Form

990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047 2020

Open to Public

Under section	501(c), 527, o	r 4947(a)(1)	of the Internal	Revenue Co	ode (except p	orivate foundati	ions)
							,

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

•		the Treasury			-	y numbers on this	-		-		Open to Public			
	ternal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspect For the 2020 calendar year, or tax year beginning , 2020, and ending , 20													
	or the	2020 calendar					, 2020,	and end	ing		·			
Вс	heck if a	applicable:	C Name	of organizationSC	OUTH COUNTY C	OUTREACH				D Empl	oyer identification number			
	ddress c	change	Doing	business as				-			33-0330233			
_	ame cha	ange	Numb	er and street (or P.	O. box if mail is not deliv	vered to street address)		Room/su	ite	E Telep	hone number			
I In	itial retu	rn	7 WHZ	ATNEY					STE B		(949)380-8144			
E Fi	nal retu	rn/terminated	City o	r town, state or pro	vince, country, and ZIP o	or foreign postal code				G Gros	s receipts			
	mended	return	Irvir	ne, CA 926	18					\$	4,142,790			
Δ Α	oplicatio	n pending	F Name	and address of pri	ncipal officer:				H(a) Is this a	group return	for subordinates? Yes X No			
									H(b) Are all	subordinat	es included? Yes No			
I Ta	ax-exem	pt status: X 5	01(c)(3)	501(c) () 🗲 (insert no.)	4947(a)(1) or	527		lf "No,"	attach a lis	st. See instructions			
JW	ebsite:	<u>► www.</u>	SCO-OC.	ORG					H(c) Group	exemption	number 🕨			
		·	Corporation	Trust Ass	ociation 🗌 Other 🕨	•	L Year of formation	tion: 198	38 м.:	State of leg	gal domicile: CA			
Par	tI	Summary												
	1	Briefly describe	e the orgar	nization's missi	on or most significa	ant activities: P	ROVIDES HUI	NGER A	ND HOME	LESSNI	ESS PREVENTION			
ø		PROGRAMS	IO UNDE	REMPLOYED	, UNEMPLOYED	AND HOMELES	S FAMILIES	, SENI	ORS, AN	D VETI	ERANS. PROGRAMS			
anc		INCLUDE TRANSITIONAL HOUSING, FOOD PANTRY, RAPID REHOUSING, RENT & UTILITY ASSISTANCE,												
srne		COMPUTER 7	<u> TRAININ</u>	G, AND CL	OTHING.									
Activities & Governance	2	Check this box	: 🕨 📙 if th	ne organizatior	discontinued its o	perations or dispos	ed of more than	25% of its	s net assets	i.	I			
ୁ ଅ	3	Number of voti	ng membe	ers of the gover	rning body (Part VI	, line 1a) • • •				. 3	18			
es	4	Number of inde	ependent v	oting member	s of the governing	body (Part VI, line ´	1b)			. 4	18			
viti	5	Total number o	of individua	ls employed in	calendar year 202	20 (Part V, line 2a)				. 5	19			
Acti	6	Total number o	of voluntee	rs (estimate if r	necessary)					. 6				
4	7a	Total unrelated	business	revenue from I	Part VIII, column (C	C), line 12 • • •				. 7a	0			
	b	Net unrelated b	ousiness ta	axable income	from Form 990-T, I	Part I, line 11 ••		<u></u>		. 7b	0			
									Prior Year		Current Year			
	8	Contributions a	and grants	(Part VIII, line	1h)			•	2,660	,044	3,841,500			
anı	9	Program servio	ce revenue	e (Part VIII, line	2g)			•	119	,498	138,029			
Revenue	10	Investment inc	ome (Part	VIII, column (A), lines 3, 4, and 7	d)		•	8	3,216	7,776			
Re	11	Other revenue	(Part VIII,	column (A), lin	es 5, 6d, 8c, 9c, 10	0c, and 11e) ••		·	307	,966	155,485			
	12	Total revenue -	add lines	8 through 11 (I	must equal Part VII	II, column (A), line	12)		3,095	5,724	4,142,790			
	13			• •	X, column (A), line	,		·			0			
	14	Benefits paid to	o or for me	mbers (Part IX	, column (A), line 4	4)		·			0			
s	15	Salaries, other	compensa	ation, employee	e benefits (Part IX,	column (A), lines 5	-10)	·	663	8,648	882,296			
Expenses	16a	Professional fu	Indraising	fees (Part IX, c	olumn (A), line 11e	e)		•			0			
per	b	Total fundraisir	ng expense	es (Part IX, col	umn (D), line 25)	<u>ا</u>	86,255							
ŭ	17	Other expense	s (Part IX,	column (A), lir	nes 11a-11d, 11f-24	1e)		•	2,374	,112	2,705,986			
	18	Total expenses	s. Add line	s 13-17 (must	equal Part IX, colu	mn (A), line 25)		·	3,037	,760	3,588,282			
	19	Revenue less	expenses.	Subtract line	18 from line 12				57	,964	554,508			
Net Assets or Fund Balances	1							Begi	nning of Curr	ent Year	End of Year			
sets alan	20	Total assets (P	art X, line	16)				·	1,912	2,556	2,418,363			
t As	21	Total liabilities	(Part X, lin	e 26) • • • •				·	400	,360	351,659			
	22			ces. Subtract l	ine 21 from line 20				1,512	2,196	2,066,704			
Par	t II	Signature	e Block											
						ring schedules and stater rmation of which prepare		of my know	ledge and beli	ef, it is				
			idaen er prop				i nao any miomougo.							
Ciar			BREWER											
Sigr		Signature o	of officer							Da	ite			
Here)		BREWER											
		<u>, , , , , , , , , , , , , , , , , , , </u>	nt name and t	title	1						·			
		Print/Type prepa	irer's name		Preparer's signature		Date		Check	if	PTIN			
Paic		RON LOPE	Z		RON LOPEZ	Ron lopez	05-03-20)21	self-em	ployed	P00758088			
-	barer													
Use	Only	Firm's address	•											
					Beach CA 926					949-	346-2900			
-					own above? (see ir						X Yes 🗌 No			
For P	aperw	ork Reduction	Act Notic	ce, see the se	parate instruction	IS.					Form 990 (2020)			

