Here LARA FISHER, CEO Type or print name and title Date if PTIN Print/Type preparer's name Preparer's signature Check Paid RON LOPEZ RON LOPEZ 05-03-2019 self-employed Preparer Firm's EIN Firm's name GRUBER AND ASSOCIATES Use Only Firm's address 438 OLD NEWPORT BLVD Phone no. Newport Beach CA 92663 949-346-2900 May the IRS discuss this return with the preparer shown above? (see instructions) 

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

#### For Paperwork Reduction Act Notice, see the separate instructions.

## **Return of Organization Ex**

#### Under section 501(c), 527, or 4947(a)(1) of the Inter

. . . . . . . .

0	Detum of Ownersizetien Exercise From Incom	<b>T</b>		OMB No. 1545-0047	
90	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)				
he Treasury	Do not enter social security numbers on this form as it may be made	de public.	115)	Open to Public	
le Service	► Go to www.irs.gov/Form990 for instructions and the latest inform			Inspection	
	ar year, or tax year beginning , 2018, and en	aing		, 20	
pplicable:	C Name of organization SOUTH COUNTY OUTREACH			mployer identification no.	
hange	Doing business as			-0330233	
inge	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		elephone number	
rn	7 WHATNEY	STE B		49)380-8144	
n/terminated	City or town, state or province, country, and ZIP or foreign postal code			cross receipts	
return	Irvine, CA 92618		\$		
n pending	F Name and address of principal officer:	H(a) Is this a group re			
		H(b) Are all subord	inates inclu	uded? Yes No	
pt status: 🔀	501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527	If "No," at	ach a list.	(see instructions)	
	.SCO-OC.ORG	H(c) Group exem	ption numb	per 🕨	
rganization: X		988 M State o	f legal don	nicile: CA	
Summar					
Briefly descri	be the organization's mission or most significant activities: <b>PROVIDES HUNGER</b>	AND HOMELESS	SNESS	PREVENTION	
PROGRAMS	TO UNDEREMPLOYED, UNEMPLOYED AND HOMELESS FAMILIES, SEN	IORS, AND VE	TERAN	IS.	
PROGRAMS	INCLUDE TRANSITIONAL HOUSING, FOOD PANTRY, RAPID REHOUS	ING, RENT &	UTILI	TY	
	CE, COMPUTER TRAINING, AND CLOTHING.				
Check this bo	$\mathbf{x} > \square$ if the organization discontinued its operations or disposed of more than 25% of	its net assets.			
Number of vo	ting members of the governing body (Part VI, line 1a)	· · · · · · · ·	3	18	
Number of in	dependent voting members of the governing body (Part VI, line 1b)	••••••	4	18	
Total number	of individuals employed in calendar year 2018 (Part V, line 2a)	[	5	17	
Total number	of volunteers (estimate if necessary)	[	6		
Total unrelate	d business revenue from Part VIII, column (C), line 12 · · · · · · · · · · · · · · · · · ·	[	7a	C	
Net unrelated	business taxable income from Form 990-T, line 38		7b	C	
		Prior Year		Current Year	
Contributions	and grants (Part VIII, line 1h)	2,682,	348	2,339,433	
Program serv	ice revenue (Part VIII, line 2g) • • • • • • • • • • • • • • • • • • •	138,	996	127,904	
Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)		928	4,052	
Other revenu	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	292,	157	276,770	
Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,114,		2,748,159	
Grants and s	milar amounts paid (Part IX, column (A), lines 1-3)	<b>-</b>		0	
Benefits paid	to or for members (Part IX, column (A), line 4)			C	
Salaries, othe	er compensation, employee benefits (Part IX, column (A), lines 5-10)	687,	229	679,084	
-	fundraising fees (Part IX, column (A), line 11e)		-	0	
	ing expenses (Part IX, column (D), line 25) > 20, 229			-	

No

P00758088

Form 990 (2018)

2,193,626

2,872,710

1,879,998

1,454,232

425,766

End of Year

(124,551)

2,269,564

2,956,793

2,046,027

1,578,783

**Beginning of Current Year** 

157,636

467,244

Department of the Treasury

Check if applicable:

Final return/terminated

Address change

Amended return

Application pending

Tax-exempt status:

Form of organization:

Website: 🕨

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7a b

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10 11

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13 14

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16a

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Part I

Activities & Governance

Revenue

Expenses

Net Assets or -und Balances

Part II

Sign

Name change

Initial return

For the 2018 calendar year, or tax year beginning

Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

Revenue less expenses. Subtract line 18 from line 12

Net assets or fund balances. Subtract line 21 from line 20

Total assets (Part X, line 16)

Signature Block

LARA FISHER

Signature of office

Total liabilities (Part X, line 26)

Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Internal Revenue Service

Α в

Form		age <b>2</b>
Pa	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:	
	PROVIDES HUNGER AND HOMELESSNESS PREVENTION PROGRAMS TO UNDEREMPLOYED, UNEMPLOYED AND	
	HOMELESS FAMILIES, SENIORS, AND VETERANS. PROGRAMS INCLUDE TRANSITIONAL HOUSING, FOOD PANTRY,	
	RAPID REHOUSING, RENT & UTILITY ASSISTANCE, COMPUTER TRAINING, AND CLOTHING.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ? ••••••••••••••••••••••••••••••••••••	
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services? · · · · · · · · · · · · · · · · · · ·	
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code: ) (Expenses \$ 2,641,763 including grants of \$ ) (Revenue \$	)
	SINCE 1989, SOUTH COUNTY OUTREACH (SCO) HAS BEEN SERVING THE AREA'S MOST VULNERABLE	
	POPULATIONS THROUGH HOMELESS & HUNGER PREVENTION SERVICES. ASSITING RESIDENTS IN 12 SOUTH	
	ORANGE COUNTY COMMUNITIES, SCO IS A NON-SECRETARIAN ORGANIZATION DEDICATED TO HELPING THE	
	UNEMPLOYED, UNDEREMPLOYED, HOUSEHOLDS IN CRISIS, & THE HOMELESS. MANY OF OUR CLIENTS STRUGGLE	
	TO SURVIVE MAKING MINIMUM WAGE. ANNUALLY, SOUTH COUNTY OUTREACH ASSISTS MORE THAT 9,000	
	RESIDENTS, 45% OF WHICH ARE CHILDREN AND 15% ARE SENIORS. INCLUDED IN OUR ANNUAL SERVICES	
	ARE: AN ONSITE FOOD PANTRY WITH REFRIGERATION & FREEZER STORAGE TO DISTRIBUTE ALMOST 1	
	MILLION POUNDS OF FOOD; 17 CONDOMINIUMS USED FOR HOUSING 30 HOMELESS FAMILIES; A WORKFORCE	
	DEVELOPMENT PROGRAM FOCUSED ON COMPUTER TRAINING FOR 500 STUDENTS; RENTAL & UTILITY	
	ASSISTANCE DISTRIBUTED TO MORE THAN 300 HOUSEHOLDS; AND A THRIFT STORE. SCO RELIES ON 250	
	WEEKLY SCHEDULED VOLUNTEERS TO ASSIST WITH FOOD PANTRY TRANSPORTATION AND DISTRIBUTION.	
4b	(Code:) (Expenses \$ including grants of \$ ) (Revenue \$	)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	)
40		,
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses  2,641,763	

Pa	Int IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	-		
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
5	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
6				
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			37
_	"Yes," complete Schedule D, Part I	6		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
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			ĺ
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or 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,			1
	VII, VIII, IX, or X as applicable.			1
а				
	complete Schedule D, Part VI • • • • • • • • • • • • • • • • • •	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
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	11d		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				
		12a	Х	
b				
~		12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
b				
~	fundraising, business, investment, and program service activities outside the United States, or aggregate			ĺ
		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	140		
	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			
10		16		v
47	5	10		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	4-		77
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			l
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20 a		20a		X
b		20b		<b> </b>
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

33-0330233

Page 3

Form 990 (2018)

SOUTH COUNTY OUTREACH

Form	990 (2018) SOUTH COUNTY OUTREACH 33-03302	33	P	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
		·	Yes	No
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		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?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
_	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	0.7		v
20	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
-	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	20-		v
a h	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete</i> Schedule L, Part IV	28b		х
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
C	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	200	x	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	23		
50	conservation contributions? If "Yes," complete Schedule M	30		х
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,"			
02	complete Schedule N. Part II	32		х
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		х
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	34		х
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		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
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	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .		
			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 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	L

