pe	erson	is bot	h an	Reportable	Reportable	Estimated amount
		per week	officer and a director/t			T	_	compensation from the	compensation from related	of other compensation	
		(list any hours for	r divi	nstitu	Officer	Key employee	Highe	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and
		related organizations	dual	tion	*	mple	st co	₽	, , , , , , , , , , , , , , , , , , , ,	(** = 1900	related organizations
		below	Individual trustee or director	al tru		уее	mpe				
		dotted line)	ee	Institutional trustee			Highest compensated employee				
(4 C)				Ľ			8				
(15)											
(16)				\vdash							
<u> </u>											
(17)											
(18)											
(19)				-	\dashv	\dashv					
(19)											
(20)				\dashv	\dashv	7					
(21)											
40.01								\perp			
(22)											
(23)			-	+	+	\dashv	-	+			
1-2/											
(24)				\top	\forall	\forall		\dashv			
(25)											
	Cubtatal							\perp			
C	Subtotal	 /II Section				•					
d	Total (add lines 1b and 1c)										
2	Total number of individuals (including but						bove)	wh	o received more	than \$100,000 c	of
	reportable compensation from the organiz										
											Yes No
3	Did the organization list any former of	ficer, direc	tor, t	trus	tee,	ke	y em	plo	yee, or highest	compensated	
4	employee on line 1a? If "Yes," complete So							•	at and a second		3 4
-	For any individual listed on line 1a, is the sorganization and related organizations g	sum of repo reater than	эпарі 1 \$15	e co i0.0	oos Տաբ	ens <i>If</i>	eation "Yes	and " C	a otner compens o <i>mplete Schedi</i>	sation from the	
	individual										4 1
5	Did any person listed on line 1a receive or	accrue con	npens	satio	on fi	rom	any i	unre	lated organizatio	on or individual	
	for services rendered to the organization?	If "Yes," co	mplet	e S	che	dule	J fo	r su	ch person		5 🗸
	on B. Independent Contractors				_						
1	Complete this table for your five highe compensation from the organization. Repor	st compen t compens	isated	l in	dep	enc	lent -	cont	tractors that red	ceived more the	an \$100,000 of
,	(A)	Compense	allOITI	Or ti	110 (ale	iluai j	year		nunin the organiz	
	Name and business addre	ss							(B) Description of service	es Co	(C) mpensation
				_			+	_			
2	Total number of independent contractors	(including	hut	not	lin	itor	1 +0	thor	e lieted chare	who	
-	received more than \$100,000 of compensat	ion from the	orga	niza	ation	າເອເ າ▶	, IO	1108	o noteu above)	WIIO	

01111 990 (201	•						Pa	ae 9
Part VIII	Statement of Revenue							_
	Check if Schedule O contains a response or note to ar	ny line in this Pa	rt VIII					П
		(A)	(B)	(C)		(D	3	_

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated	(D) Revenue excluded
					Tunction revenue	business revenue	from tax under sections 512-514
nts	ន្ទ 1:					Market September	
Contributions, Giffs, Grants	Otner Similar Amounts	Membership dues 11					
ý.	[역	Fundraising events 10					
Ħ	ar.						
້ ທີ່		grante (continuation)	542,076				
Ö	ກ f	and the second s					
Ĭ.		and similar amounts not included above 11	716,376				
草	5 9						
Ö	and a		\$ 204,000				
-	10 H	Total. Add lines 1a-1f		1,464,660			
ø	20	Food for Condess	Business Code				
Program Service	2a		63,221				
gram Ser	<u>a</u> b						
E	E c						
gra	e						
õ	f	All other program service revenue	(2.204				
а.	g	Total. Add lines 2a–2f	63,221	/2 004			
Art	3	Investment income (including dividend		63,221			
	3	other similar amounts)	s, interest, and	4E 0EE			
	4	Income from investment of tax-exempt b	and proceeds	65,855			
	5	Royalties		00			
		(i) Real	(ii) Personal	00			
	6a	Gross rents 6a	(ii) i didonar				
	b	Less: rental expenses 6b					
	C	Rental income or (loss) 6c					
	d	Net rental income or (loss)		00			
	7a	Gross amount from (i) Securities	(ii) Other	00			
	/ a	sales of assets	(1)				
		other than inventory 7a					
<u>o</u>	Ь	Less: cost or other basis					
au c		and sales expenses . 7b					
Š	С	Gain or (loss) 7c					
her Revenue	d	Net gain or (loss)		00			
the	8a						
ō		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18 8a					
	b	Less: direct expenses 8b					
	С	Net income or (loss) from fundraising eve	nts ►	00			
	9a	Gross income from gaming					C. S.
		activities. See Part IV, line 19 . 9a					
	b	Less: direct expenses 9b					
	С	Net income or (loss) from gaming activitie	s >	00			
	10a	Gross sales of inventory, less					
		returns and allowances 10a					
	b	Less: cost of goods sold 10b					P. S. Lawrence
46	С	Net income or (loss) from sales of invento	-	00			
Miscellaneous Revenue	44-		Business Code				
scellaneo Revenue	11a						
la la	b						
Re	C C	All other revenue					
ž	d	All other revenue					
	<u>е</u> 12	Total revenue See instructions		4 500 704	STATE OF STATE OF		
	14	Total revenue. See instructions	🕨	1,593,736			