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Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		<u>[</u>
1	Briefly describe the organization's mission:		
	PROVIDES HUNGER AND HOMELESSNESS PREVENTION PROGRAMS TO UNDEREMPLOYED, UNEMPLO	YED AND HOM	ELESS
	FAMILIES, SENIORS, AND VETERANS. PROGRAMS INCLUDE TRANSITIONAL HOUSING, FOOD F	ANTRY, RAPI	0
	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?	🗌 Yes	<u>x</u> No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	_	_
	services?	🗌 Yes	<u>x</u> No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured		
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	ers,	
	the total expenses, and revenue, if any, for each program service reported.		
		-	
4a	(Code:) (Expenses \$ 3,232,353 including grants of \$) (Revenue	\$)
	SINCE 1989, SOUTH COUNTY OUTREACH (SCO) HAS BEEN SERVING THE AREA'S MOST VULNE		
	THROUGH HOMELESS & HUNGER PREVENTION SERVICES. ASSITING RESIDENTS IN 12 SOUTH		ſY
	COMMUNITIES, SCO IS A NON-SECRETARIAN ORGANIZATION DEDICATED TO HELPING THE UN		
	UNDEREMPLOYED, HOUSEHOLDS IN CRISIS, & THE HOMELESS. MANY OF OUR CLIENTS STRUG		
	MAKING MINIMUM WAGE. ANNUALLY, SOUTH COUNTY OUTREACH ASSISTS MORE THAT 9,000 F WHICH ARE CHILDREN AND 15% ARE SENIORS. INCLUDED IN OUR ANNUAL SERVICES ARE: A		
	PANTRY WITH REFRIGERATION & FREEZER STORAGE TO DISTRIBUTE ALMOST 1 MILLION POU		
	CONDOMINIUMS USED FOR HOUSING 30 HOMELESS FAMILIES; A WORKFORCE DEVELOPMENT PR		
	COMPUTER TRAINING FOR 500 STUDENTS; RENTAL & UTILITY ASSISTANCE DISTRIBUTED TO		
	HOUSEHOLDS; AND A THRIFT STORE. SCO RELIES ON 250 WEEKLY SCHEDULED VOLUNTEERS		
	PANTRY TRANSPORTATION AND DISTRIBUTION.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
40		Ψ	/
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 3,232,353		000 (2020)
			- 000 (0000)

Pa	art IV	Checklist of Required Schedules			
				Yes	No
1	Is the	e organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			1
	com	plete Schedule A	1	х	1
2	Is the	e organization required to complete Schedule B, Schedule of Contributors See instructions?	2	х	
3	Did t	he organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
		idates for public office? If "Yes," complete Schedule C, Part I	3		x
4		ion 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	-		
-		ion in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5		e organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		<u> </u>
5		ssments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
c			5		<u> </u>
6		he organization maintain any donor advised funds or any similar funds or accounts for which donors			1
		the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			1
		" complete Schedule D, Part I	6		x
7		he organization receive or hold a conservation easement, including easements to preserve open space,			1
		nvironment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8		he organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			1
	com	olete Schedule D, Part III • • • • • • • • • • • • • • • • •	8		х
9		he organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			1
	custo	dian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			1
	debt	negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did t	he organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in	quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the	organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
		/III, IX, or X as applicable.			
á	a Did t	he organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
		olete Schedule D, Part VI	11a	x	1
		he organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			<u> </u>
		total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
		he organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
		total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		v
		total assets reported in rank with the rost in rest, complete schedule <i>D</i> , rank with the rost is total assets he organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		x
		ted in Part X, line 16? If "Yes," complete Schedule D, Part IX	444		
			11d		x
		he organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	х	<u> </u>
1		he organization's separate or consolidated financial statements for the tax year include a footnote that addresses			1
		rganization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a		he organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			1
		edule D, Parts XI and XII	12a	Х	
b		the organization included in consolidated, independent audited financial statements for the tax year? If			1
	"Yes	" and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the	e organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did t	he organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did t	he organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			1
	fundr	aising, business, investment, and program service activities outside the United States, or aggregate			1
	forei	gn investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did t	he organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			1
	for a	ny foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did t	he organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assis	tance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did t	he organization report a total of more than \$15,000 of expenses for professional fundraising services on			
		IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		x
18		he organization report more than \$15,000 total of fundraising event gross income and contributions on			
		VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19		he organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
			19		v
20 -		he organization operate one or more hospital facilities? If "Yes," complete Schedule H			x
20 a			20a		x
		es" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		├
21		he organization report more than \$5,000 of grants or other assistance to any domestic organization or	~		
	aome	estic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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SOUTH COUNTY OUTREACH