Part V         Statements Regarding Other IRS Filings and Tax Compliance (continued)         vs          Vs         vs	Form	990 (2018) SOUTH COUNTY OUTREACH 33-03302	33	P	age 5
2a         Enter the number of employees reported on Form V-3. Transmittal of Wage and Tax         2a         17           b         If a least once is reported on line 2a, did the organization file at required federal employment tax returns?         2b         X           3a         D of the organization have in mediade basines gross income of 31,000 rm one sharing the year?         3a         X           3a         D of the organization have in mediade basines gross income of 31,000 rm one sharing the year?         3a         X           3b         Trees: Thest file of a foreign early if N/b to Jm 20, provide an explanation in Schedule 0         3b         X           3b         If "res: "new file the mare of the foreign contry.         4a         X         X           3b         If "res: "new file the anime of the congrunzition in a phone provide transaction at any to a prohibid to schedule transaction at any to a prohibid to schedule transaction at any to a prohibid to schedule to any to any to a prohibid to schedule transaction at any to a prohibid to schedule transaction at any to a prohibid to schedule to any to any to any to a prohibid to schedule to any to any to a prohibid to schedule to any to any to a prohibid to schedule to any to any to a prohibid to schedule to any to any to a prohibid to schedule to any to any to a prohibid to schedule to any to any to a prohibid to schedule to any to any to any to any to a prohibid to schedule to any to any to a prohibid to schedule to any to any to any to any to a prohibid to schedule to any	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
Statements, field of the calendary year end/or edit of early end/or result.       12 <t< th=""><th></th><th></th><th></th><th>Yes</th><th>No</th></t<>				Yes	No
b       If a least one is reported on time 2a, did the organization field is reputined to <i>defi</i> (see instructions)       20       X         30       Did the organization have unstated builtings gross income of \$1000 or more during the year?       3a       X         41       If Yes, "has it lifed a form 990-T for this year? If Ye's line 3b, provide a coptionation in Schedulo 0       3b       X         16       Yes, "has it lifed a form 990-T for this year? If Ye's line 3b, provide a coptionation in Schedulo 0       3b       X         16       Yes, "has it lifed a form 990-T for this year? If Ye's line 3b, provide an exploration in schedulo 0       3b       X         16       Yes, "inter the name of the foregon country."       4a       X         17       Yes, "inter the name of the foregon country."       4a       X         18       Was the organization harty to a prohibid tax sheller transaction at my time during the tax year?       6a       X         19       Was the organization harty on m885-T?       6b       X       X         10       Bos the organization narry to m885-T?       6c       X       X         10       Do be the organization narry one 880-T?       7a       X       X         10       Thes, "dd the organization narry one 880-T?       7a       X       X         11       Thes, "dd the organization narr	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
Note:         If the sum of lines 1a and 2a is greater than 250, you may be required to -dife (see instructions)         Image: Control of the second 2000 second 20000 second 20000 second 2000 second 2000 second 2000 second 2000					
3a       Del the organization have unrelated business gross income of \$1,000 or more during the year?       Sa       X         bit 11*set: frame during the calendar year, did the organization have an interest in, or a signature or other authority over, a framalial account in the frequencies out, we cale the name of the foreign country?       Sa       X         bit 11*set: frame during the calendar year, did the organization have an interest in, or a signature or other authority over, a framalial account in the frequencies out, we cale the name of the foreign country?       Sa       X         bit 11*set: frame during the calendar year, did the organization have an interest in, or a signature or other authority over, a framalial account in the organization the organization the organization the organization frame organization and the organization and with ever your block that was or is a party to a prohibited tax shelet transaction at the year?       Sa       X         bit 11*set: did the organization frame organization frame organization and express statement that such contributions of gifts ware not tax deductible contributions and services provided to the gaps?       Sa       X         bit 11*set: did the organization notify the donr of the value of the gaps or anxies provided?       Ta       X         bit the organization notify the donr of the value of the gaps or anxies provided?       Ta       X         ci 11*set: relation that may receive deductible contributions or gifts ware not tax deductible?       Ta       X <tr< th=""><th>b</th><th>If at least one is reported on line 2a, did the organization file all required federal employment tax returns?</th><th>2b</th><th>Х</th><th></th></tr<>	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
b       If Yes, "Insit If ed a form 900-T for this year," if Mo' to ire 80, powke an expansion in Schedulo 0       Image: Schedule 1         4a       At any time dump the calendary year, if dhe organization have an interest in, or a signature or other atimatical account()?       Image: Schedule 2         b       If Yes, " and time the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR).       Sa         5W as the organization to film grequentines for FICEN Form 114, Rapect of Foreign Bank and Financial Accounts (FBAR).       Sa         5W as the organization to a prohibid tax shelter transaction at any time duming the tax year?       Sa       X         0 Did any taxable party notify the organization the was not a prohibid tax shelter transaction?       Gb       X         1 If Yes, " to the organization tax was not a prohibid tax shelter transaction?       Gb       X         0 If Yes, " to the organization tax mand gross receipts that are normally greater than \$100,000, and did the organization toxic any contributions and tax shelter transaction?       Gc       Ga         7       Organization solid any contributions that are normally greater than \$100,000, and did the organization toxic any area organization taxe and tax decounts greater than \$100,000, and did the organization neave any premum in excess attement that such contributions or gint was not tax decutable as charable contributions or gint was not tax decutable as charable contributions or gint was not tax decutable contributions and party to g organization neave any transet in a consecting torganization neave any taxie of					
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; security (such as a bank account, securities account, or other authority over, being financial account)?       4a       X         b       If "Nes," enter the name of the foreign country; b       5a       X         b       Was the organization approx to a prohibited tax belter transaction?       5a       X         b       Did any taxable party notify the organization in the messation are wither during the tax year?       5a       X         coparization approx to a prohibited tax belter transaction?       5b       X         coparization solid any contributions that were normally greater than \$100,000, and did the organization include with every solidation an express statement that such contributions or glift were not tax deductibles contributions under section 170(c).       6a       X         7       Organization neceive a payment in excess of \$75 made parity as a contribution and parity for goods and services provided to the organization folde decorr of the value of the goods or services provided?       7a       X         0       Did the organization neceive a payment in excess of \$75 made parity as a contribution and parity for goods and services provided?       7a       X         1       Type," did the organization neceive a payment in excess of \$75 made parity as a contribution or quarkation neceive a payment in excess of \$75 made parity as a contribution or quarkation neceive any funds. directly or indirectly, to pay premiu	3a		3a		X
a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  44  X  b If "Yes," enter the name of the foreign country.  55  Was the organization a party to a prohibited tax sheller framaction at any time during the tax year?  54  55  Was the organization a party to a prohibited tax sheller framaction?  56  57  58  58  59  59  59  59  59  59  59  59	b		3b		
b       If "Yes," enter the name of the foreign county:       Image: the name of th	4a				
See instructions for fling requirements for FlinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR).       Sea         5a       Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       Sea       X.         bD dary taxable party notify the organization that twas or is a party to a prohibited tax shelter transaction?       Sea       X.         bD ones the organization that may contributions that are normally greater than \$100,000, and did the organization tocked with every solicitation and scheric statement that such contributions or gifts were not tax deductible contributions under socients attement that such contributions or gifts were not tax deductible contributions under socients provided?       Ga       X.         7       Organizations tax may receive doductible contributions under socients provided?       To       Ta       X.         11 "Yes," indicate the unparts/or to notify the doror of the value of the goods or services provided?       To       Ta       X.         11 Urss," indicate the number of Forms 8282? fleed during the year.       Td       Td       Td       X         12 Urbs," indicate the number of Forms 8282? fleed during the year.       Td       Td       X.       Td       X.         12 Urbs," indicate the number of Forms 8282? fleed during the year.       Td       Td       Td       X.         14 Urbs," indicate the number of Forms 8282?       Sponsoring organization wereases basits.       Socins 8283 as			4a		X
5a     Was the organization a party to a probibiled tax shelter transaction at any time during the tax year?     5a     X       b     Did any taxable party notify the organization that it was or is a party to a probibiled tax shelter transaction?     5b     X       6D     Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions at ware nor tax deductible as charitable contributions or gifts were not tax deductible as charitable contributions or gifts were not tax deductible as charitable contributions or gifts were not tax deductible as charitable contributions or gifts were not tax deductible contributions and party for goods and services provided to the payor?     7a     X       7     Organization neceive a payment in excess of 35 made party as a contribution and party for goods and services provided to the payor?     7a     X       7     Organization neceive any tunds, directly or indirectly, to pay remumms on a personal benefit contract?     7a     X       7     Tyses, "indicate the number of Forms 8282 filed during the year     7d     X       7     Tyses, "indicate the number of Forms 8282 filed during the year.     7d     X       7     Tyses, "indicate the number of any benefitied interfectual property, dir the organization neceive as contribution of quericity or indirectly on a personal benefit contract?     7a     X       8     Sponsoring organization neceive any tunds, directly or indirectly on a personal benefit contract?     7a     X       9     Sponsoring organ	b				
b       Dd any taxable party nutly the organization file Tom 8886-T?       56       X         c       ff "Yes" to line 5a or 50, did the organization file Form 8886-T?       56       56         Does the organization ave annual gross receipts that are normally greater than \$100.000, and did the organization include with every solicitation an express statement that such contributions ?       6a       X         0       0''''''''''''''''''''''''''''''''''''	-		-		37
c       If "Yes" to line Sa or Sb, did the organization file Form 888-77       5c         6a       Does the organization have amountal gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductible as charitable contributions?       5c         7b       Organization statu any receive dotuctible contributions under section 170(c).       6b         7c       Organization that may receive dotuctible contributions under section 170(c).       7a         7c       Organization to the payor?       7a         7c       X       X         7d       Tys", did the organization netify the donor of the value of the goods or services provided?       7a         7c       X       Tys", did the organization netify the donor of the value of the goods or services provide?       7a         7d       Tys", did the organization netify the donor of the value of the goods or services provide?       7a       X         7d       Did the organization netwer of Forms 8282 filed during the year       7a       X         7d       Did the organization netwer of commessation the payor       7a       X         7d       Did the organization netwer of commessation property of which areas       7c       X         7d       Did the organization networe or communities do not donor donor advised funda.       7a       X         7d       D	-				
6a       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?       6a       X         7       Organization solicit any contributions that were not tax deductible as charitable contributions?       6b       X         7       Organization state any contributions under section 170(c).       6b       6c       X         9       If "Nes," if the organization notify the donor of the value of the goods or services provided?       7a       X         0       If "Nes," indicate the number of Forms 8282 filed during the year       7d       X       To         0       If "Nes," indicate the number of Forms 8282 filed during the year       7d       X       To       X         10       the organization receive any funds, directly or indirectly, on a personal benefit contract?       7d       X       X         11       the organization during the year, approximums, directly or indirectly, on a personal benefit contract?       7d       X         12       Did the organization, during the year, approximums, directly or indirectly, on a personal benefit contract?       7d       X         14       the organization maintaining door advised finds. Did a donor advised fund maintained by the sponsoring organization maintaining door advised funds. Did a donor advised fund maintained by the sponsoring organization maintaining door advised funds.					_X
erganization solicit any contributions that were not tax deductible as charitable contributions?       6a       X         b       ff "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b       6b         7       Organizations that may receive deductible contributions under section 170(c).       7a       X         8       Did the organization receive apayment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         b       If "Yes," did the arganization neity the donor of the value of the goods or services provided?       7c       X         b       If "Yes," did the organization neity the donor of the value of the goods or services provided?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       X       7c       X         f       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         f       The organization receive any funds, directly or indirectly, to apy premiums on a personal benefit contract?       7f       X         f       The organization receive any funds, directly or indirectly, to apy arensition for an 40980 as required?       7g       X         f       The organization receive any funds, directly or indirectly, on a personal benefi			5C		
b       If "%s," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b       6b         Organizations that may receive deductible contributions under section 170(c).       10       7a       X         b       If "Yes," did the organization netwee a payment in excess of 375 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         c       Did the organization netwee a payment in excess of 375 made partly as a contribution and partly for which it was required to file Form 3222?       7c       X         d       If "Yes," indicate the number of Forms 8222 filed during the year       7d	6a				37
gifts were not tax deductible?       6b         7       Organization receive a payment in excess of \$75 made parity as a contribution and parity for goods and services provided to the payor?       7a       X         b       If "Yes," did the organization receive a payment in excess of \$75 made parity as a contribution and parity for goods and services provided to the payor?       7a       X         b       If "Yes," did the organization self, 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 Form 8282? lied during the year       7d       Z         d       Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         f       Did the organization neceive any funds, directly or indirectly, on a personal benefit contract?       7d       X         g       If the organization neceive any funds, directly or indirectly, on a personal benefit contract?       7d       X         g       If the organization maxima simplanes, or other whicks, did the organization file a Form 1088-C?       7h       X         sponsoring organization neceive any thands, divised funds.       Did due sponsoring organization maximatining door advised funds.       B       X         sponsoring organization neceive any taxable distributions under section 4966?       Ba       X			6a		X
7       Organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7c       X         c       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       7d       X         f       Did the organization needive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7d       X         f       Did the organization receive any funds, directly or indirectly, on a personal benefit contract?       7ft       X         f       H the organization receive a contribution of qualified intellectual property, did the organization file Form 8282.       7ft       X         g       If the organization neexieve a contribution of qualified intellectual property, did the organization file Form 8282.       7ft       X         g       Sponsoring organization maintaining donor advised funds.       8       X         g       Sponsoring organization make any taxable distributions under section 4966?       8a       X         g       Socian 591(c)(7) organizations. Entel:       10b       10b       10b       10b       10b<	a		<b>c</b> h		
a       Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         b       If "Nes," idiation notify the donor of the value of the goods or services provided?       7b       X         c       Did the organization notify the donor of the value of the goods or services provided?       7c       X         d       If "Nes," indicate the number of Form 8282? filed during the year       7d       7c       X         d       If wes," indicate the number of Form 8282? filed during the year, pay premiums, on a personal benefit contract?       7c       X         f       Did the organization receive any funds, direcity or indirecity on a personal benefit contract?       7f       X         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7f       X         g       Sponsoring organization make any taxable distributions under section 4966?       9a       X         g       Sponsoring organization make any taxable distributions under section 4966?       9a       X         g       Section 501(c)(27) organizations. Futer:       10a       10b       10b       X         g       Section 501(c)(12) organizations. Futer:       10a       10b       10b       10b       10b       10b       10b </th <th>7</th> <th></th> <th>dø</th> <th></th> <th></th>	7		dø		
and services provided to the payor?       7a       X         b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b         c       Did the organization notify the donor of the value of the goods or services provided?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7c       X         f       Did the organization receives any funds, directly or indirectly, on a personal benefit contract?       7f       X         f       Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required?       7f       X         f       If the organization make any taxable distributions under section 4966?       7a       X         g       Sponsoring organization make any taxable distributions under section 4966?       9a       X         g       Did the sponsoring organization make any taxable distribution and oner, donor advisor, or related person?       9b       X         g       Did the sponsoring organizations. Enter:       10a       10a       10a         f       Section 501(c)(12) organizations. Enter:       10b       11a       12a         f       Section 501(c)(12) organizations. E					
b       If "Yes," did the organization netify the donor of the value of the goods or services provided?       7b         c       Did the organization netify exchange, or otherwise dispose of tangible personal property for which it was required to file Form 3282?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       X         d       If "Yes," indicate the number of Forms 8282 filed during the year permiums on a personal benefit contract?       7c       X         d       Did the organization, timing the year, apy permiums, or a personal benefit contract?       7f       X         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7f       X         g       Sponsoring organizations maintaining doora advised funds. Did a doora advised funds.       7f       X         g       Sponsoring organizations maintaining doora advised funds.       7f       X         g       Sponsoring organization make a distribution us escion 49667       9a       X         g       Sponsoring organization make an idstribution such advisor, or related person?       9b       X         g       Gross income from mebers or shareholders       10a       10b       10b         g       Gross income from other sources (Do not net amounts due or padit lo other sources       11a	a		79		v
c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was       7c       X         required to file Form 8282.7       7c       X         e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization receive any funds, directly or indirectly, on a personal benefit contract?       7f       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       X         f       The organization received a contribution of cars, bass, arjphanes, or other vehicles, did the organization file Form 8899 as required?       7h       X         8       Sponsoring organizations maintaining donor advised funds, Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       X         9       Did the sponsoring organization make a fust bub distributions under section 4966?       9a       X         9       Section 501(c)(7) organizations. Enter:       10a       10a       10a       10a         12       Section 501(c)(2) anguintations. Enter:       11a       10a	h				
required to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       X         b Old the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7f       X         g If the organization received a contribution of case, bass, apinese, or other vehicles, did the organization file a Form 10890.c?       7h       X         8 Sponsoring organization make acres, bass, apinese, or other vehicles, did the organization file a Form 10890.c?       7h       X         9 Sponsoring organization make any taxable distributions under section 4966?       9a       X         9 Sponsoring organization make any taxable distributions under section 4966?       9a       X         10 the sponsoring organization make any taxable distributions under section 4966?       9a       X         9 Sponsoring organizations make any taxable distributions under section 4906?       9b       X         11 Section 501(c)(7) organizations. Enter:       10a       10b       10b         12 Section 501(c)(12) organizations. Enter:       11a       10a       10b       10b         13 Section 501(c)(12) organizations. Enter:       11a       12a       12a       12a			1.0		
d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d         e       Did the organization receive any funds, directly or indirectly, to pay personiums on a personal benefit contract?       7e       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7f       X         g       The organization received a contribution of qualified intellectual property, did the organization file Form 1088-C?       7h       X         8       Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       8       X         9       Sponsoring organization make any taxable distributions under section 4966?       9a       X         10       the sponsoring organization make any taxable distributions under section 4966?       9a       X         10       Section 501(c)(7) organizations. Enter:       10a       10b       9b       X         11       Section 501(c)(12) organization. Enter:       10b       11a       12a       12a         12       Section 601(c)(12) organization. Enter:       11b       12a       12a       12a         13       Section 601(c)(21) organization make rest received or accrued during the year       12a       12a       12a <th>Ũ</th> <th></th> <th>70</th> <th></th> <th>x</th>	Ũ		70		x
e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization cecive a contribution of qualified inellectual property, did the organization free/orm 8899 as required?       7f       X         f       Did the organization received a contribution of qualified inellectual property, did the organization file Form 8899 as required?       7f       X         f       Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?       7h       X         8       Sponsoring organizations maintaining donor advised funds.       8       X         9       Sponsoring organization make any taxable distributions under section 4966?       9a       X         9       Did the sponsoring organizations. Enter:       10a       9b       X         a       Initiation fees and capital contributions included on Part VIII, line 12       10a       10a       10a         19       Gross income from members or shareholders       11a       10a	d				
f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f       X         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       X         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h       X         Sponsoring organizations maintaining donor advised funds.       8       X         9       Sponsoring organizations maintaining donor advised funds.       8       X         9       Sponsoring organization make any taxable distributions under section 4966?       9a       X         b       Did the sponsoring organization make any taxable distributions under section 4966?       9a       X         9       Section 501(c)(7) organizations. Enter:       10a       10a       10b       X         11       Section 501(c)(12) organizations. Enter:       11a       10a       10a <td< th=""><th></th><th></th><th>7e</th><th></th><th>x</th></td<>			7e		x
g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       X         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1088-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       X         9       Sponsoring organization make any taxable distributions under section 4966?       9a       X         b       Did the sponsoring organizations. Enter:       10a       9b       X         a       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b       10b       10b         11       Section 501(c)(7) organizations. Enter:       10b       10b       10b       10c					
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.       8       X         9       Sponsoring organizations maintaining donor advised funds.       8       X         9       Sponsoring organizations maintaining donor advised funds.       8       X         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a       X         9       Social contributions included on Part VIII, line 12       10a       10a       3b       X         10       Section 501(c)(7) organizations. Enter:       10a       10b       1					
8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make excess business holdings at any time during the year?       8       X         9       Sponsoring organizations maintaining donor advised funds.       8       X         9       Sponsoring organization make any taxable distributions under section 4966?       9a       X         b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b       X         10       Section 501(c)(7) organizations. Enter:       10a       10a       10b       10b         11       Section 501(c)(12) organizations. Enter:       10b       11a       10b       10b       10c         11       Section 501(c)(12) organizations. Enter:       11a       10b       10b       10c	-				
9       Sponsoring organizations maintaining donor advised funds.       9a       X         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a       X         b       Did the sponsoring organization make a distribution to a donor advisor, or related person?       9b       X         10       Section 501(c)(7) organizations. Enter:       10a       10b       9b       X         11       Section 501(c)(12) organizations. Enter:       10a       10b       10b       10c         12       Section 501(c)(12) organizations. Enter:       11a       10b       10c       11a       10c	8				
a       Did the sponsoring organization make any taxable distributions under section 4966?       9a       X         b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b       X         10       Section 501(c)(7) organizations. Enter:       10a       10b       10b       10c         11       Section 501(c)(12) organizations. Enter:       10a       10b       10c		sponsoring organization have excess business holdings at any time during the year?	8		Х
b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b       X         10       Section 501(c)(7) organizations. Enter:       10a       10a       10b       10b         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       11b       10b       12a       12a       12a	9	Sponsoring organizations maintaining donor advised funds.			
10       Section 501(c)(7) organizations. Enter:       10a       10a         a       Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities       10a       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b       10b         11       Section 501(c)(12) organizations. Enter:       11a       11a       11a         12       Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       13a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note. See the instructions for additional information the organization must report on Schedule O.       14a       X         If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 14a       X         If "Yes," see instructions and file Form 4720, Schedule N.       14a       X       15	а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Х
a       Initiation fees and capital contributions included on Part VIII, line 12       10a       10a         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       11a       11a       11b         b       Gross income from members or shareholders       11a       11b       11b         cross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         2       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b       13c         c       Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       X         144       Did the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year       15       14b       15         15	b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Х
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:       11a       11a         a       Gross income from members or shareholders       11a       11b         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a       12a         3       Section 501(c)(29) qualified nonprofit health insurance issuers.       a       1s the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b       13a       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year       15       X         16       X       X       14a       X	10				
11       Section 501(c)(12) organizations. Enter:       11a       11a         a       Gross income from members or shareholders       11a       11b         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b         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       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b       13c         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       X         144       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year       15       X <td< th=""><th>а</th><th>Initiation fees and capital contributions included on Part VIII, line 12 10a</th><th></th><th></th><th></th></td<>	а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
a       Gross income from members or shareholders       11a       11a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b         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       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b       13c         b       If "Yes," has if filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       14a       X         14a       Di the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year       15       X         15       X       If "Yes," see instructions and file Form 4720, Schedule N.       16       X	b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year       15       X         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X	11				
against amounts due or received from them.)       111       111       112       112         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b       14a       14b       15       15       X       X       15       15       X       16       X       16       X	а				
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.       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       13b         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year       15       X         16       X	b				
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.       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13a         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         c       Enter the amount of reserves on hand       13c       14a         X       b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year       15       X         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X					
13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b         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         c       Enter the amount of reserves on hand       13c         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X			12a		
a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13a         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         c       Enter the amount of reserves on hand       13b         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year       15         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16					
Note. See the instructions for additional information the organization must report on Schedule O.       Image: the instruction of the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       Image: the instruction of the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       Image: the instruction of the organization of the organization of the organization receives and the organization receive any payments for indoor tanning services during the tax year?       Image: the instruction of the organization receive any payments for indoor tanning services during the tax year?       Image: the instruction of the organization of the organization of the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year       Image: the organization and the organization and the organization subject to the section 4968 excise tax on net investment income?       Image: the organization organization and the organization subject to the section 4968 excise tax on net investment income?			40-		
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       13b         c       Enter the amount of reserves on hand       13c       13c         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       15       X         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X	а		13a		
the organization is licensed to issue qualified health plans       13b       13b         c       Enter the amount of reserves on hand       13c       13c         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 14a       X         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X	h				
c       Enter the amount of reserves on hand       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       14a       X         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       15       X         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X	U				
14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       15       X         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X	r				
b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year       15         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16			142		x
15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X					
excess parachute payment(s) during the year					
If "Yes," see instructions and file Form 4720, Schedule N.         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?			15		х
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X					
	16		16		Х