Part IX Statement of Functional Expenses

Sect	tion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All	other organizations	must complete colun	n (Δ)
	Check if Schedule O contains a response	or note to any line	in this Part IX	mast complete colum	<i>"' (^).</i>
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	134,747	134,747	general expenses	OAPONOCO .
2	Grants and other assistance to domestic individuals. See Part IV, line 22	00	00		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	00	00		
4	Benefits paid to or for members	00	00		
5	Compensation of current officers, directors, trustees, and key employees	00	00	00	00
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	00	00	00	`00
7	Other salaries and wages	1,064,425	934,807	68,629	60,989
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	52,184	45,801	3,387	2,996
9	Other employee benefits	154,646	136,084	9,263	9,299
10	Payroll taxes	87,846	77,440	5,359	5,047
11 a	Fees for services (nonemployees): Management	24,000	22,560	960	480
b	Legal	00	00	00	00
C	Accounting	20,200	18,988	808	404
d e	Lobbying	00	00	00	00
f	Professional fundraising services. See Part IV, line 17 Investment management fees	00	00	00	00
g	Other. (If line 11g amount exceeds 10% of line 25, column	00	00	00	00
9	(A) amount, list line 11g expenses on Schedule O.)	00	00	00	00
12	Advertising and promotion	45,324	6,448	24,007	14,869
13	Office expenses	140,768	113,482	24,853	2,433
14	Information technology	11,422	10,247	915	260
15	Royalties	00	00	00	00
16	Occupancy	72,040	66,884	3,720	1,436
17	Travel	37,189	27,587	9,364	238
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	00	00	00	00
19	Conferences, conventions, and meetings .	11,144	8,019	3,102	23
20	Interest	00	00	00	00
21	Payments to affiliates	00	00	00	00
22	Depreciation, depletion, and amortization .	6,581	6,120	329	132
23	Insurance	30,136	28,848	862	426
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Contributed Services from RCB	204.000			
b	Contributed Services from RCB	204,000			
C					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,096,652	1,829,822	163,718	103,112
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)	-17.51448	· j~m· / Nilada	100,710	100,112

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	rt X		
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	00	1	0
	2	Savings and temporary cash investments	1,822,899	2	1,695,68
	3	Pledges and grants receivable, net	208,949	3	58,57
	4	Accounts receivable, net	110,000	4	00
	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	200		
	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).	00		00
(s)	7	Notes and loans receivable, net	00	6	00
set	8	Inventories for sale or use	00	7 8	00
Assets	9	Prepaid expenses and deferred charges	00	9	00
	10a	, i.	00	9	00
	b	Less: accumulated depreciation 10b	29,887	10c	41.413
	11	Investments—publicly traded securities	889,924		759,879
	12	Investments—other securities. See Part IV, line 11	00	_	00
	13	Investments—program-related. See Part IV, line 11	00	13	00
	14	Intangible assets	00	14	00
	15	Other assets. See Part IV, line 11	159,450	_	168,955
	16	Total assets. Add lines 1 through 15 (must equal line 33)	3,221,009	16	2,274,505
	17	Accounts payable and accrued expenses	48,887	17	55,299
	18	Grants payable	00	18	00
	19	Deferred revenue	00	19	00
	20	Tax-exempt bond liabilities	00	20	00
1	21	Escrow or custodial account liability. Complete Part IV of Schedule D	00	21	00
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	20	00	
E.	23	Secured mortgages and notes payable to unrelated third parties	00	_	00
	24	Unsecured notes and loans payable to unrelated third parties	00	24	00
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X	00	24	00
		of Schedule D		25	00
\dashv	26	Total liabilities. Add lines 17 through 25	48,887	26	55,299
Net Assets or Fund Balances		Organizations that follow FASB ASC 958, check here ▶ ☐ and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions	1,068,980	27	1,00,584
8	28	Net assets with donor restrictions	2,103,142	28	1,668,622
r Fu		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
S	29	Capital stock or trust principal, or current funds	00	29	00
Set	30	Paid-in or capital surplus, or land, building, or equipment fund	00	30	00
AS	31	Retained earnings, endowment, accumulated income, or other funds	00	31	00
<u>स</u>	32	Total net assets or fund balances	3,172,122	32	2,669,206
2	33	Total liabilities and net assets/fund balances	3,221,009	33	2,724,505

Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1			93,736
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,0	96,652
3		3	5-01-		502916
4		4		3,1	72,122
5		5			00
6		ŝ			00
7	Investment expenses	7			00
8	Prior period adjustments				00
9	Other changes in net assets or fund balances (explain on Schedule O)				00
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
Dow	32, column (B))	0		2,6	69,206
Par	Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
1	Accounting method used to prepare the Form 990: Cash Accrual Other			Yes	No
٠					
	If the organization changed its method of accounting from a prior year or checked "Other," explain Schedule O.	aın ın			
2a			2a	3550	
	Ves " check a how helpy to indicate whether the financial statements for the viscountant?			100000	and the same
	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		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			Tay as	90000
	separate basis, consolidated basis, or both:	on a			
	☐ 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 oversig	aht of			0000000
	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	in on		Value of	
	Schedule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	n the			
	Single Audit Act and OMB Circular A-133?		3a		~
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	o the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	s.	3b	~	
			Form	990	(2010)

Form **990** (2019)