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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		х
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		х
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		05-		
	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?		0.51		
	If "Yes," complete Schedule L, Part I		25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%		26		
27	controlled entity or family member or any of these persons? <i>If "Yes," complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key		26		x
21	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee				
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these				
	persons? If "Yes," complete Schedule L, Part III		27		v
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part		21		x
20	IV instructions, for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If				
a	"Yes," complete Schedule L, Part IV		28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		28b		x
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If		200		
C	"Yes," complete Schedule L, Part IV		28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	,			
	conservation contributions? If "Yes," complete Schedule M		30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"		•••		
	complete Schedule N, Part II		32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		-		
	or IV, and Part V, line 1		34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a				
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		35b		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		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and				
	19? Note: All Form 990 filers are required to complete Schedule O.		38	x	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance				
			<u></u>	<u> </u>	
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	18			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable Ib	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and				
	reportable gaming (gambling) winnings to prize winners?		1c	х	
			_	/-	

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Par	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 19			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
20	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	2-		
3a ⊾	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		x
b 4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	30		
70	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country	14		<u> </u>
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70		
А	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c		<u>x</u>
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	76 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
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 organizations maintaining donor advised funds.			
а	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:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) • • • • • • • • • • • • • • • • • • •			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
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 on Schedule O	14b		L
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
40	If "Yes," see instructions and file Form 4720, Schedule N.	4.5		_
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.			

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Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "I	Vo″		
	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 1a 18			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
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 on 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		x
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
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? If "No," go to line 13	12a	х	
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	х	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
b	Other officers or key employees of the organization	15b	х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
<u></u>	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed California Cation C404 menuines on experimentian to make its Forms 4000 (4004 or 4004 A to and 000 T (Castion F04(c))			
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.			
4.5	Own website Another's website Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Connie O'Hara (949)380-8144, 7 Whatney, Irvine, CA 92618			

Form 990 (202	0) SOUTH COUNTY OUTREACH	33-0330233	Page 7						
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Com Independent Contractors	pensated Employee	es, 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								
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the									
organization's	tax year.								

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

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

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

• List all of the organization's former officers, key employees, and highest compensated employees who received more than

\$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

	eu organizatio		iheu	sale	u ai	iy cum			usiee.	
				((C)					
(A)	(B)		Position					(D)	(E)	(F)
Name and title	Average					nan one s both ar		Reportable	Reportable	Estimated amount
	hours					/trustee)		compensation	compensation	of other
	per week							from the	from related	compensation
	(list any	ln or	In	õ	Ke	en Hi	Fo	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and
	hours for related	divid	stitut	Officer	∘y en	ghes	Forme	(11 2, 1000 11100)	· · · · ·	related organizations
	organizations	Individual trustee or director	nstitutional trustee		Key employee	t col/				
	below	uste	trus		/ee	npe				
	dotted line)	ŏ	stee			Highest compensated employee				
						ğ				
(1) LARA_FISHER	40.00									
FORMER CEO		х				х		106,736	0	0
(2) RENEE STEVENSON	40.00									
DIRECTOR OF OPERATIONS		х						102,942	0	0
(3) LAVAL BREWER	40.00									
CEO		х		х				89,750	0	0
(4) ALICIA SENEL	1.00									
BOARDMEMBER		х						0	0	0
(5) TOM KOUTROULIS	1.00									
BOARDMEMBER		х						0	0	0
(6) RYAN REED	1.00									
BOARDMEMBER		х						0	0	0
(7) SUSAN PIAZZA	1.00									
BOARDMEMBER		х						0	0	0
(8) ELIZABETH PIANALTO	1.00									
BOARDMEMBER		х						0	0	0
(9) KERRY FRANICH	1.00									
PAST CHAIR		х						0	0	0
(10)ROB_ERES	1.00									
BOARDMEMBER		x						0	0	0
(11) CATHY MEDEIROS	1.00									
BOARDMEMBER		х						0	0	0
(12)GREG_MCCLURE	1.00									
BOARDMEMBER		х						0	0	0
(13)BLAINE NELSON	1.00									
BOARDMEMBER		х						0	0	0
(14)RON_NORTH	1.00									
BOARDMEMBER		х						0	0	0
FEA										Form 990 (2020)