Form	990	(2018)
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	990 (2018) SOUTH COUNTY OUTREACH 33-03302		P	age 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "	No″		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			• X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year <b> 1a 18</b>			
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent <b>1b</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		Х
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		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
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?	12b	Х	
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?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		37	
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
40-	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?	160		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a		
b	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		
Sec	tion C. Disclosure	100		
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       Image these available. Check all that apply.			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
13	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:			
	Connie O'Hara (949)380-8144, 7 Whatney, Irvine, CA 92618			

Form 990 (2018	3) SOUTH COUNTY OUTREACH	33-0330233	Page 7
	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compe Independent Contractors	nsated Employees	s, and
	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		
<b>1a</b> Complete the organization's tag	nis table for all persons required to be listed. Report compensation for the calendar year ending with or within th ax year.	e	

• 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

					(C)					
(A)	(B)	(1	4 - 1-		sition			(D)	(E)	(F)
Name and Title	Average hours per week (list any hours for	box	, unles	ss per	son i	han one s both ar /trustee)		Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) FRANK HATHAWAY EX VICE CHAIR	<u> 2.00</u>	x		X				0	0	0
(2) ROBERT MING	2.00									
TREASURER		X		Х				0	0	0
(3) KERRY FRANICH PRESIDENT	1.00	x		x				0	0	0
(4) LORI MAZAN BOARDMEMBER	<u>1.00</u> _	x						0	0	0
(5) MIKE THOMPSON BOARDMEMBER	<u> </u>	x						0	0	0
(6) CHERYL FLOHR SECRETARY	2.00_	x		x				0	0	0
(7) TED WELLS VICE CHAIR	2.00	x		x				0	0	0
(8) MATTHEW CONRAD BOARDMEMBER	<u>1.00</u> _	x						0		0
(9) TOM KOUTROULIS BOARDMEMBER	<u>1.00</u> _	x						0		0
(10)DEBBY THRAIKILL PAST PRESIDENT	<u>1.00</u>	x						0	0	0
(11) ANDREW MORROW BOARDMEMBER	<u>1.00</u> _	x						0	0	0
(12)CHRISTINA PARSONS VICE CHAIR	<u>1.00</u> _	x		x				0	0	0
(13)BRANDON STILLMAN BOARDMEMBER	2.00_	x						0	0	0
(14)BRIAN FARRELL BOARDMEMBER	<u>1.00</u> _	x						0		0

Page 8

(A) Name and title		(do no box, u	Inless	s pers	ore th on is	<b>(D)</b> Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of				
	hours per week (list any hours for related organizations below dotted line)	office Individual trustee or director	n Institutional trustee	a dire Officer	ctor/ Key employee	trustee employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	com fr org an	other pensatio rom the anizatior d related anization	n İ
(15)DANIELLE_VASQUEZ BOARDMEMBER	1.00_	x						0	0			0
(16)LARA_FISHER	40.00									1		
CEO						X		143,820	0	<u> </u>		0
(17)												
<u>(18)</u>												
(19)												
(20)												
(21)												
(22)	,											
(23)												
(24)												
(25)												
1b Sub-total · · · · · · · · · · · · · · · · · · ·				•••		•••	•					
c Total from continuation sheets to Part VII, Section				••	•••		►			<u> </u>		
d         Total (add lines 1b and 1c)							-	143,820	0			0
reportable compensation from the organization			0) 11	110 1	000	ived in			1			
											Yes	No
3 Did the organization list any <b>former</b> officer, director, employee on line 1a? If "Yes," complete Schedule J			oye	e, or	hig	hest co	ompe	ensated		3		Х
<ul> <li>For any individual listed on line 1a, is the sum of report</li> </ul>			on ar	nd o	ther	compe	ensa	tion from the		5		<u></u>
organization and related organizations greater than \$	\$150,000? If	"Yes," (	com	plete	e Sc	hedule						
individual · · · · · · · · · · · · · · · · · · ·							••			4		Χ
5 Did any person listed on line 1a receive or accrue co for services rendered to the organization? If "Yes," ca			-			-				5		Х
Section B. Independent Contractors		euule J	101	SUCI	i pei	5011				5	I	Λ
<ol> <li>Complete this table for your five highest compensate compensation from the organization. Report compen year.</li> </ol>												
(A) Name and business address								(B) Description of s	services		( <b>C)</b> ensation	1
										F		
								+				
								1				
2 Total number of independent contractors (including b received more than \$100,000 of compensation from			se li ►	sted	abo	ove) wł	10					

(C)

Form 99	90 (20	18) SOUTH CO	UNTY OUTRE	EACH				33-033023	33 Page 9
Part	VIII	Statement of Revenu	Ie						
		Check if Schedule O contain	s a response o	r note to any line	in this Pa	rt VIII •••			[]
					-	(A) līotal revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ر م	1a	Federated campaigns • • •		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	[	1b					
ũ C	c	Fundraising events	[	1c					
äifts ar A	d	Related organizations • • •	[	1d					
s, i Dili	е	Government grants (contributio	ons) • •	1e 159,5	521				
er S	f	All other contributions, gifts, gra	ants,						
Otho		and similar amounts not includ	ed above	1f 2,179,9	912				
ont nd (	g	Noncash contributions include	d in lines 1a-1f	\$ 1,238,3	353				
0 a	h	Total. Add lines 1a-1f ••			. 🕨 🛛 2	,339,433			
				Business Co	ode				
anue	2a	TRANSITIONAL HOUSE R	ENT	532000		127,904	127,904		
Reve	b								
iceF	c								
Serv	d								
Program Service Revenue	e								
rogr	f	All other program service reven	ue • • • • •						
<u>م</u>	g	Total. Add lines 2a-2f · · ·			• •	127,904			
	3	Investment income (including di	vidends, intere	st,					
		and other similar amounts) •			- ►	4,052	4,052		
	4	Income from investment of tax-e	exempt bond p	roceeds	· • 🚺				
	5	Royalties • • • • • • • • • •		<u></u>	. 🕨				
			(i) Real	(ii) Persona	al				
	6a	Gross rents							
		Less: rental expenses • • • •							
		Rental income or (loss) • • •							
	d	Net rental income or (loss) .			. 🕨				
	7a	Gross amount from sales of	(i) Securities	(ii) Other					
		assets other than inventory							
	b	Less: cost or other basis							
		and sales expenses			_				
		Gain or (loss)							
۵		Net gain or (loss)							
Other Revenue	8a	Gross income from fundraising							
eve		events (not including \$	10)						
r R		of contributions reported on line See Part IV, line 18 • • • • •		. 130	150				
othe	h	Less: direct expenses			,150				
0		Net income or (loss) from fundra		D 0T	,831	77 210			77 210
		Gross income from gaming activ	-			77,319			77,319
	54	See Part IV, line 19 • • • • •		a					
	Ь	Less: direct expenses							
		Net income or (loss) from gamir			. 🕨				
		, , <b>-</b>	.g ucurilice						
	IVa	Gross sales of inventory, less returns and allowances		a 199	,451				
	Ь	Less: cost of goods sold ••			/				
		Net income or (loss) from sales			. ►	199,451	199,451		
		Miscellaneous Revenue	,	Business Co					
	11a								
	b			_					
	c			_					
	d	All other revenue		•					
	e	Total. Add lines 11a-11d •			. ►				
	12	Total revenue. See instructions	;		. ►	2.748.159	331,407	0	77.319

SOUTH COUNTY OUTREACH

	Check if Schedule O contains a response or note to a	iny line in this Part IX			
Do r	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
<u>,</u> 1	Grants and other assistance to domestic organizations		·	5	
	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				
ŀ	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	143,819	120,807	20,134	2,87
;	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		A		
	Other salaries and wages	439,681	369,333	61,556	8,79
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
	Other employee benefits	46,185	38,795	6,466	92
	Payroll taxes • • • • • • • • • • • • • • • • • • •	49,399	41,495	6,916	98
	Fees for services (non-employees):				
а	Management				
b	Legal • • • • • • • • • • • • • • • • • • •				
С	Accounting	9,975	6,484	3,491	
d	Lobbying				
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.)	22,942	22,942		
2	Advertising and promotion	6,647			6,64
3	Office expenses	130,026	84,517	45,509	
ŀ	Information technology				
;	Royalties				
;	Occupancy	183,354	165,019	18,335	
,	Travel	24,342	19,474	4,868	
;	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
)	Conferences, conventions, and meetings	23,200	19,720	3,480	
		14,201	14,201		
	Payments to affiliates				
	Depreciation, depletion, and amortization	85,616	77,911	7,705	
	Insurance	14,964	11,971	2,993	
	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Training & counseling	61,559	61,559		
b	Transitional housing	159,144	159,144		
c	Rental and utility assistanc	111,858	111,858		
d	In kind- food donations	1,217,674	1,217,674		
e	All other expenses	128,124	98,859	29,265	
0	Total functional expenses. Add lines 1 through 24e	2,872,710	2,641,763	210,718	20,22
;	Joint costs. Complete this line only if the	2/0/2//10	2/011/03	210,710	20,22
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here 🕨 🗌 if				

#### Form 990 (2018) SOUTH COUNTY OUTREACH **Balance Sheet**

Part X

Part		Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A)	[	(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	762,709	1	336,376
	2	Savings and temporary cash investments	266,439	2	360,779
	3	Pledges and grants receivable, net	29,057	3	45,674
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L		6	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	107,600	8	112,950
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 2,359,572			
	b	Less: accumulated depreciation 10b 1,561,912	849,445	10c	797,660
	11	Investments - publicly traded securities		11	208,162
	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	30,777	15	18,39
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,046,027	16	1,879,998
	17	Accounts payable and accrued expenses	64,035	17	55,084
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
20	22	Loans and other payables to current and former officers, directors,			
		trustees, key employees, highest compensated employees, and			
		disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	392,001	23	359,35
	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			
		of Schedule D · · · · · · · · · · · · · · · · · ·	11,208	25	11,325
	26	Total liabilities. Add lines 17 through 25	467,244	26	425,766
		Organizations that follow SFAS 117 (ASC 958), check here 🛛 🕨 🛛 and			
n D		complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	1,412,896	27	1,338,482
	28	Temporarily restricted net assets	165,887	28	115,750
2	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here 🛛 🕨 🗌 and			
5		complete lines 30 through 34.			
ALS	30	Capital stock or trust principal, or current funds		30	
201	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets of Fund Datalices	32	Retained earnings, endowment, accumulated income, or other funds		32	
z	33	Total net assets or fund balances	1,578,783	33	1,454,232
	34	Total liabilities and net assets/fund balances	2,046,027	34	1,879,998

Form 990 (2018)

-		3-033023	3	Pa	age <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,	748,	159
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,8	872 <b>,</b> '	710
3	Revenue less expenses. Subtract line 2 from line 1	3	()	124,	551)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,	578,	783
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 in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	1,	454,2	232
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>· 🗌</u>
				Yes	No
1	Accounting method used to prepare the Form 990: 🗌 Cash 🛛 🖾 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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	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		Х
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 in Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Form	990 (2	2018)

SCH	ED	UL	E	Α

## Public Charity Status and Public Support

OMB No. 1545-0047

SCHEDULE A			Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.					2018	
(Form 990 or 990-EZ)			complete il the organiza	<ul> <li>Attach to Form 990 or Form 990-EZ.</li> </ul>					Open to Public
		of the Treasury enue Service	•		Go to www.irs.gov/Form990 for instructions and the latest information.				Inspection
-		e organization	r -	00 to 1111.13.90			e latest in	Employer identifica	•
		COUNTY OUT	REACH					33-033023	
	rt I			v Status (All or	ganizations must co	omplete	this part		
The	orga				1 through 12, check only	· ·	•	,	
1	Ň				hes described in section	,	(A)(i).		
2	П				chedule E (Form 990 or 9				
3	П				described in section 170		i).		
4	Ы			•	with a hospital described		•	(A)(iii). Enter the	
			e, city, and state:	,	I			( )().	
5	П		·	fit of a college or ur	niversity owned or operat	ed by a go	vernmenta	l unit described in	
		-	(1)(A)(iv). (Complete F		, , , , , , , , , , , , , , , , , , ,	, ,			
6	Π			,	t described in section 17	'0(b)(1)(A)	(v).		
7	X		-	•	of its support from a gove		.,	the general public	
	_	-	ection 170(b)(1)(A)(vi).					0 1	
8	Π	A community tr	ust described in sectio	on 170(b)(1)(A)(vi).	(Complete Part II.)				
9	$\overline{\Box}$				n 170(b)(1)(A)(ix) operat	ed in conju	nction with	a land-grant college	
	_				e instructions). Enter the				
		university:	-					-	
10		An organization	n that normally receives	s: (1) more than 33	1/3% of its support from	contribution	ns, membe	rship fees, and gross	
		receipts from a	ctivities related to its ex	empt functions - su	bject to certain exception	ns, and (2)	no more th	nan 33 1/3% of its	
		support from g	ross investment income	e and unrelated bus	iness taxable income (le	ss section	511 tax) fro	om businesses	
		acquired by the	e organization after Jun	e 30, 1975. See <b>se</b>	ction 509(a)(2). (Comple	ete Part III.)			
11		An organization	n organized and operat	ed exclusively to te	st for public safety. See <b>s</b>	ection 509	9(a)(4).		
12		An organization	n organized and operat	ed exclusively for the	ne benefit of, to perform t	he function	s of, or to	carry out the purposes	
		of one or more	publicly supported orga	anizations describe	d in <b>section 509(a)(1)</b> or	section 50	<b>09(a)(2)</b> . S	ee section 509(a)(3).	
		Check the box	in lines 12a through 12	d that describes the	e type of supporting orga	nization an	d complete	e lines 12e, 12f, and 12	2g.
	а	Type I. A s	supporting organization	operated, supervis	ed, or controlled by its su	pported or	ganization	(s), typically by giving	
		the suppor	ted organization(s) the	power to regularly a	appoint or elect a majorit	y of the dire	ectors or tr	ustees of the	
		supporting	organization. You mus	st complete Part IV	, Sections A and B.				
	b	Type II. A	supporting organizatior	n supervised or cont	trolled in connection with	its support	ed organiz	ation(s), by having	
		control or r	nanagement of the sup	porting organization	n vested in the same per	sons that c	ontrol or m	anage the supported	
		organizatio	on(s). You must compl	ete Part IV, Sectio	ns A and C.				
	С	Type III fu	nctionally integrated.	A supporting organ	ization operated in conne	ection with,	and functi	onally integrated with,	
		its support	ed organization(s) (see	instructions). You	must complete Part IV,	Sections A	A, D, and E	i.	
	d	Type III no	on-functionally integra	ted. A supporting c	organization operated in o	connection	with its su	oported organization(s)	)
		that is not	functionally integrated.	The organization ge	enerally must satisfy a dis	stribution re	equirement	and an attentiveness	
		requireme	nt (see instructions). Yo	ou must complete	Part IV, Sections A and	D, and Pa	rt V.		
	е	Check this	box if the organization	received a written of	determination from the IF	RS that it is	a Type I, T	ype II, Type III	
		-	• •	•	egrated supporting orgar	nization.			
	f		per of supported organi						· · · · ·
	g	Provide the foll	owing information abou	ut the supported org	anization(s).	1		1 1	
	(i	) Name of supported	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the o	rganization ır governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
					above (see instructions))	docum		instructions)	instructions)
								-	
						Yes	No		
(A)									
(B)									
(C)									
(D)									
(E)									