Form 990 (2020) Part VII

Page 8

Part VII Section A. Officers, Directors, Trustees	s, Key Emplo	yees,	and	Higl	hest	t Com	pens	sated Employees	(continued)				
				(C)								
(A)	(B)				sition			(D)	(E)			(F)	
Name and title	Average	· ·				han one s both an	n Reportable		Reportable		Estima	ated am	ount
	hours	· ·				/trustee)			compensation			of other	ount
	per week		or and	. c. u.i.	00101	,		from the	from related		com	npensati	on
	(list any	o =	_		Ŧ	ω т	п	organization	organizations			om the	
	hours for	r dir	nstit	Office	Key employee	figh	Forme	(W-2/1099-MISC)	(W-2/1099-MISC)		-	ization organiz	
	related	idua ecto	utio	9	due	est o	Ier				related	organiz	ationio
	organizations	r tr	nal t		loye	epom							
	below	Individual trustee or director	nstitutional trustee		e	bens							
	dotted line)		ă			Highest compensated employee							
						<u>a</u>							
(15)JOHN_MARK_JENNINGS	1.00												
BOARDMEMBER		x						0	c				0
(16)BRANDON_STILLMAN	3.00												
TREASURER		x		x				0	C				0
	2.00							0	L L	<u> </u>			0
(17)JIM PETROS	3.00												
SECRETARY		x		X				0					0
(18)BRIAN_FARRELL	<u>3.00</u>												
VICE CHAIR		х		х				0	0				0
(19)CHERYL FLOHR	3.00												
		x		x				0	C				0
(20)													
<u></u> /													
(21)				-									
(21)													
(22)													
(23)													
(24)													
· - ·													
(25)													
(25)													
1b Subtotal													
				•••	•••	• • •							
c Total from continuation sheets to Part VII, Sect		• • •		•••	• •	• • •	•						
d Total (add lines 1b and 1c)								299,428	C				0
2 Total number of individuals (including but not limite	ed to those lis	ted ab	ove)	who	o rec	eived	more	e than \$100,000 of					
reportable compensation from the organization	•												2
												Yes	No
3 Did the organization list any former officer, directo	r, trustee, key	y empl	oyee	, or l	high	iest coi	mpe	insated					
employee on line 1a? If "Yes," complete Schedule			-		-					. [3		х
4 For any individual listed on line 1a, is the sum of re				and	othe	er com	nen	sation from the			-		
organization and related organizations greater that													
				•			ii c J	IUI SUUTI					
							•••			•	4		х
5 Did any person listed on line 1a receive or accrue			-			-		ation or individual					
for services rendered to the organization? If "Yes,"	' complete Sc	chedule	e J fo	or su	ch p	person				•	5		х
Section B. Independent Contractors													
1 Complete this table for your five highest compensation	ated independ	dent co	ontrac	ctors	s tha	at recei	ved	more than \$100,00	0 of				
compensation from the organization. Report comp	ensation for t	the cal	enda	ir yea	ar ei	nding v	with	or within the organ	zation's tax year				
(A)								(B)			(C)		
Name and business addres	s							Description of servic	es	Cc	ompensa	ation	
								,					
2 Total number of independent contractors (including	g but not limit	ed to t	hose	liste	ed al	bove) v	who						
received more than \$100,000 of compensation from	m the organiz	zation	►	•									
· · ·											orm Q		

Form 99		20) SOUTH	CC	UNTY OUTR	REAC	H			33-03302	233 Page 9
Part	VIII	Statement of Rev	enu	le						_
		Check if Schedule O cc	ontair	is a response	or no	ote to any line in this	Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	_ 1a	Federated campaigns .			1a					
٥, 'n	b	Membership dues		[1b					
unt	c	Fundraising events	• •	· · · · ·	1c					
s, G Amo	d	Related organizations .			1d					
lar /	e	Government grants (conti		· · -	1e	384,405				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gif and similar amounts not in	ncluc	led above	1f	3,457,095				
lot	g	Noncash contributions inc			4	¢ 1 000 505				
and	L .					\$ 1,299,507	2 0 4 1 5 0 0			
	n	Total. Add lines 1a-1f	• •		•••	Business Code	3,841,500			
	22	TRANSITIONAL HOUS		ENTT		532000	138,029	138,029		
Program Service Revenue	b	TRANSITIONAL HOUS				552000	130,029	130,029		
serv iue	c									
ven Ven	d									
grai Re	e									
jo Lo	-	All other program service r	ever	ue	<u> </u>					
		Total. Add lines 2a-2f				L	138,029			
	3	Investment income (includ				-	100,015			
	ľ	other similar amounts)					7,776	7,776		
	4	Income from investment of								
	5	Royalties								
		,		(i) Real		(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	c	Rental income or (loss)	6c							
	d	Net rental income or (loss)				ト				
	7a	Gross amount from		(i) Securities	5	(ii) Other				
		sales of assets								
		other than inventory	7a							
	b	Less: cost or other basis								
ue		and sales expenses	7b							
ven	c	Gain or (loss)	7c							
Other Revenu	d	Net gain or (loss)	• •			· · · · · · •				
Jer	8a	Gross income from fundrai	sing							
ş		events (not including \$								
		of contributions reported of	n line)						
		1c). See Part IV, line 18	•••		8a					
		Less: direct expenses .			8b					
	c	Net income or (loss) from f	undr	aising events	<u> </u>	· · · · · · •				
	9a	Gross income from gaming								
		activities, See Part IV, line			9a					
		Less: direct expenses .			9b					
	c	Net income or (loss) from (gami	ng activities	<u></u>	· · · · · · •				
	10a	Gross sales of inventory, le								
		returns and allowances .			10a					
		Less: cost of goods sold			10b	-				
	C	Net income or (loss) from s	sales	of inventory	• •		153,549	153,549		
						Business Code				
e						532000	1,936	1,936		
anc inu	b							ļ		
Miscellanous Revenue	C									
Mis R		All other revenue								
		Total. Add lines 11a-11d					1,936			
	12	Total revenue. See instruc	ctions			•	4 142 790	301,290	0	0