Total

	ule A (Form 990 or 990-EZ) 2018 SOUTI	H COUNTY OUT	REACH			33-0330233	Page <b>2</b>
Pa							
	(Complete only if you check						under
	Part III. If the organization f	alls to qualify u	inder the tests	listed below, pl	ease complete	Part III.)	
	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.") • • • • •	2,498,490	2,407,452	2,536,384	3,113,501	2,744,107	13,299,934
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 · · · · · ·	2,498,490	2,407,452	2,536,384	3,113,501	2,744,107	13,299,934
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f) • • • • • •						
6	Public support. Subtract line 5 from line 4						13,299,934
	tion B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 8	Amounts from line 4	2,498,490	2,407,452	2,536,384	3,113,501	2,744,107	13,299,934
8	payments received on securities loans, rents, royalties and income from similar sources	4,245	17,202	2,882	928	4,052	29,309
		4,245	17,202	2,002	920	4,052	29,309
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10 .						13,329,243
12	Gross receipts from related activities, etc. (se	e instructions)				12	
13	First five years. If the Form 990 is for the org	ganization's first, se	cond, third, fourth,	or fifth tax year as a	a section 501(c)(3)		
<del></del>	organization, check this box and stop here					<u></u>	▶∐
-	tion C. Computation of Public Su		•				
14	Public support percentage for 2018 (line 6, c						99.78 %
15	Public support percentage from 2017 Schedu						99.78 %
16a	33 1/3% support test - 2018. If the organiza						► <b>5</b> 7
<b>L</b>	box and <b>stop here</b> . The organization qualifie						· · · · ► 🛛
b	<b>33 1/3% support test - 2017.</b> If the organizathis box and <b>stop here.</b> The organization qua						
17a							
17a	10% or more, and if the organization meets t	•				•	
	Part VI how the organization meets the "facts				• •	4	
	organization		-				▶□
b	10%-facts-and-circumstances test - 2017.						
-	15 is 10% or more, and if the organization me						
	Explain in Part VI how the organization meet				-	/	
						·	► 🗆
18	<b>Private foundation.</b> If the organization did not						
	instructions					<u></u>	► 🗌

Schedule A (Form 990 or 990-EZ) 2018

		H COUNTY OUT				33-0330233	Page <b>3</b>
Pa	art III Support Schedule for Org						
	(Complete only if you chec						Part II.
_	If the organization fails to q	lualify under th	e tests listed be	elow, please co	omplete Part II.	)	
	ction A. Public Support		1				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513 •						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge •••••••••						
6	Total. Add lines 1 through 5						
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.)						
Sec	ction B. Total Support	1			1		
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6 • • • • • • • • • • • • • • • • • •						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 • • • • • • • • •						
С	Add lines 10a and 10b • • • • • • • • • • • • • • • • • • •						
11	Net income from unrelated business 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	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.) • • • • • • • • • • • • • • • • • • •						
	organization, check this box and stop here					<u></u>	· · · · <b>&gt;</b> 🗌
Sec	ction C. Computation of Public Su		-				
15	Public support percentage for 2018 (line 8, co					15	%
16	Public support percentage from 2017 Schedu					16	%
	ction D. Computation of Investme		-	(0)			
17 10	Investment income percentage for 2018 (line					17	<u>%</u>
18	Investment income percentage from <b>2017</b> Sc					18	%
	<b>33 1/3% support tests - 2018.</b> If the organiza 17 is not more than 33 1/3%, check this box a	and <b>stop here.</b> The	organization qualif	ies as a publicly su	pported organizatio	n	▶ 🛛
	<b>33 1/3% support tests - 2017.</b> If the organization line 18 is not more than 33 1/3%, check this because 1/3%.	oox and <b>stop here.</b>	The organization q	ualifies as a publicl	y supported organiz	zation • • • • • •	
20	Private foundation. If the organization did no	DI CRECK A DOX ON II	ne 14, 19a, or 19b,	CHECK THIS DOX and	see instructions		· · · · P 📋

Part				
	(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete			
	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 D, and complete Pa	art V.)		
Sect	ion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	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		
32	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	-		
Ja	(b) and (c) below.	3a		
		Ja		
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		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"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 Part VI 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			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
•••	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	Ja		
b		<b>5</b> h		
	designated in the organization's organizing document?	5b		
-	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	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 <b>Part VI</b> .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	Tua		
	determine whether the organization had excess business holdings.)	10b		
EEA	Schedule A (	rorm 990 (	or 990-E	2) 2018

SOUTH COUNTY OUTREACH

Schedule A (Form 990 or 990-EZ) 2018

33-0330233

Page 4

	ule A (Form 990 or 990-EZ) 2018 SOUTH COUNTY OUTREACH 33-033023	3	P	Page 5
Pa	rt IV Supporting Organizations (continued)		1	
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c		
Sec	tion B. Type I Supporting Organizations		Vee	Na
4	Did the directory trustees, or membership of one or more supported organizations have the neuror 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	1		
	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			
2	organization (s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			L
			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		l
Sec	tion 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			1
	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>			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
		_		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
0	supported organizations played in this regard.	3		L
	tion E. Type III Functionally Integrated Supporting Organizations	- 1 1		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in The organization satisfied the Activities Test. Complete line 2 below.	structi	uris).	
a b				
b c	<ul> <li>The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i></li> <li>The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity</i></li> </ul>	lsoo in	etructio	onel
2	Activities Test. Answer (a) and (b) below.	1366 1113	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	
a	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	24		
5	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
a				
4	trustees of each of the supported organizations? <i>Provide details in <b>Part VI.</b></i>	3a		
				·

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.* 

 ard.
 3b

 Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 SOUTH COUNTY OUTREACH		33-03	30233 Pag
Part V         Type III Non-Functionally Integrated 509(a)(3) Supporting Orgonication           1         Check here if the organization satisfied the Integral Part Test as a qualifying to the set of the organization			in in Dort \/ \ Coo
1 Check here if the organization satisfied the Integral Part Test as a qualifying t instructions. All other Type III non-functionally integrated supporting organization			,
ection A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
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 <b>Part VI</b> ):			
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		
ection 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 i	integr	ated Type III supporting	g organization (see
instructions).	-		

Schedule A (Form 990 or 990-EZ) 2018

Padule A (Form 990 or 990-EZ) 2018 SOUTH COUNTY OUTREAC Part V Type III Non-Functionally Integrated 50		33-033	0233 Pa
	(a)(5) Supporting Organiz		0
ection D - Distributions			Current Year
1 Amounts paid to supported organizations to accomplis			
2 Amounts paid to perform activity that directly furthers e	exempt purposes of supported		
organizations, in excess of income from activity			
3 Administrative expenses paid to accomplish exempt p	urposes of supported organizati	ons	
4 Amounts paid to acquire exempt-use assets	<u>.</u>		
5 Qualified set-aside amounts (prior IRS approval requir			
6 Other distributions (describe in <b>Part VI</b> ). See instructio	ns.		
7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to w	nich the organization is respons	ive	
<ul><li>(provide details in <b>Part VI</b>). See instructions.</li><li>9 Distributable amount for 2018 from Section C, line 6</li></ul>			
<b>0</b> Line 8 amount divided by Line 9 amount			
		(ii)	(iii)
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 201
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018			
(reasonable cause required - explain in <b>Part VI</b> ). See			
instructions.			
3 Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013			
<b>b</b> From 2014			
<b>c</b> From 2015			
<b>d</b> From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from			
a Applied to underdistributions of prior years			
<ul> <li>b Applied to 2018 distributions of phot years</li> </ul>			
c Remainder. Subtract lines 4a and 4b from 4.	·		
<ul> <li>Remaining underdistributions for years prior to 2018, i</li> </ul>	f		
any. Subtract lines 3g and 4a from line 2. For result			
greater than zero, explain in <b>Part VI</b> . See instructions.			
<ul><li>6 Remaining underdistributions for 2018. Subtract lines</li></ul>	3h		
and 4b from line 1. For result greater than zero, explai			
Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3			
and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
<b>b</b> Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Forr	n 990 or 990-EZ) 2018 Page 8
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part II, 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,

or 990-PF) Department of the Treasury

Internal	Revenue	e Service	
Mana	- 4 41	arganiz	atio

#### Name of the organization

SOUTH COUNTY OUTREACH Organization type (check one):

## **Schedule of Contributors**

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

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

Employer identification number

OMB No. 1545-0047

yanization	Employer identification number
ITY OUTREACH	33-0330233
type (check one):	

Filers of:	Section:
Form 990 or 990-EZ	∑ 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (201	8)
---	----

Name of organization

\_\_\_\_

Employer identification number

Page 2

SOUTH COUNTY OUTREACH

33-0330233

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_1_	BANK OF AMERICA CHARITIBLE FOUND 7 WHATNEY Irvine, CA 92618	\$100,000	Person     Image: 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.)
(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.)

SCHEDULE D Supplemental Financial Statements			OMB No. 1545-0047				
(Foi	(Form 990)		he organization answered "Yes" on Form 990,		2018		
		Part IV, line 6, 7,	8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		2010		
Depart	ment of the Treasury		Attach to Form 990.		Open to Public		
	Revenue Service						
	of the organization			Employer identific			
	TH COUNTY		d Funds or Other Similar Funds or Accour	33-033	0233		
I a		if the organization answered "Yes		115.			
	Complete		(a) Donor advised funds	(b) Funds and o	ther accounts		
1	Total number at en	d of year • • • • • • • • • • • • • • • • • • •		(a) i anao ana o			
2		contributions to (during year)					
3	Aggregate value of	grants from (during year) • •					
4	Aggregate value at	end of year •••••••					
5	Did the organizatio	n inform all donors and donor advisors	in writing that the assets held in donor advised				
	-	nization's property, subject to the organ	-		··· 🗌 Yes 🗌 No		
6	•	•	or advisors in writing that grant funds can be used				
		•	donor or donor advisor, or for any other purpose				
Pa		ssible private benefit?			··· Yes No		
I a		e if the organization answered "Ye	es" on Form 990 Part IV line 7				
1	-	ervation easements held by the organi					
•	_	f land for public use (e.g., recreation or		y important land are	ea		
	Protection of n		Preservation of a certified h				
	Preservation o	f open space	_				
2	Complete lines 2a	through 2d if the organization held a qu	ualified conservation contribution in the form of a con	servation			
	easement on the la	ist day of the tax year.		Held at th	ne End of the Tax Year		
а	Total number of co	nservation easements		. 2a			
b				- 2b			
С		vation easements on a certified historic		· 2c			
d		ration easements included in (c) acquir					
•		3		- 2d			
3	tax year	ation easements modified, transferred	, released, extinguished, or terminated by the organized	zation during the			
4	•	where property subject to conservation	easement is located				
5			periodic monitoring, inspection, handling of				
	-	procement of the conservation easement			🗌 Yes 🗌 No		
6	Staff and volunteer	hours devoted to monitoring, inspectir	ng, handling of violations, and enforcing conservation	easements during	the year		
	▶						
7	Amount of expense	es incurred in monitoring, inspecting, h	andling of violations, and enforcing conservation eas	ements during the	year		
	▶\$	_					
8	Does each conserv		above satisfy the requirements of section 170(h)(4)(B				
	and section 170(h)	(.)(=)().	• • • • • • • • • • • • • • • • • • • •		··· 🗌 Yes 🗌 No		
9	,	0 1	vation easements in its revenue and expense statem	,			
			otnote to the organization's financial statements that	describes the			
Pa		ounting for conservation easements.	ons of Art, Historical Treasures, or Ot	her Similar As	sets		
I a		te if the organization answered "Y					
1a		-	(ASC 958), not to report in its revenue statement and	d balance sheet			
	-	·	eld for public exhibition, education, or research in fur				
	-		e to its financial statements that describes these item				
b			(ASC 958), to report in its revenue statement and ba				
	-		eld for public exhibition, education, or research in fur				
		vide the following amounts relating to the					
2	If the organization	received or held works of art, historical	treasures, or other similar assets for financial gain, p	provide the			
	•	required to be reported under SFAS 11	, <b>,</b>				
a							
⊢or F	aperwork Reduction	on Act Notice, see the Instructions f	or ⊢orm 990.		Schedule D (Form 990) 2018		