 Part IX
 Statement of Functional Expenses

 Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Sect	ion $501(c)(3)$ and $501(c)(4)$ organizations must complete all column	3	•	()	
	Check if Schedule O contains a response or note to a	,			
	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
•	and domestic governments. See Part IV, line 21 Grants and other assistance to domestic				
2	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
3	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
5	trustees, and key employees	299,428	251,519	41,919	5,990
6	Compensation not included above, to disgualified	233,420	231,319	41,919	5,550
Ū	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	474,290	398,404	66,402	9,484
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	46,650	39,186	6,531	933
10	Payroll taxes	61,928	52,019	8,670	1,239
11	Fees for services (nonemployees):	-	-		
а	Management				
b	Legal				
С	Accounting	10,251	6,663	3,588	
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.) •••	118,426	118,426		
12	Advertising and promotion	56,364			56,364
13	Office expenses	118,307	76,900	41,407	
14	Information technology				
15	Royalties				
16	Occupancy	195,222	175,700	19,522	
17		29,740	23,792	5,948	
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	56.000	45.622	0.405	·
19 20	Conferences, conventions, and meetings	56,039	47,633	8,406	<u> </u>
20 21	Payments to affiliates	9,729	9,729		
21	Depreciation, depletion, and amortization	90,136	81,122	9,014	<u> </u>
22		18,483	14,786	3,697	
24	Other expenses. Itemize expenses not covered	10,405	14,700	5,057	
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Training & counseling	35,270	35,270		
b	Transitional housing	159,955	159,955		
с	Rental and utility assistanc	322,467	322,467		
d	In kind- food donations	1,253,148	1,253,148		
е	All other expenses	232,449	165,634	54,570	12,245
25	Total functional expenses. Add lines 1 through 24e	3,588,282	3,232,353	269,674	86,255
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here 🕞 🗌 if				
	following SOP 98-2 (ASC 958-720)				Form 000 (2020)

Form 990 (2020) S	SOUTH COUNTY OUTREACH
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33-0330233

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Par	t X	Balance Sheet			<u> </u>
		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	401,688	1	729,006
	2	Savings and temporary cash investments	613,380	2	544,184
	3	Pledges and grants receivable, net	30,097	3	215,077
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	132,850	8	136,350
As	9	Prepaid expenses and deferred charges		9	36,989
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 2,311,317			
	b	Less: accumulated depreciation 10b 1,574,204	716,252	10c	737,113
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	18,289	15	19,644
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,912,556	16	2,418,363
	17	Accounts payable and accrued expenses	65,185	17	40,797
	18	Grants payable		18	
	19			19	176,666
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ties	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%		22	
Lia	22	controlled entity or family member of any of these persons	205 585	22	
	23 24	Unsecured notes and loans payable to unrelated third parties	325,575	23	110 041
	24 25	Other liabilities (including federal income tax, payables to related third		24	110,841
	25	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	9,600	25	23,355
	26	Total liabilities. Add lines 17 through 25	400,360	26	351,659
	20	Organizations that follow FASB ASC 958, check here	400,500	20	331,039
S		and complete lines 27, 28, 32, and 33.			
nce	27	Net assets without donor restrictions	1,490,363	27	2,066,704
ala	28	Net assets with donor restrictions	21,833	28	270007701
ар		Organizations that do not follow FASB ASC 958, check here	21,000		
-un		and complete lines 29 through 33.			
٩	29	Capital stock or trust principal, or current funds		29	
ats	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
et A	32	Total net assets or fund balances	1,512,196	32	2,066,704
Ž	33	Total liabilities and net assets/fund balances	1,912,556	33	2,418,363

EEA

Form **990** (2020)

		3-033023	3	Pa	age 12
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>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,	142,	790
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,	588,	282
3	Revenue less expenses. Subtract line 2 from line 1	3		554,	508
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,	512,	196
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	2,	066,	704
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 on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Form	990 (2	2020)

SCHI	EDUL	E A	
(Form	990 or	· 990-E	Z)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