FOL	Paperwork	Reduction	Act Notice, s	ee the instru	ictions for F	

Part III       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)         3       Using the oparizations accession, accession, and other records, check any of the following that are a significant use of its          a       Potic excession, accession, and other records, check any of the following that are a significant use of its          b       Distributions, accession, and other records, check any of the following that are a significant use of its          b       Distributions, accession, and other records, check any of the organization's exempt purpose in Part          c       Distributions for future generations          4       Powel a description of the organization solid cut means donatand or of art, historical treasures, or other similar       assate to be addition attemption of an answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form          5       Distributions during the year       Its engineration and agert, makes, autodian or other intermediany for contributions or other assets not       included on Part XIII and complete the following table:            Complete if the organization network on FM00, Part X, line 21, for service or cossidial accountil tability?              6       Information and addition on form 900, Part X, line 21, for service or cossidial accountil tability?              6       Information and addits on form 900, Part X, line 21, for service or cossidial account		ule D (Form 990) 2018 SOUTH COUNTY OUT					33-0330		Page 2
collection terms (check all that apply):         d Lan or exchange programs         d Other	Pa	rt III Organizations Maintaining Co	ollections of A	rt, Historical Tr	easures, o	or Othe	r Similar Ass	ets (con	tinued)
a  b  b  b  b  b  b  b  b  b  b  b  b  b	3	Using the organization's acquisition, accession, an	nd other records, ch	eck any of the followi	ing that are a	significar	nt use of its		
be description of the organization's collections and explain how they further the organization's exempt purpose in Part     XII.     During the year, did the organization solid or receive donations of art, historical treasures, or other similar     assets to be odd to rate funds rather than to be maintained as part of the organization's collection?     Ves		collection items (check all that apply):							
c       Preservation for future generations         4       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part Xill.         5       During the year, did the organization solicit or receive donalions of art, historical treasures, or other similar assets to be odd to raise tunde rather than to be maintained as part of the organization's collection?        Part IV          7       During the year, did the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.        Is the organization an agent, tuskee, custodian or other intermediary for contributions or other assets not include on Form 990, Part X?          8       If "estimation the arrangement in Part XIII and complete the following table:        It a demonst the arrangement in Part XIII and complete the following table:          8       If a definition folding the year        It adjustment the arrangement in Part XIII and complete the following table:          9       If Yes in work the organization answered "Yes" on Form 990, Part IV, line 10.         9       If Yes in work the organization answered "Yes" on Form 990, Part IV, line 10.         9       If Yes in work the organization answered "Yes" on Form 990, Part IV, line 10.         9       If Yes in work the organization answered "Yes" on Form 990, Part IV, line 10.         9       If Yes in work the organization is add or organization wore ustofial acocount lability? <td>а</td> <td>Public exhibition</td> <td>d 🗌 Loa</td> <td>n or exchange progra</td> <td>ams</td> <td></td> <td></td> <td></td> <td></td>	а	Public exhibition	d 🗌 Loa	n or exchange progra	ams				
Perivide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII.     During the year, did the organization solicit or receive donalions of art, historical treasures, or other similar     assets to be odd to radee times under time to be maintained as part of the organization's collection?     Ves Ne Part IV Escrow and Custodial Arrangements.     Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form     990, Part X, line 21.     If the organization angent, trustee, custodial or other immediany for contributions or other assets not     included on form 990, Part X, line 21.     If the organization angent, trustee, custodial or other immediany for contributions or other assets not     included on form 990, Part X, line 21.     If the organization include an amount on Form 990, Part X, line 21.     If the organization include an amount on Form 990, Part X, line 21.     If the organization include an amount on Form 990, Part X, line 21.     If the organization include an amount on Form 990, Part X, line 21.     If the organization include an amount on Form 990, Part X, line 21.     If the organization include an amount on Form 990, Part X, line 21.     If the organization include an amount on Form 990, Part IV, line 10.     If the organization include an amount on Form 990, Part IV, line 10.     If the organization include an amount on Form 990, Part IV, line 10.     If the organization include an amount on Form 990, Part IV, line 10.     If the organization include and the organization include an	b	b Scholarly research e Other							
Perivide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII.     During the year, did the organization solicit or receive donalions of art, historical treasures, or other similar     assets to be odd to radee times under time to be maintained as part of the organization's collection?     Ves Ne Part IV Escrow and Custodial Arrangements.     Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form     990, Part X, line 21.     If the organization angent, trustee, custodial or other immediany for contributions or other assets not     included on form 990, Part X, line 21.     If the organization angent, trustee, custodial or other immediany for contributions or other assets not     included on form 990, Part X, line 21.     If the organization include an amount on Form 990, Part X, line 21.     If the organization include an amount on Form 990, Part X, line 21.     If the organization include an amount on Form 990, Part X, line 21.     If the organization include an amount on Form 990, Part X, line 21.     If the organization include an amount on Form 990, Part X, line 21.     If the organization include an amount on Form 990, Part X, line 21.     If the organization include an amount on Form 990, Part IV, line 10.     If the organization include an amount on Form 990, Part IV, line 10.     If the organization include an amount on Form 990, Part IV, line 10.     If the organization include an amount on Form 990, Part IV, line 10.     If the organization include and the organization include an	с	Preservation for future generations							
5       During the year, dd the organization solicit or receive donations of art, historical treasures, or other similar assets to be solic traines funds rather than to be maintained as part of the organization's collection?       Yes       Ne         Part IV       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       Is the organization an agent, trustee, custodial or other intermediary for contributions or other assets not included on form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custodiar or other intermediary for contributions or other assets not include on form 990, Part X, line 21.       Amount         c       Beginning balance       Include on form 990, Part X, line 21.       Amount         c       Beginning balance       Include on form 990, Part X, line 21.       Include on form 900, Part X, line 21.         c       Beginning oblance       Include on form 900, Part X, line 21. for escrow or custodial account light Part Mill.       Include on form 900, Part X, line 21.         c       Did the organization include an amount on Form 900, Part X, line 21. for escrew or custodial account light Part Mill.       Include on Part Xill.         Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         c       Other organization for expenditures for folicities and programs       Include on part Xill.         d	4		ons and explain how	v they further the orga	anization's ex	empt pur	pose in Part		
assists to be sold to raise funds rather than to be markinged as part of the organization's collection?  Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Is the organization and uncerted the following table:  Cell eginning balance  Additions during the year  Is Endowment the arrangement in Part XIII. Check here if the explanation has been provided an organization include an amount on Form 990, Part X, line 21, for escrow or custodial accound liability?  If Yes, "oxplain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part Is Endowment theorematic the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part Is a structure of the organization answered "Yes" on Form 990, Part IV, line 10.  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  A diministrative expenses  G and dy ara balance  G aratis or scholarships  G aratis		XIII.							
Part IV       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on form 990, Part X, line 21.       Ives	5	During the year, did the organization solicit or rece	ive donations of art	, historical treasures,	or other simi	ilar			
Part IV       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Ives       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount       Ives       No         c       Beginning balance       1       Id       Id       Id       Id         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ives       Ives       Ives       Ives         b       If "ves," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Ives       Ives       Ives         d       If organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ives       Ives       Ives         d       If organization answered "Yes" on Form 990, Part IV, line 10.       Ives       Iv		assets to be sold to raise funds rather than to be m	naintained as part o	f the organization's c	ollection?			🗌 Y	'es 🗌 No
990, Part X, line 21.         1a       is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on form 980, Part X?       Ives No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         c       Baginning balance       1c         d       Additions during the year       1a         1a       1a       1a         2b       Ditt broking of year       1y         2b       Ditt organization include an amount on Form 990, Part X, line 21, for sectrow or custodial account liability?       Ves         Part V       Endowment Funds.       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       (a) Current year       (b) Provyeant       (c) Two years back       (d) Fore years back         b       Contributions       (a) Current year       (b) Provyeant       (c) Two years back       (d) Fore years back         c       Net investment emings, gains, and losses       (e) Current year end balance (line 19, column (a)) held as:       as administrative expones       (f) Two years back       (f) Fore years back         g End of year balance       %       %       %       S       S         b Parmanent endowment \	Pa	rt IV Escrow and Custodial Arrange	ements.						
1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       IVes       IVes       IVes       INo         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Image: Complete in the arrangement in Part XIII and complete the following table:       Image: Complete in the arrangement in Part XIII and complete the following table:       Image: Complete in the arrangement in Part XIII complete the following table:       Image: Complete in the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Image: Complete in the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Image: Complete in the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.         1a       Beginning of year balance       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       Image: Complete in the arrangement implete the balance (image: Complete in the arrangement implete the arrangement implete the complete the arrangement implete the arrangement imp		Complete if the organization ans	wered "Yes" or	n Form 990, Part	IV, line 9,	or repo	orted an amoui	nt on Fo	rm
Included on Form 990, Part X?       Yes       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         c       Beginning balance       1d         d       Additions during the year       1d         e       Distributions during the year       1d         d       Distributions       If the organization include an amount on Form 990, Part X, line 21, for secret or outstoldial account liability?       If the organization answered "Yes" on Form 990, Part IV, line 10.         Part V       End of year balance       (a) Current year       (b) Pror year       (c) Three years back       (d) Three years back         d       Grants or scholarships       If the organization answered "Yes" on Form 990, Part IV, line 10.       If the organization second the scholar dependent with the scholar depande organization the scholar depen		990, Part X, line 21.							
b       If "Yes," explain the arrangement in Part XIII and complete the following table: <ul> <li>Amount</li> <li>d</li> <lid< li=""> <li>d<td>1a</td><td>Is the organization an agent, trustee, custodian or</td><td>other intermediary</td><td>for contributions or ot</td><td>her assets no</td><td>ot</td><td></td><td></td><td></td></li></lid<></ul>	1a	Is the organization an agent, trustee, custodian or	other intermediary	for contributions or ot	her assets no	ot			
c       Beginning balance       Amount         d       Additions during the year       1d         e       Distributions during the year       1d         f       Ending balance       1f         d       Distributions during the year       1f         d       Endowment Funds.       Image: State Sta		included on Form 990, Part X?						🗌 Y	'es 🗌 No
c       Beginning balance       Amount         d       Additions during the year       1d         e       Distributions during the year       1d         f       Ending balance       1f         d       Distributions during the year       1f         d       Endowment Funds.       Image: State Sta	b	If "Yes," explain the arrangement in Part XIII and c	omplete the followi	ng table:				_	_
d Additions during the year       11         e Distributions during the year       11         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ives         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ives         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ives         Part V       Endowment Funds.       Ives         Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Ives       Ives         1a Beginning of year balance       (a) Current year       (b) Provient       (c) Two years back       (d) Twe years back         b Contributions       (a) Current year       (b) Provient       (c) Two years back       (d) Twe years back       (e) Four years back         c Net investment eamings, gains, and losses       (d) Crearts or scholarships       (e) Current year       (f) Twe years back       (f) Twe years back         g End of year balance       (f) Twe years back       (f) Twe years back       (f) Twe years back       (f) Twe years back         c There expenditures for facilities and programs       (f) Trate year balance       (f) Trate year balance       (f) Twe years back       (f) Twe years back         g End of year balance       (f) Twe year balance<							Am	ount	
d       Additions during the year       id         e       Distributions during the year       id         i       Ending balance       if         2a       Did the organization include an amount on Form 990, Part X, line 21, for secrow or custodial account liability?       ives         2b       If "yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       ives         Part V       Endowment Funds.       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year         c       Not investment earnings, gains, and losses       investment earnings, gains, and losses       investment earnings, gains, and losses         g       End of year balance       investment earnings, gains, and losses       investment earnings, gains, and losses       investment earnings, gains, and losses         g       End of year balance       investment earnings, gains, and losses       investment earnings, gains, and losses       investment earnings, gains, and losses         g       End of year balance       investment earnings, gains, and losses       investment earnings, gains, and losses       investment earnings, gains, and losses         g       End of year balance       investment earnings, gains, and losses       investment earnings, gains, and losse and beginated or quasi-e	с	Beginning balance				· · 1c			
e       Distributions during the year       10       11         2       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ivestige with the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Ivestige with the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII         Part V       Endowment Funds.       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1b       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Ivestige and the arrangement in Part XIII the four years back       (e) Four years back       (e) Four years back         1a       Beginning of year balance       (b) Prior year       (c) Two years back       (e) Three years back       (e) Four years back         1b       Contributions       (b) Prior year       (c) Two years back       (e) Three years back       (e) Four years back         1a       Grants or scholarships       (f)       (f) Three years back	d	Additions during the year				· · 1d			
f       Ending balance       If         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ives:         b       If "Yes;" explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII       Ves       No         Part V       Endowment Funds.       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       (d) Three years back (d) Three years back (e) Four years back (f) Four years back for the organization f four years back for the organization f four organization f four years back for the organization f for the organization f for organization f f	е								
b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII         Part V       Endowment Funds.         Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Proryear       (c) Two years back       (d) Twree years back       (e) Four years back         b       Contributions       (a) Current year       (b) Proryear       (c) Two years back       (d) Twree years back       (e) Four years back         c       Net investment earnings, gains, and losses       (a) Current year       (b) Proryear       (c) Two years back       (d) Twree years back       (e) Four years back         d       Grants or scholarships       (a) Current year       (b) Proryear       (c) Two years back       (d) Twree years back       (e) Four years back         f       Administrative expensions       (a) Current year       (b) Proryear       (c) Twree years back       (c) Twree years back       (c) Twree years back       (e) Four years back         g       End of year balance       (f) Administrative expensions       (f) Administrative expensions       (f) Twree years back	f								
Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Proryear       (c) Two years back       (d) Three years back </td <td>2a</td> <td>Did the organization include an amount on Form 9</td> <td>90, Part X, line 21,</td> <td>for escrow or custodi</td> <td>al account lia</td> <td>bility?</td> <td>·</td> <td> 🗌 Y</td> <td>′es 🗌 No</td>	2a	Did the organization include an amount on Form 9	90, Part X, line 21,	for escrow or custodi	al account lia	bility?	·	🗌 Y	′es 🗌 No
Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Proryear       (c) Two years back       (d) Three years back </td <td>b</td> <td>If "Yes," explain the arrangement in Part XIII. Chec</td> <td>k here if the explar</td> <td>ation has been provi</td> <td>ded on Part &gt;</td> <td>kili -</td> <td></td> <td></td> <td> 🗍</td>	b	If "Yes," explain the arrangement in Part XIII. Chec	k here if the explar	ation has been provi	ded on Part >	kili -			🗍
1a       Beginning of year balance       (a)       Current year       (b)       Prior year       (c)       Two years back       (d)       Thore years back       (e)       Four years back       (f)       Four years back       four stack       four years back       four	Pa		·						
1a       Beginning of year balance		Complete if the organization ans	wered "Yes" or	n Form 990, Part	IV, line 10	).			
1a       Beginning of year balance			(a) Current year	(b) Prior year	(c) Two years	s back	(d) Three years back	(e) Four	vears back
c       Net investment earnings, gains, and losses       Image: Construction of the expenditures for facilities and programs       Image: Construction of the expenditures for facilities and programs         e       Other expenditures for facilities and programs       Image: Construction of the expenditures for facilities and programs       Image: Construction of the expenditures for facilities and programs         g       End of year balance       Image: Construction of the expenditures for facilities and programs       Image: Construction of the expenditures for facilities and programs         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       Image: Construction of the estimated or quasi-endowment       Image: Construction of the estimated or quasi-endowment         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       Image: Construction of the estimated or quasi-endowment       Image: Construction of the estimated or quasi-endowment         3       Board designated or quasi-endowment       Image: Construction of the organizations       Image: Construction of the estimated organizations isted as required on Schedule R?       Image: Construction of the organizations isted as required on Schedule R?       Image: Construction of the organization's endowment funds.         Part VI       Land, Bulidings, and Equipment.       Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       Image: Construle dest       Image: Construle tasis (revestment)	1a	Beginning of year balance							
Iosses       Grants or scholarships	b	Contributions							
Iosses       Grants or scholarships	с	Net investment earnings, gains, and							
e       Other expenditures for facilities and programs		losses							
programs	d	Grants or scholarships							
programs	е	Other expenditures for facilities and							
f       Administrative expenses									
g       End of year balance	f								
2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a       Board designated or quasi-endowment ▶%         b       Permanent endowment ▶%         c       Temporarily restricted endowment ▶%         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       (i) unrelated organizations         (i)       unrelated organizations       3a(i)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         c       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         investment)       1,946,936       1,206,438       740,498         c       Leasehold improvements       201,335       195,266       6,069	q								
a Board designated or quasi-endowment      %         b Permanent endowment      %         c Temporarily restricted endowment      %         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:			ear end balance (lin	e 1g, column (a)) hel	d as:				
b       Permanent endowment       %         c       Temporarily restricted endowment       %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) unrelated organizations</li> <li>(ii) related organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations isted as required on Schedule R?</li> <li>(iii) addition</li> <li>(iii) addition</li> <li>(iii) related organization answered</li> <li>(ives" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(other)</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(other)</li> <li>(d) Book value</li> <li>(d) Buildings</li> <li>(investment)</li> <li>(b) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(d) Buildings</li> <li>(d)</li></ul>	а								
The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) unrelated organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations</li> <li>(ii) related organizations</li> <li>(iii) related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>(iii) Book value (investment)</li> <li>(iii) Cost or other basis (other) depreciation</li> <li>(iii) Book value</li> <li>(iii) Rook value</li> <li>(iii) Rook value</li> <li>(iiii) Rook value</li> <li>(iii) Book value<td>b</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></li></ul>	b								
The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) unrelated organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations</li> <li>(ii) related organizations</li> <li>(iii) related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>(iii) Book value (investment)</li> <li>(iii) Cost or other basis (other) depreciation</li> <li>(iii) Book value</li> <li>(iii) Rook value</li> <li>(iii) Rook value</li> <li>(iiii) Rook value</li> <li>(iii) Book value<td>с</td><td>Temporarily restricted endowment</td><td>%</td><td></td><td></td><td></td><td></td><td></td><td></td></li></ul>	с	Temporarily restricted endowment	%						
3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) unrelated organizations</li> <li>(ii) related organizations</li> <li>(ii) related organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations</li> <li>(ii) related organizations</li> <li>(iii) related organization's endowment funds.</li> </ul> Part VI         Land, Buildings, and Equipment.               Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.               Description of property <li>(a) Cost or other basis (other)</li> <li>(b) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> 1         Land         1,946,936         1,206,438         740,498           2         Leasehold improvements			qual 100%.						
organization by:       Yes       No         (i)       unrelated organizations       3a(i)       3b       3c       3c       3c	3a			that are held and adr	ninistered for	the			
(i) unrelated organizations       3a(i)         (ii) related organizations       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land       1,946,936       1,206,438       740,498         c       Leasehold improvements       201,335       195,266       6,069		•	0					[	Yes No
(ii) related organizations       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (c) Accumulated depreciation       (d) Book value         1       Land       1,946,936       1,206,438       740,498         c       Leasehold improvements       201,335       195,266       6,069		- ,						. 3a(i)	
b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (c) Accumulated depreciation       (d) Book value         1       Land       1,946,936       1,206,438       740,498         c       Leasehold improvements       201,335       195,266       6,069									
4       Describe in Part XII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (c) Accumulated depreciation       (d) Book value         1a       Land       1,946,936       1,206,438       740,498         c       Leasehold improvements       201,335       195,266       6,069	b		listed as required of	on Schedule R? ••					
Part VI       Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a       Land       Land       1,946,936       1,206,438       740,498         c       Leasehold improvements       201,335       195,266       6,069	4	· · · · · · · · · · · · · · · · · · ·	•						
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land        1,946,936       1,206,438       740,498         c       Leasehold improvements	Pa								
Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a       Land       Land       1,946,936       1,206,438       740,498         b       Buildings       Leasehold improvements       195,266       6,069				n Form 990, Part	IV, line 11	a. See	Form 990, Pa	rt X, line	10.
Image: line with the second		· · · · · · · · · · · · · · · · · · ·							
b         Buildings         1,946,936         1,206,438         740,498           c         Leasehold improvements         201,335         195,266         6,069								(,,	
b         Buildings         1,946,936         1,206,438         740,498           c         Leasehold improvements         201,335         195,266         6,069	1a	Land							
c Leasehold improvements	_			1.	946,936		1,206,438	5	740,498
		•							-
	d	Equipment			211,301		160,208		51,093
e Other					,				,
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	Tota		Form 990, Part X, c	column (B), line 10c.)			· · · · •	7	797,660

Schedule D (Form 990) 2018

Schedule D (Form		JTREACH	33-03302	33 Page 3
Part VII	Investments - Other Securities.	d "Voo" on Form 000 De	art IV line 11h See Form 000 Da	rt V line 10
	Complete if the organization answere			n X, line 12.
	<ul> <li>(a) Description of security or category         <ul> <li>(including name of security)</li> </ul> </li> </ul>	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1) Financial	derivatives			
(2) Closely-he	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E) (F)				
(G)				
(U) (H)				
	) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answere	d "Yes" on Form 990, Pa	art IV, line 11c. See Form 990, Pai	t 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)			Y	
Total. (Column (b)	) must equal Form 990, Part X, col. (B) line 13.) Other Assets.			
Faitix	Complete if the organization answere	d "Yes" on Form 990 Pa	art IV line 11d See Form 990 Pa	rt X line 15
		Description		(b) Book value
(1) Depos		Jesenption		15,509
(2) Other				2,888
(3)				_,
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 15.)		••••••	18,397
Part X	Other Liabilities. Complete if the organization answere	d "Yes" on Form 990, Pa	art IV, line 11e or 11f. See Form 99	90, Part X,
1.	line 25. (a) Description of liability	(b) Book value		
(1) Federal i	income taxes			
(2) Secur	ity and other deposits	11,325	5	
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)			-	
I otal. (Column (b)	) must equal Form 990, Part X, col. (B) line 25.) 🛛 🏲	11,325		

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII • • • • • •

-		3-0330233	Page <b>4</b>
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue 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	2,805,284
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	57,125
3	Subtract line 2e from line 1	3	2,748,159
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>	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,748,159
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	2,929,835
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.) ••••••••••••••••••••••••••••••••••		
е	Add lines 2a through 2d	2e	57,125
3	Subtract line 2e from line 1	3	2,872,710
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 · · · · · · · · 4a		
b	Other (Describe in Part XIII.) ••••••••••••••••••••••••••••••••••		
С	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,872,710
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   Supplemental Information Regarding Fundraising or Gaming Activities					OMB No. 1545-0047			
(Form 990 or 990-EZ)	Complete	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.						2018
Department of the Treasury		C ► Att	ach to Form	990 or Form	990-EZ.			Open to Public
Internal Revenue Service Name of the organization		to www.irs.gov/Fo	orm990 tor in	istructions a	nd the latest information	n.	Emplover ide	Inspection ntification number
SOUTH COUNTY OUTRI	22011						33-03	
Part I Fundraisi	na Activities	Complete if th	ne organi	zation an	swered "Yes" on	Form 99	0 Part IV	line 17
	-	required to com	-				o, :,	
1 Indicate whether the	organization rais	ed funds through a	ny of the fol	Iowing activi	ties. Check all that ap	ply.		
a 🗌 Mail solicitations	-	-	e 🗌	Solicitation	of non-government gra	ants		
b 🗌 Internet and emai	solicitations		f 🗌	Solicitation	of government grants			
c 🗌 Phone solicitation	s		g 🗌	Special fund	draising events			
d 🗌 In-person solicitat	ions							
2a Did the organization	have a written or	oral agreement wit	h any indivi	dual (includi	ng officers, directors, t	trustees,	_	_
or key employees list	ed in Form 990,	Part VII) or entity in	connection	with profes	sional fundraising serv	/ices?	□ Y	es 🗌 No
b If "Yes," list the 10 high	ghest paid individ	uals or entities (fur	idraisers) pເ	ursuant to a	greements under whic	h the fundr	aiser is to be	
compensated at leas	t \$5,000 by the o	rganization.						
		r						1
(i) Name and address	of individual			draiser have	(iv) Gross receipts		ount paid to ained by)	(vi) Amount paid to
or entity (fundra		(ii) Activity		control of utions?	from activity		ser listed in	(or retained by) organization
						с	ol. <b>(i)</b>	
			Yes	No				
1								
2								
2								
3								
-								
4								
5								
6								
7								
8								
9								
10								
Tatal				•				
Total	the every -:			•••• <b>P</b>	iono or hoo haara a 40	 	ment fre	
3 List all states in which	-	is registered or lice	ensea to soli	icit contribut	ions or has been notifi	ied it is exe	mpt from	
registration or licensin	y.							

SOUTH COUNTY OUTREACH

33-0330233 Page 2

: 11	Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more
	than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with
	gross receipts greater than \$5,000.

		gross receipts greater than	+-,			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			EMPTY BOWLS	FESTIVAL	None	(add col. <b>(a)</b> through col. <b>(c)</b> )
			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	65,900	73,250		139,150
	2	Less: Contributions				
	3	Gross income (line 1 minus				
		line 2)	65,900	73,250		139,150
	4	Cash prizes				
	_					
	5	Noncash prizes • • • • • • • •				
6	6	Pont/facility agata				
ses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages • • • • • •				
άĒ	'					
irec	8	Entertainment				
	-					
	9	Other direct expenses	18,874	42,957		61,831
	10	Direct expense summary. Add lines	4 through 9 in column (d)			61,831
	11	Net income summary. Subtract line				77,319
Pa	rt II		-	Yes" on Form 990, Part I	V, line 19, or reported m	nore
		than \$15,000 on Form 990	-EZ, line 6a.			
d)				(b) Pull tabs/instant		(d) Total gaming (add
۳			(a) Bingo		(c) Other gaming	
venue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue	1		(a) Bingo		(c) Other gaming	
Revenue	1	Gross revenue	(a) Bingo		(c) Other gaming	
	1		(a) Bingo		(c) Other gaming	
		Gross revenue	(a) Bingo		(c) Other gaming	
			(a) Bingo		(c) Other gaming	
	2	Cash prizes	(a) Bingo		(c) Other gaming	
	2	Cash prizes	(a) Bingo		(c) Other gaming	
Direct Expenses Revenue	2 3	Cash prizes	(a) Bingo		(c) Other gaming	
	2 3	Cash prizes		bingo/progressive bingo		
	2 3 4	Cash prizes	(a) Bingo		(c) Other gaming	
	2 3 4 5	Cash prizes	% %	bingo/progressive bingo	Yes %	
	2 3 4 5 6 7	Cash prizes	Yes% No% 2 through 5 in column (d)	bingo/progressive bingo	Yes %	
	2 3 4 5	Cash prizes          Noncash prizes          Rent/facility costs          Other direct expenses          Volunteer labor	Yes% No% 2 through 5 in column (d)	bingo/progressive bingo	Yes %	
Direct Expenses	2 3 4 5 6 7 8	Cash prizes	Yes% No through 5 in column (d) act line 7 from line 1, column	bingo/progressive bingo	Yes %	
Direct Expenses	2 3 4 5 6 7 8 En	Cash prizes	Yes% No 2 through 5 in column (d) act line 7 from line 1, colum on conducts gaming activit	bingo/progressive bingo	Yes %	col. (a) through col. (c))
b c Direct Expenses	2 3 4 5 6 7 8 En 1st	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines Net gaming income summary. Subtration the organization licensed to conduct g	Yes% No 2 through 5 in column (d) act line 7 from line 1, colum on conducts gaming activit	bingo/progressive bingo	Yes %	
Direct Expenses	2 3 4 5 6 7 8 En 1st	Cash prizes	Yes% No 2 through 5 in column (d) act line 7 from line 1, colum on conducts gaming activit	bingo/progressive bingo	Yes %	col. (a) through col. (c))
b c Direct Expenses	2 3 4 5 6 7 8 En 1st	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines Net gaming income summary. Subtration the organization licensed to conduct g	Yes% No 2 through 5 in column (d) act line 7 from line 1, colum on conducts gaming activit	bingo/progressive bingo	Yes %	col. (a) through col. (c))
b c Direct Expenses	2 3 4 5 6 7 8 En 1 ls 1 9 lf "	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines Net gaming income summary. Subtration the organization licensed to conduct g	Yes% No through 5 in column (d) act line 7 from line 1, column on conducts gaming activit aming activities in each of	bingo/progressive bingo	Yes% No	col. (a) through col. (c))
g b c Direct Expenses	2 3 4 5 6 7 8 En 1s1 9 1f"	Cash prizes	Yes% No through 5 in column (d) act line 7 from line 1, column on conducts gaming activit aming activities in each of	bingo/progressive bingo	Yes% No	col. (a) through col. (c))

#### SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

SOUTH COUNTY OUTREACH

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

2018 Open to Public Inspection

Employer identification number

33-0330233

Pa	rt I Types of Property				
		(a) Check if applicable	(b) Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g	<b>(d)</b> Method of determining noncash contribution amounts
1	Art - Works of art			Form 990, Fart Vill, line 1g	
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household				
U	goods	x		20,679	FMV
6	Cars and other vehicles			20,015	PHV
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock • •				-
11	Securities - Partnership, LLC,				
	or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation				
	contribution - Historic				
	structures				
14	Qualified conservation				
	contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory	x		1,217,674	FMV
20	Drugs and medical supplies • • •				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶()				
26	Other ▶()				
27	Other ▶()				
28	Other ►( )				
29	Number of Forms 8283 received by	-			
	which the organization completed F	orm 8283, Par	t IV, Donee Acknowledgemen	t	29
					Yes No
30a	During the year, did the organizatio	-		-	
	28, that it must hold for at least thre	,		, , , , , , , , , , , , , , , , , , , ,	
	to be used for exempt purposes for		ing period?		••••••• 30a
b	If "Yes," describe the arrangement i				
31	Does the organization have a gift a			-	
<b>00</b> -	contributions?				
32a	Does the organization hire or use the				
۶.	contributions?				
b	If "Yes," describe in Part II.	mount in colum	on (a) for a type of property for	which column (a) is shealed	
33	If the organization didn't report an a	Inount in Colun	in (c) for a type of property for	which column (a) is checked,	
Eor '	describe in Part II. Paperwork Reduction Act Notice, s	on the Instruct	tions for Form 900		Schedule M (Form 990) 2018
101	aperwork iteuaution Aut Notice, S				JUICUUIC III (FUIIII 330) 2010

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization

#### 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. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 2018 Open to Public Inspection

Employer identification number

SOUTH COUNTY OUTREACH

33-0330233

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

EXECUTIVE FINANCE COMMITTEE REVIEWS THE FORM 990 AND SIGNS FOR FILING

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

ANNUALLY REVIEWS THE POLICY WITH EACH MEMBER. THEN EACH MEMBER RESIGNS THE POLICY.

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

SOUTH COUNTY OUTREACH DETERMINES THE COMPENSATION FOR THE EXECUTIVE DIRECTOR BASED ON THE

#### FOLLOWING FACTORS:

1. A COMPENSATION & BENEFITS SURVEY FOR SOUTHERN AND CENTRAL CALIFORNIA - NONPROFIT

ORGANIZATIONS, WHICH IS PREPARED BY THE CENTER FOR NONPROFIT MANAGEMENT.