2020 Open to Public

OMB No. 1545-0047

Internal Revenue Service Go to			► Go t	to www.irs.gov/Form990 for instructions and the latest information.				ation.	Inspection
Name of the organization				Employer identification	ication number				
SOU	гн	COUNTY OUT						33-033023	
Pa	rt I	Reason	for Public Charit	y Status. (All o	rganizations must c	omplete	this part) See instructions	ö.
The o	orgai	nization is not a	private foundation beca	ause it is: (For lines	1 through 12, check only	one box.)			
1		A church, conv	ention of churches, or	association of churc	hes described in section	170(b)(1)	(A)(i).		
2		A school descr	ibed in section 170(b)	(1)(A)(ii). (Attach So	chedule E (Form 990 or 9	90-EZ).)			
3		A hospital or a	cooperative hospital se	ervice organization	described in section 170	(b)(1)(A)(ii	i).		
4		A medical rese	earch organization oper	ated in conjunction	with a hospital described	in section	170(b)(1)(A)(iii). Enter the	
		hospital's name	e, city, and state:						
5		An organizatio	n operated for the bene	fit of a college or ur	niversity owned or operate	ed by a gov	vernmental	unit described in	
		section 170(b))(1)(A)(iv). (Complete F	Part II.)					
6		A federal, state	e, or local government o	or governmental uni	t described in section 17	0(b)(1)(A)(v).		
7	х	An organizatio	n that normally receive	s a substantial part	of its support from a gove	rnmental u	init or from	the general public	
	_		ection 170(b)(1)(A)(vi).						
8	Ц		rust described in sectio						
9					n 170(b)(1)(A)(ix) operate				
		-	a non-land-grant colle	ge of agriculture (se	e instructions). Enter the	name, city	, and state	of the college or	
		university:		(1) (1) 00					
10	Ш	-	•		1/3% of its support from c				
		•			bject to certain exception	• • •			
					iness taxable income (les		,	m businesses	
			•		ction 509(a)(2). (Comple	,			
11	H				st for public safety. See s				
12		-	-	-	he benefit of, to perform the				
					d in section 509(a)(1) or				_
	-		-		e type of supporting organ		•] .
	а				ed, or controlled by its su		-		
			organization. You mu		appoint or elect a majority				
	b		-	-	trolled in connection with	ite sunnort	ed organiz	ation(s) by baying	
	5			•	n vested in the same pers			.,	
			on(s). You must comp					anage the supported	
	с	_ ·	•		ization operated in conne	ction with	and function	onally integrated with	
	Ũ				must complete Part IV, \$	-		, ,	
	d				organization operated in c				
	-				enerally must satisfy a dis				
					Part IV, Sections A and		•		
	е				determination from the IR			vpe II, Type III	
		_	0		egrated supporting organ		51 2		
	f		ber of supported organi	-					
	g	Provide the fol	lowing information about	ut the supported org	janization(s).				
	(i) Name of supported	lorganization	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of
					(described on lines 1-10 above (see instructions))	listed in you	• •	support (see instructions)	other support (see instructions)
	above (see instructions)) document? instructions) instruction							linsu deuoris)	
						Yes	No		
(A)									
(B)									
(C)									
(D)									
(E)									
Tota									

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

	dule A (Form 990 or 990-EZ) 2020 SOUTH COUR	NTY OUTREACH	H			33-033023	33 Page 2	
Pa	rt II Support Schedule for Organiza							
	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under							
_	Part III. If the organization fails to	o qualify unde	r the tests list	ted below, ple	ease complete	e Part III.)		
	ction A. Public Support	, ,						
Cal	endar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
1								
	membership fees received. (Do not							
	include any "unusual grants.")	2,536,384	3,113,501	2,339,433	2,660,044	3,841,500	14,490,862	
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	2,536,384	3,113,501	2,339,433	2,660,044	3,841,500	14,490,862	
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)						494,402	
	Public support. Subtract line 5 from line 4						13,996,460	
	ction B. Total Support							
	endar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
7	Amounts from line 4	2,536,384	3,113,501	2,339,433	2,660,044	3,841,500	14,490,862	
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties, and income from							
	similar sources	2,882	928	4,052	8,216	7,776	23,854	
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						14,514,716	
	Gross receipts from related activities, etc. (se	ee instructions)				12		
	First five years. If the Form 990 is for the or						3)	
	organization, check this box and stop here						.́ ▶□	
Sec	ction C. Computation of Public Support	rt Percentage)					
14	Public support percentage for 2020 (line 6, c	olumn (f), divide	ed by line 11, c	olumn (f))		14	96.43 %	
	Public support percentage from 2019 Schedu					15	99.08 %	
16a	33 1/3% support test - 2020. If the organization	tion did not che	ck the box on	line 13, and line	e 14 is 33 1/3%	or more, chec	k this	
	box and stop here. The organization qualifie	s as a publicly	supported orga	anization			🕨 🗴	
b	33 1/3% support test - 2019. If the organization	tion did not che	ck a box on lin	e 13 or 16a, ar	nd line 15 is 33	1/3% or more,		
	this box and stop here. The organization qua	alifies as a publ	icly supported	organization			> 🗌	
17a	10%-facts-and-circumstances test - 2020.	If the organizat	ion did not che	ck a box on lin	e 13, 16a, or 1	6b, and line 14	is	
	10% or more, and if the organization meets t							
	Part VI how the organization meets the facts	-and-circumsta	nces test. The	organization q	ualifies as a pu	ublicly supporte	d	
	organization							
b	10%-facts-and-circumstances test - 2019.						_	
	15 is 10% or more, and if the organization me	•						
	in Part VI how the organization meets the fac					•		
	organization			-	•			
18	Private foundation. If the organization did no							
	instructions						🕨 🗌	