2. A REVIEW OF COMPENSATION OF OTHER EXECUTIVE DIRECTORS FOR SIMILAR TASKS AND

ORGANIZATIONS; AND

3. AN APPROVAL BY THE ORGANIZATION'S BOARD OF DIRECTORS

#### 04. Other officer or key employee compensation (Part VI, line 15b

COMPENSATION FOR KEY EMPLOYEES IS DETERMINED AND APPROVED BY THE BOARD OF DIRECTORS BASED

IN PART BY STAFF PERFORMANCE, RECOMMENDATIONS BY THE EXECUTIVE DIRECTOR, AND BY USING THE

COMPENSATION AND BENEFITS SURVEY FOR SOUTHERN AND CENTRAL CALIFORNIA - NONPROFIT

ORGANIZATIONS PREPARED BY THE CENTER FOR NONPROFIT MANAGEMENT.

#### 05. Governing documents, etc, available to public (Part VI, line 19)

UPON REQUEST, THESE DOCUMENTS ARE FORWARDED BY MAIL OR EMAIL TO REQUESTING PARTY.

## 990

SOUTH COUNTY OUTREACH

# FORM 990, PART IX, LINE 24e, OTHER EXPENSE-PROGRAM

**Overflow Statement** 

Description		Amount
Food purchase	\$	16,867
_Utilities_and_telephone		48,066
Repairs and maintenance		19,466
In-kind - Other		14,460
Total:	_\$	98,859

#### FORM 990, PART IX, LINE 24e, OTHER EXPENSES-G&A

Description		A	mount
Utilities and telephone		\$	<u>    5,341  </u>
License fees, bank fees, and other fees			19,054
Repairs and maintenance			4,866
Miscellaneous			4
	Total:	Ś	29,265

Name(s) as shown on return

me(s) as shown on return

**2018** Page 1

33-0330233

FEIN

included in UBIA on 199A calculations.					Depree	<b>Ciation Deta</b> Program Servio	•						<b>2018</b> PAGE 1	
BIA" in lower right corner.					F	For your records o	only							
s shown on return												urity number/EI	N	
TH COUNTY OUTREACH				, ,					1		33	-0330233		
Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
UCK-LIFT GATE	1228200	1,750		100.00			1,750	5		0	1,750		1,750	
UCK-FORD F150	0613200	06 1,313		100.00			1,313	5		0	1,313		1,313	
UCK-LIFT GATE	0621200	1,982		100.00			1,982	5		0	1,982		1,982	
NATED VEHICLE	1010200	5,395		100.00			5,395	5		0	5,395		5,395	
99 CHEVY TRUCK	031220	10 9 <b>,</b> 577		100.00			9,577	5		0	9,577		9,577	
02 FORD F-150	0526203	11 8,750		100.00			8,750	5		0	8,750		8,750	
238 ORANGE 3	0801199	98 99,174		100.00			99,174	27.5	SL MM	3.636	70,026	3,606	73,632	3,606
240 ORANGE 4	0801199	98 68,127		100.00			68,127	27.5	SL MM	3.636	48,108	2,477	50,585	2,477
254 ORANGE 1	1202199	99 96,852		100.00			96,852	27.5	SL MM	3.636	63,685	3,522	67,207	3,522
931 RIMHURST J	0618199	99 68,040		100.00			68,040	27.5	SL MM	3.636	45,867	2,474	48,341	2,474
232 SORRENTO 87	0618199	99 93,560		100.00			93,560	27.5	SL MM	3.636	63,072	3,402	66,474	3,402
251 LA GLORIA D	0618199	99 60,750		100.00			60,750	27.5	SL MM	3.636	40,954	2,209	43,163	2,209
981 RIMHURST C	0618199	52,650		100.00			52,650	27.5	SL MM	3.636	35,502	1,915	37,417	1,914
251 LA GLORIA E	0525200	00 119,131		100.00			119,131	27.5	SL MM	3.636	76,255	4,332	80,587	4,332
288 ORANGE 5	0525200	00 75 <b>,</b> 297		100.00			75,297	27.5	SL MM	3.636	48,196	2,738	50,934	2,738
144 SERANO CREEK 19	0118200	132,902		100.00			132,902	27.5	SL MM	3.636	81,921	4,833	86,754	4,832
220 ORANGE 1	0111200	92,298		100.00			92,298	27.5	SL MM	3.636	56,951	3,356	60,307	3,356
220 ORANGE 9	0511200	141,359		100.00			141,359	27.5	SL MM	3.636	85,535	5,140	90,675	5,140
212 SANZ B MV	0426200	01 119,714		100.00			119,714	27.5	SL MM	3.636	72,618	4,353	76,971	4,353
702 EL TORO RD 35	0603200	139,262		100.00			139,262	27.5	SL MM	3.636	78,703	5,064	83,767	5,064
240 ORANGE AVE 9	0531200	174,008		100.00			174,008	27.5	SL MM	3.636	98,875	6,328	105,203	6,327
301 LA GLORIATA A	0411200	173,400		100.00			173,400	27.5	SL MM	3.636	99,042	6,305	105,347	6,305
383 VIA DAMASCO MV	0630200	240,412		100.00			240,412	27.5	SL MM	3.636	126,759	8,742	135,501	8,741
PROVEMENTS-STORE	0706200	64,403		100.00			64,403	20	SL НҮ	5	40,250	3,220	43,470	3,220
PROVEMENTS-VISTA TE	070120	86,813		100.00			86,813	5		0	86,813		86,813	
PIER	010119	92 800		100.00			800	5		0	800		800	
EEZER	010119	93 1,000		100.00			1,000	10		0	1,000		1,000	
LEPHONES	070119			100.00			750	7		0	750		750	
EEZER	090119	2,300		100.00			2,300	10		0	2,300		2,300	
AGE UNIT	070119	95 325		100.00			325	5		0	325		325	

BIA" in lower right corner as shown on return TH COUNTY OUTREACH Description MPUTER DEPHONE MPUTER NETWORK MPUTER NETWORK MPUTER EEZER-DELFIELD EEZER-DELFIELD MPUTER MOLER	Date 01011996 01011998 05181998 05262000 05262000 10192000 03102000 09182000	1,616 2,400 5,000	Adjustment perce 10 10	iness entage 0.00 0.00	F Section 179	For your records of Bonus depreciation	Depreciable					urity number/Ell	N .	
TH COUNTY OUTREACH Description MPUTER PIER LEPHONE MPUTER NETWORK MPUTER NETWORK MPUTER LEEZER-DELFIELD LEEZER-DELFIELD MPUTER HOLER	01011996 01011998 05181998 05262000 05262000 10192000 03102000	5 3,475 3 1,616 3 2,400 5,000	Adjustment perce 10 10	entage 0.00								•	N I I I I I I I I I I I I I I I I I I I	
Description MPUTER DPIER ELEPHONE MPUTER NETWORK MPUTER NETWORK MPUTER EEZER-DELFIELD EEZER-DELFIELD MPUTER MOLER	01011996 01011998 05181998 05262000 05262000 10192000 03102000	5 3,475 3 1,616 3 2,400 5,000	Adjustment perce 10 10	entage 0.00							33	-0330233	,	
MPUTER DPIER LEPHONE MPUTER NETWORK MPUTER NETWORK MPUTER EEZER-DELFIELD EEZER-DELFIELD MPUTER OLER	01011996 01011998 05181998 05262000 05262000 10192000 03102000	5 3,475 3 1,616 3 2,400 5,000	Adjustment perce 10 10	entage 0.00										
PIER LEPHONE MPUTER NETWORK MPUTER NETWORK EEZER-DELFIELD EEZER-DELFIELD MPUTER	01011998 05181998 05262000 05262000 10192000 03102000	1,616 2,400 5,000	10				Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
LEPHONE MPUTER NETWORK MPUTER NETWORK MPUTER EEZER-DELFIELD EEZER-DELFIELD MPUTER	05181998 05262000 05262000 10192000 03102000	2,400 5,000		0.00			3,475	5		0	3,475		3,475	
MPUTER NETWORK MPUTER EEZER-DELFIELD EEZER-DELFIELD MPUTER	05262000 05262000 10192000 03102000	5,000	10				1,616	7		0	1,616		1,616	
MPUTER NETWORK MPUTER EEZER-DELFIELD EEZER-DELFIELD MPUTER OLER	05262000 10192000 03102000			0.00			2,400	7		0	2,400		2,400	
MPUTER EEZER-DELFIELD EEZER-DELFIELD MPUTER OLER	10192000 03102000	6,250	10	0.00			5,000	3		0	5,000		5,000	
EEZER-DELFIELD EEZER-DELFIELD MPUTER OLER	03102000		10	0.00			6,250	3		0	6,250		6,250	
EEZER-DELFIELD MPUTER OLER		767	10	0.00			767	3		0	767		767	
MPUTER OLER	09182000	3,275	10	0.00			3,275	5		0	3,260		3,260	
OLER		3,701	10	0.00			3,701	5		0	3,701		3,701	
	11022000	533	10	0.00			533	3		0	533		533	
	06012001	. 379	10	0.00			379	5		0	379		379	
MPUTER EQUIPMENT	08302001	. 300	10	0.00			300	5		0	300		300	
MPUTER EQUIPMENT	09122001	. 300	10	0.00			300	5		0	300		300	
LEPHONE CORD	10092001	. 116	10	0.00			116	7		0	116		116	
MPUTER EQUIPMENT	10162001	. 300	10	0.00			300	5		0	300		300	
MPUTER EQUIPMENT	11152001	. 300	10	0.00			300	5		0	300		300	
MPUTER EQUIPMENT	12142001	. 300	10	0.00			300	5		0	300		300	
MPUTER EQUIPMENT	12142001	1,345	10	0.00			1,345	5		0	1,345		1,345	
FICE EQUIPMENT	12012002	377	10	0.00			377	5		0	377		377	
FICE EQUIPMENT	02012001	. 3,196	10	0.00			3,196	5		0	3,196		3,196	
MODEL 2001	02012001			0.00			3,701	5		0	3,701		3,701	
ORE FIXTURES	02012001	2,377	10	0.00			2,377	5		0	2,377		2,377	
REHOUSE FREEZER	11011998	3,150	10	0.00			3,150	10		0	3,150		3,150	
OD PANTRY	11122004	2,748	10	0.00			2,748	10		0	2,748		2,748	
OTHING CAGE	05092005	808	10	0.00			808	5		0	808		808	
UIPMENT-ROLL N FOL	07252006	1,107	10	0.00			1,107	3		0	1,107		1,107	
FICE EQPMNT-DATABA	02222006	1,750	10	0.00			1,750	3		0	1,750		1,750	
FICE EQPMNT-DATABA	05152006	1,278	10	0.00	-		1,278	3		0	1,278		1,278	
ONE SYSTEM	12092009	4,405	10	0.00			4,405	5		0	4,405		4,405	
MP & SCALE	06242009	2,344	10	0.00			2,344	5		0	2,344		2,344	
RVER UPGRADE	06102010	4,012	10	0.00			4,012	5		0	4,012		4,012	
'F	TICE EQPMNT-DATABAS TICE EQPMNT-DATABAS NNE SYSTEM NP & SCALE	TICE EQPMNT-DATABAS 02222006 TICE EQPMNT-DATABAS 05152006 NE SYSTEM 12092009 IP & SCALE 06242009	FICE EQPMNT-DATABAS         02222006         1,750           FICE EQPMNT-DATABAS         05152006         1,278           NNE SYSTEM         12092009         4,405           IP & SCALE         06242009         2,344	PICE EQPMNT-DATABAS         02222006         1,750         10           PICE EQPMNT-DATABAS         05152006         1,278         10           DNE SYSTEM         12092009         4,405         10           IP & SCALE         06242009         2,344         10	PICE EQPMNT-DATABAS         02222006         1,750         100.00           PICE EQPMNT-DATABAS         05152006         1,278         100.00           DNE SYSTEM         12092009         4,405         100.00           IP & SCALE         06242009         2,344         100.00	PICE EQPMNT-DATABAS         02222006         1,750         100.00           PICE EQPMNT-DATABAS         05152006         1,278         100.00           DNE SYSTEM         12092009         4,405         100.00           IP & SCALE         06242009         2,344         100.00	PICE EQPMNT-DATABAS         02222006         1,750         100.00           PICE EQPMNT-DATABAS         05152006         1,278         100.00           DNE SYSTEM         12092009         4,405         100.00           IP & SCALE         06242009         2,344         100.00	CICE EQPMNT-DATABAS         02222006         1,750         100.00         1,750           CICE EQPMNT-DATABAS         05152006         1,278         100.00         1,278           DNE SYSTEM         12092009         4,405         100.00         4,405           IP & SCALE         06242009         2,344         100.00         2,344	PICE EQPMNT-DATABAS       02222006       1,750       100.00       1,750       3         PICE EQPMNT-DATABAS       05152006       1,278       100.00       1,278       3         DNE SYSTEM       12092009       4,405       100.00       4,405       5         IP & SCALE       06242009       2,344       100.00       2,344       5	PICE EQPMNT-DATABAS       02222006       1,750       100.00       1,750       3         PICE EQPMNT-DATABAS       05152006       1,278       100.00       1,278       3         DNE SYSTEM       12092009       4,405       100.00       4,405       5         IP & SCALE       06242009       2,344       100.00       2,344       5	PICE EQPMNT-DATABAS       02222006       1,750       100.00       1,750       3       0         PICE EQPMNT-DATABAS       05152006       1,278       100.00       1,278       3       0         NNE SYSTEM       12092009       4,405       100.00       4,405       5       0         IP & SCALE       06242009       2,344       100.00       2,344       5       0	PICE EQPMNT-DATABAS       02222006       1,750       100.00       1,750       3       0       1,750         PICE EQPMNT-DATABAS       05152006       1,278       100.00       1,278       3       0       1,278         NNE SYSTEM       12092009       4,405       100.00       4,405       5       0       4,405         IP & SCALE       06242009       2,344       100.00       2,344       5       0       2,344	PICE EQPMNT-DATABAS       02222006       1,750       100.00       1,750       3       0       1,750         PICE EQPMNT-DATABAS       05152006       1,278       100.00       1,278       3       0       1,278         NNE SYSTEM       12092009       4,405       100.00       4,405       5       0       4,405         IP & SCALE       06242009       2,344       100.00       2,344       5       0       2,344	PICE EQPMNT-DATABAS       02222006       1,750       100.00       1,750       3       0       1,750       1,750         PICE EQPMNT-DATABAS       05152006       1,278       100.00       1,278       3       0       1,278       1,278         NNE SYSTEM       12092009       4,405       100.00       4,405       5       0       4,405       4,405         IP & SCALE       06242009       2,344       100.00       100.00       2,344       5       0       2,344       2,344

	n is included in UBIA ection 199A calculations.					Depred	ciation Deta Program Servi	•						2018 PAGE 3	
	"UBIA" in lower right corner.					F	or your records o	only							
	(s) as shown on return							<b>,</b>				Social sec	urity number/EI	1	
S	SOUTH COUNTY OUTREACH											33	-0330233		
No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
61	HEAT PUMP CONDENSER	12212010	2,000		100.00		·	2,000	5		0	2,000		2,000	
62	2 UNIT SWING DOOR RFR	04072011	L 5,487		100.00			5,487	5		0	5,487		5,487	
63	15 DONATED TOSHIBA LA	05012011	L 9,497		100.00			9,497	5		0	9,497		9,497	
64	DONATED COMPUTERS	09032009	12,936		100.00			12,936	5		0	12,936		12,936	
65	DONATED COMPUTERS, LCD	06302012	2 10,012		100.00			10,012	5		0	10,012		10,012	
66	AIR FREEZER	01172014	3,975		100.00			3,975	10	SL HY	10	1,390	397	1,787	398
67	IMPROVEMENTS-7 WHATLE	06302014	11,230		100.00			11,230	20	SL HY	5	1,964	561	2,525	562
68	IMPROVEMENTS - 7 WHAT	01212015	5 7,049		100.00			7,049	20	SL MQ	5	1,012	352	1,364	352
69	AUTOMOBILE - 2007 GMC	12312015	5 25,528		100.00			25,528	5	SL MQ	20	9,094	1,975	11,069	1,975
70	SUN ICE REFRIDGERATOR	08192015	5 2,699		100.00			2,699	10	SL MQ	10	641	270	911	270
71	VARIOUS IMPROVEMENTS	06302016	5 15,549		100.00			15,549	10	SL HY	10	2,332	1,555	3,887	1,555
72	VARIOUS IMPROVEMENTS	06302016	5 14,243		100.00			14,243	10	SL HY	10	2,136	1,424	3,560	1,424
73	EQUIPMENT REFRIDGERAT	06302016	5,030		100.00			5,030	5	SL HY	20	1,509	1,006	2,515	1,006
74	LEASE IMPROVEMENTS-PA	01012017	14,243		100.00			14,243	5	SL HY	20	1,424	2,849	4,273	2,849
75	EQUIPMENT-FREEZER	06302017	5,030		100.00			5,030	5	SL HY	20	503	1,006	1,509	1,006
	LEASEHOLD IMPROVMENTS	06302018	3 2,049		100.00			2,049	5	SL HY	10		205	205	205
77	Computers and equip	01302018	3 19,310		100.00			19,310	5	SL HY	10		1,931	1,931	1,931
	Totals		2,359,571					2,359,571				1,476,606	87,547	1,564,153	87,545
	Land Amount				I					9 and CY Bo	1		,	ST ADJ:	