	rm 990 or 990-EZ) 2020
Part III	Support Scl

|--|

90 or 990-EZ) 2020 SOUTH COUNTY OUTREACH Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 •••						
b	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	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the organ				•	()()	_
	organization, check this box and stop here						🕨 🗋
	ction C. Computation of Public Support						
	Public support percentage for 2020 (line 8, c	.,	•	column (f)) .		15	%
_	Public support percentage from 2019 Schedu					16	%
Sec	ction D. Computation of Investment Inc		-			- i - i	
17			•			17	%
	Investment income percentage from 2019 Sc					18	%
19a	33 1/3% support tests - 2020. If the organization						
	17 is not more than 33 1/3%, check this box	-	-				_
b	33 1/3% support tests - 2019. If the organization						
	line 18 is not more than 33 1/3%, check this I	-	-			• • •	=
20	Private foundation. If the organization did not	ot check a box	on line 14, 19	a, or 19b, cheo	k this box and	see instruction	s 🕨 🗌

Par		_		
	(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete			
	and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Par	t I, com	plete	
	Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete	e Part 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		103	
1				
	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 Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	lines 3b and 3c below.	3a		
h	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
D D				
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	01		
	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 Part VI 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 lines 4b and 4c 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		
•	Did the organization support any foreign supported organization that does not have an IRS determination	75		
C				
	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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
~	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
	•	JC		
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	•		
Ja				
	disqualified persons, as defined in section 4946 (other than foundation managers and organizations			
	described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
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		
h		Tua		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	401-		
	determine whether the organization had excess business holdings.)	10b		

SOUTH COUNTY OUTREACH

Schedule A (Form 990 or 990-EZ) 2020

33-0330233

Page 4

Schedule A (Form 990 or 990-EZ) 2020

Sched		33-0330233		P	age 5
Pa	rt IV Supporting Organizations (continued)				
				Yes	No
11	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 lines 11	o and			
	11c below, the governing body of a supported organization?	11	1a		
b	A family member of a person described in line 11a above?	1	1b		
с	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, pr	ovide			
	detail in Part VI.	1'	1c		
Sec	tion B. Type I Supporting Organizations	÷			
				Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one	or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office	ers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)				
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support	orted			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among t				
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	1		
2	Did the organization operate for the benefit of any supported organization other than the supported				
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	n Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,				
	supervised, or controlled the supporting organization.	1	2		
Sec	tion C. Type II Supporting Organizations				
				Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	ectors			
-	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how co.				
	or management of the supporting organization was vested in the same persons that controlled or management				
	the supported organization(s).	1	1		
Sec	tion D. All Type III Supporting Organizations		<u> </u>		
				Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month or	f the		100	
•	organization's tax year, (i) a written notice describing the type and amount of support provided during t				
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copi				
	organization's governing documents in effect on the date of notification, to the extent not previously pro-		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supp				
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Pa				
	the organization maintained a close and continuous working relationship with the supported organization				
3	By reason of the relationship described in line 2, above, did the organization's supported organizations		2		
5	a significant voice in the organization's investment policies and in directing the use of the organization				
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization				
	supported organizations played in this regard.		3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations		<u> </u>		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the	vear (soo instru	ctic	nel	
'a	The organization satisfied the Activities Test. Complete line 2 below.		540		
b					
c		nment entity (see	inst	tructio	nne)
2	Activities Test. Answer lines 2a and 2b below.	mont entity (See		Yes	<u>No</u>
a		ses of		103	
a	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI iden				
	those supported organizations and explain how these activities directly furthered their exempt purport	-			
	how the organization was responsive to those supported organizations, and how the organization deter				
	that these activities constituted substantially all of its activities.		2a		
۲.	-		a		
b					
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," exponent of the organization is unperted organization(s) would have an engaged in the title organization (s) would have an engaged organization (s) would				
	Part VI the reasons for the organization's position that its supported organization(s) would have engage		24		
•	these activities but for the organization's involvement.	2	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>				
а					
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3	Ba		

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.*

	33-033	0233 Page
	ations	
trust on	Nov. 20, 1970 <i>(explai</i>	n in Part VI). See
zations	must complete Section	s A through E.
	(A) Drier Veer	(B) Current Yea
	(A) FIIOI feal	(optional)
1		
2		
3		
4		
5		
6		
7		
8		
	(A) Prior Year	(B) Current Yea (optional)
1a		
1d		
2		
4		
8		
		Current Year
1		
3		
4		
5		
6		
/ integra	ted Type III supporting	organization
U		5
	Itrust on zations 1 2 3 4 5 6 7 8 1a 1b 1c 1d 2 3 4 5 6 7 8 1c 1d 2 3 4 5 6 7 8 11 2 3 4 5 6 7 3 4 5 6 7 8 1 2 3 4 5 6 7 8 1 2 3 4 5 6 7 8 6 6 6	2 3 4 5 6 7 8 (A) Prior Year 1a 1b 1c 1d 2 3 4 5 6 7 8 2 3 4 5 6 7 8 1 2 3 4 5 6 7 8 1 2 3 4 5 3 4 5 1 2 3 4 5 1 2 3 4 5