Land Amount Net Depreciable Cost

2,359,571

CY 179 and CY Bonus TOTAL CY Depr including 179/bonus ST ADJ: 87,547

# TAXABLE YEARCalifornia Exempt Organization2018Annual Information Return

Calenda	Year 2018 or fiscal year beginning (mm/dd/yyyy)		, and endi	ing (mm/dd/yyyy)	
Corporation	/Organization name			California co	prporation number
SOUT	H COUNTY OUTREACH			1453	101
Additional i	nformation. See instructions.			FEIN	
				33-0	330233
Street add	ess (suite or room)				PMB no.
<u>7 WH</u>	ATNEY APT STE B				
City				State	ZIP code
IRVI				CA	92618
Foreign co	Intry name Fo	oreign province/state/c	ounty		Foreign postal code
A First Re			J If exempt under R&TC Section 23	-	
B Amende	tion 4947(a)(1) trust		engaged in political activities? Se K Is the organization exempt under		
	prmation Return ?		If "Yes," enter the gross receipts f	-	
	ssolved Surrendered (Withdrawn) Merged/Reo	rganized	L If organization is a public charity e		۳ on 23701d and
-	te: (mm/dd/yyyy)	-gamzou	meets the filing fee exception, che		
	ccounting method: (1) Cash (2) X Accrual	🕅			
	return filed? (1)	Yes X No			
(4) X C	ther 990 series				
<b>G</b> Is this a	group filing? See instructions	Yes 🛛 No			
H Is this o	I Is this organization in a group exemption · · · · · · · · · · · · · · · · · · ·				
If "Yes,"	what is the parent's name?		audited in a prior year?		••••••••••••••••••••••••••••••••••••••
		_	P Is federal Form 1023/1024 pendir	ng? •••••	···· Yes 🛛 No
I Did the	rganization have any changes to its guidelines		Date filed with IRS		
not repo	ted to the FTB? See instructions	Yes X No			
Part I	Complete Part I unless not required to file this form. See Ge		and C.		
	1 Gross sales or receipts from other sources. From Side 2, F	Part II, line 8 • •		• • • • • • • • •	1 131,956 00
	2 Gross dues and assessments from members and affiliates			• • • • • • • • •	2 00
Receipts and	<b>3</b> Gross contributions, gifts, grants, and similar amounts rece			• • • • • • • •	3 2,616,203 00
Revenues	4 Total gross receipts for filing requirement test. Add line 1 th		mation D		4 2.748.159 00
	This line must be completed. If the result is less than \$50,           5         Cost of goods sold	,000, see General Inio			2//10/100
	<ul> <li>5 Cost of goods sold</li> <li>6 Cost or other basis, and sales expenses of assets sold</li> </ul>				10
	<ul> <li>Total costs. Add line 5 and line 6</li> </ul>		• _ • _ • _ • _ • _ • _ • _ • _ • _ • _		7 00
	8 Total gross income. Subtract line 7 from line 4 • • • •				8 2,748,159 00
	9 Total expenses and disbursements. From Side 2, Part II, lir				<b>9</b> 2,872,710 00
Expenses	10 Excess of receipts over expenses and disbursements. Sub	otract line 9 from line 8			10 (124,551) 00
	11 Total payments			<del></del>	11 00
Filing	12 Use tax. See General Information K • • • • •				12 00
Filing Fee	13 Payments balance. If line 11 is more than line 12, subtract I	line 12 from line 11	•••••		13 00
	14 Use tax balance. If line 12 is more than line 11, subtract line	e 11 from line 12	•••••		14 00
	<b>15</b> Filing fee \$10 or \$25. See General Information F • • •		•••••		- <u>15</u> 00
	16 Penalties and Interest. See General Information J • • •		•••••		· 16 00
	17 Balance due. Add line 12, line 15, and line 16. Then subtract Under penalties of perjury, I declare that I have examined this			and to the best of my know	ledge and belief, it is
Sign	true, correct, and complete. Declaration of preparer (other that	an taxpayer) is based o	n all information of which preparer has	s any knowledge.	-
Here	Signature		Title	Date	
	of officer LARA FISHER			04/25/2019	949-380-8144
	Preparer's		Date 05/03/2019	Check if self-	● <sup>ptin</sup> P00758088
Paid	signature		P3/03/2019	empioyed 🕨 📘	Firm's FEIN
Preparer's Use Only	Firm's name (or yours, if self-employed) GRUBER	AND ASSOC	TATES		
	and address	NEWPORT			Telephone
		BEACH, C			949-346-2900
	May the FTB discuss this return with the preparer shown abov				Yes No

Г

043



Part	<b>o i</b>			—			
	regardless of amount of gross receipts - con	nplete Part II or furnish	substitute information.			33-033023	<u>33</u>
	1 Gross sales or receipts from all business ad	ctivities. See instructions		<b>.</b>	1	127,904	00
	<b>2</b> Interest • • • • • • • • • • • • • • • • • • •				2	4,052	00
	3 Dividends				3		00
Receip from	ts <b>4</b> Gross rents				4		00
Other	<b>5</b> Gross royalties				5		00
Source				-	6		00
				•	7		00
	8 Total gross sales or receipts from other sources. Add lin			•	8	121 050	00
	9 Contributions, gifts, grants, and similar amo	•			9	131,956	00
		•		•	<u> </u>		00
	-			•	10		
	<b>11</b> Compensation of officers, directors, and tru			•	11	143,819	00
	<b>12</b> Other salaries and wages			•	12	439,681	00
Expense				•	13	14,201	00
and Disbur	se- 14 Taxes			• • • • • •	14		00
ments	15 Rents			· · · · · · · •	15	183,354	00
	<b>16</b> Depreciation and depletion (See instruction			-	16	85,616	00
	17 Other Expenses and Disbursements. Attack	n schedule		<b>.</b>	17	2,006,039	00
	18 Total expenses and disbursements. Add lin	e 9 through line 17. Enter	here and on Side 1, Par	t I, line 9 🛛 🔹 •	18	2,872,710	00
Sch	edule L Balance Sheet	Beginning of t	taxable year	End	of ta:	xable year	
Ass	ets	(a)	(b)	(c)		(d)	
1 (	Cash • • • • • • • • • • • • • • • • • • •		1,029,148			697,1	55
2	Net accounts receivable		29,057			45,6	
	Net notes receivable		137001			10,0	
	nventories		107,600			112,9	250
	Federal and state government obligations • • • •		107,000			• 112,9	.30
	nvestments in other bonds					•	
						•	
	nvestments in stock					• 208,1	.62
	Mortgage loans					•	
	Other investments. Attach schedule					•	
	a Depreciable assets	2,325,741		2,359,	572		
	<b>b</b> Less accumulated depreciation <b>····</b>	( 1,476,296)	849,445	( 1,561,	<u>912</u>	) 797,6	60
	_and • • • • • • • • • • • • • • • • • • •					•	
12	Other assets. Attach schedule • • • • • • • • • • • • • • • • • • •		30,777			• 18,3	397
13	Total assets		2,046,027			1,879,9	98
Liab	ilities and net worth						
14	Accounts payable • • • • • • • • • • • • • • • • • • •		64,035			<b>•</b> 55,0	)84
15	Contributions, gifts, or grants payable						
16	Bonds and notes payable						
	Mortgages payable		392,001			• 359,3	357
	Other liabilities. Attach schedule		11,208			11,3	
	Capital stock or principal fund		11,200		_		125
	Paid-in or capital surplus. Attach reconciliation					•	
	Retained earnings or income fund		1 570 702		_	1 454 0	
	Fotal liabilities and net worth		1,578,783			1,454,2	
		with income new returns	2,046,027			1,879,9	198
Sch	edule M-1 Reconciliation of income per books						
	Do not complete this schedule if the a		e 13, column (d), is less th 7 Income recorded or				
	Net income per books	• (124,551)					
	ederal income tax	•	dule	•			
3	Excess of capital losses over capital gains ••••	•	8 Deductions in this re	eturn not charged			
4	ncome not recorded on books this year.		against book incom	•			
	Attach schedule	•	Attach schedule •			-	
5	Expenses recorded on books this year not		9 Total. Add line 7 and	l line 8 • • • • •			
	deducted in this return. Attach schedule		10 Net income per retu	rn.			
6	Total. Add line 1 through line 5	(124,551)	Subtract line 9 from			. (124,5	551)

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## CA 199 PART I, LINE 3 CONTRIBUTIONS

	nia Form 199 Supporting Statem	ents   2	018
California Form 199 Part I - Line 3 Gross contributions.	gifts, grants, and similar amounts received, Part I, Line 3	PC	G01
Name(s) shown on return		Identifying	
SOUTH COUNTY OUTREA		33-033	
<b>(a)</b> Contributor's Name	<b>(b)</b> Contributor's Address	<b>(c)</b> Date Received	<b>(d)</b> Amount Received
BANK OF AMERICA	7 WHATLEY Irvine, CA 92618		

10041.	
CA FORM 199, SIDE 2, PART II, LINE 17-OTHER E	<b>KPENSES</b>
Description	Amount
	\$ 46,185
PAYROLL TAXES	49,399
ACCOUNTING	9,975
PROFESIONAL SERVICES	22,942
ADVERTISING-PUBLIC RELATIONS	6,64
OFFICE EXPENSES	130,026
TRAVEL	24,342
CONFERENCE MEETINGS	23,200
INSURANCE	14,964
CLIENT TRAINING	61,559
TRANSITIONAL HOUSING	159,144
RENT UTILITY ASSISTANCE	111,858
IN KIND FOOD	1,217,674
FOOD	16,86
UTILITIES AND TELEPHONE	53,407
REPAIRS AND MAINTENANCE	24,332
IN KIND OTHER	14,460
MISCELLANEOUS	
LICENSE AND FEES	<u>19,054</u> \$ 2,006,039
VFLOW.LD	

## CAOVFLOW

Name(s) as shown on return

SOUTH COUNTY OUTREACH

#### CA FORM 199, SIDE2, PART II, LINE-1 BUSINESS ACTIVITES

State Supporting Statements

Description	Amount	
TRANSITIONAL HOUSING RENT	\$	127,904
Total:	\$	127,904

MAIL TO:

Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 (916) 210-6400

WEB SITE ADDRESS:

http://ag.ca.gov/charities/\_

## ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Section 12586 and 12587, California Government Code 11 Cal. Code Regs. section 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

	F 0 4			
State Charity Registration Numbe $CT - 081594$		Check if:		
SOUTH COUNTY OUTREACH		Change of address		
Name of Organization		Amended report		
7 WHATNEY Address (Number and Street)		Corporate or Organization No. 1453101		
Address (Number and Street) Irvine, CA 92618		$\frac{1+3}{2}$	5101	
City or Town, State and ZIP Code		Federal Employer I.D. No. 33 -	-0330233	
City of fown, State and Zir Code			0330233	
	RENEWAL FEE SCHEDULE (11 Cal. Code	Regs sections 301-307 311 and 312)		
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312) Make Check Payable to Attorney General's Registry of Charitable Trusts				
Gross Annual Revenue Fee	Gross Annual Revenue Fee		Fee	
			<u></u>	
Less than \$25,000 0	Between 100,001 and \$250,000 \$50	Between \$1,000,001 and \$10 millio	n \$150	
Between \$25,000 and \$100,000 \$25	Between \$250,001 and \$1 million \$75			
		Greater than \$50 million	\$300	
PART A - ACTIVITIES				
	period (beginning $01 - 01 - 2018$	ending 12-31-2018 ) list:		
For your most recent full accounting period (beginning $01-01-2018$ ending $12-31-2018$ ) list:				
Gross annual revenue \$	2,748,159 Total assets \$	1,879,998		
		± 10121200	-	
PART B - STATEMENTS REGARDING	ORGANIZATION DURING THE PERIC	DD OF THIS REPORT		
Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes"				
response. Please review RRF-1 instruct		, <u></u>	Yes No	
	tracts, loans, leases or other financial transactions	between the organization and any		
officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		Х		
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X		
3. During this reporting period, did non-program expenditures exceed 50% of gross revenue?			X	
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the				
			X	
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes,"				
provide an attachment listing the name, address, and telephone number of the service provider.				
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of				
the agency, mailing address, contact person, and telephone number.				
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the				
number of raffles and the date(s) they occurred.		-	X	
8. Does the organization conduct a vehicle donation	on program? If "yes," provide an attachment indica	ting whether the program is operated		
by the charity or whether the organization contra	acts with a commercial fundraiser for charitable pur	poses.	X	
9. Did your organization have prepared an audited	I financial statement in accordance with generally a	accepted accounting principles for this		
reporting period?			X	
Organization's area code and telephone number	949-380-8144		•	
Organization's e-mail address	WWW.SCO-OC.ORG			
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief,				
it is true, correct and complete.				
	LARA FISHER	CEO 04	4-25-2019	
Signature of authorized officer	Printed Name	Title	Date	

## ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, 311 and 312

### **STATEMENT INFORMATION**

Name as shown on return: SOUTH COUNTY OUTREACH FEIN 33-0330233

Line 6- Governmental Funding: (1) City Laguna Niguel, 27781 La Paz Rd, Laguna Niguel,92677; (2)City Lake Forest, 2550 Commercentre dr, Ste 100, Lake Forest, CA 92630; (3)City Mission Viejo, 200 Civic Center, Mission Viejo, 92691;

(4)Rescare, 17671 Irvine Blvd, Tustin; (5)Rancho Santa Margarita, 2212 El Paseo, RSM, CA 92688; (6) City Irvine, PO Box 19575, Irvine, CA 92623; (7) Emergency Food & Shelter, 18012 Mitchell South, Irvine, CA 92614, Garden Grove, CA 92843.