Schedule A (Form 990 or 990-EZ) 2020

hedule A (Form 990 or 990-EZ) 2020 SOUTH COUNTY OUTREACH Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organiz	33-033	0233 Page
Section D - Distributions	s) Supporting Organiz		Current Year
1 Amounts paid to supported organizations to accomplish exer	mpt purposes	1	
 Amounts paid to supported organizations to accomplish each Amounts paid to perform activity that directly furthers exemption 		!	
organizations, in excess of income from activity		2	
 Administrative expenses paid to accomplish exempt purpose 	s of supported organizati		
 Amounts paid to acquire exempt-use assets 	s of supported organizati	4	
 5 Qualified set-aside amounts (prior IRS approval required) - p 	rovide details in Part VI	5	
6 Other distributions (describe in Part VI). See instructions.		6	
 7 Total annual distributions. Add lines 1 through 6. 		7	
8 Distributions to attentive supported organizations to which the	e organization is respons		
(provide details in Part VI). See instructions.	o organization to recipine	8	
9 Distributable amount for 2020 from Section C, line 6		9	
Line 8 amount divided by line 9 amount		10	
		(ii)	(iii)
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2020	Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020			
(reasonable cause required - explain in Part VI). See			
instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from			
Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if			
any. Subtract lines 3g and 4a from line 2. For result			
greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j			
and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

	1 990 or 990-EZ) 2020 Pa
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Par
	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2
	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-PE)

UI.	330-	гт,			
De	partme	nt of	the	Treas	ury

Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2020

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

		Go to	www.irs.gov/Form990	for the	latest information
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Name of the organization	Employer identification number
SOUTH COUNTY OUTREACH	33-0330233
Organization type (check one):	

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

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).

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

Name of organization

SOUTH COUNTY OUTREACH

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JULIA BURKE FOUNDATION 7 WHATNEY Irvine CA 92618	\$	PersonxPayrollINoncashI(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	SCHLINGER FAMILY FOUNDATION 7 WHATNEY Irvine CA 92618	\$00,000	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	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.)

SCHEI	DULI	ΕD
(Form	990)	

Department of the Treasury

Supplemental Financial Statements

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

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

.___

OMB No. 1545-0047

 Open to Public

Internal	Revenue Service F Go to www.irs.gov/Fori	m990 for instructions and the latest informa	tion.	Inspec	tion
Name o	f the organization		Employer id	dentification number	
	H COUNTY OUTREACH		33-	0330233	
Par			ounts.		
	Complete if the organization answered "Yes"	on Form 990, Part IV, line 6.			
		(a) Donor advised funds		(b) Funds and other accou	unts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised			
	funds are the organization's property, subject to the organization's property, subject	ation's exclusive legal control?		🗌 Yes	No 🗌 No
6	Did the organization inform all grantees, donors, and donor	advisors in writing that grant funds can be used	b		
	only for charitable purposes and not for the benefit of the do	nor or donor advisor, or for any other purpose			
				🗌 Yes	No 🗌 No
Par	t II Conservation Easements.				
	Complete if the organization answered "Yes"	' on Form 990, Part IV, line 7.			
1	Purpose(s) of conservation easements held by the organiza	tion (check all that apply).			
	Preservation of land for public use (e.g., recreation or ed	ducation)	of a historica	lly important land are	a
	Protection of natural habitat	Preservation	of a certified	historic structure	
	Preservation of open space				
2 (Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of a c	onservation		
	easement on the last day of the tax year.			Held at the End of th	he Tax Year
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements		2b		
с	Number of conservation easements on a certified historic str	ructure included in (a)	2c		
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a			
	historic structure listed in the National Register		2d		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the org	anization du	ring the	
	tax year ►				
4	Number of states where property subject to conservation ea	sement is located			
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of			
	violations, and enforcement of the conservation easements	it holds?		· · · · · · 🗌 Yes	No 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva	tion easeme	nts during the year	
	▶				
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conservation	easements d	uring the year	
	▶\$				
8	Does each conservation easement reported on line 2(d) abo	ove satisfy the requirements of section 170(h)(4	4)(B)(i)		
				🗌 Yes	No 🗌 No
9	In Part XIII, describe how the organization reports conservat	tion easements in its revenue and expense sta	tement and		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statements t	hat describe	s the	
	organization's accounting for conservation easements.				
Par	t III Organizations Maintaining Collection	ns of Art, Historical Treasures, or	Other Sin	nilar Assets.	
	Complete if the organization answered "Yes	" on Form 990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 9	58, not to report in its revenue statement and b	alance sheet	t works	
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education, or research in furthe	rance of pub	lic	
	service, provide, in Part XIII the text of the footnote to its fina	ancial statements that describes these items.			
b	If the organization elected, as permitted under FASB ASC 9	58, to report in its revenue statement and balar	nce sheet wo	rks of	
	art, historical treasures, or other similar assets held for publi	c exhibition, education, or research in furthera	nce of public	service,	
	provide the following amounts relating to these items:				
				▶ \$	
	(ii) Assets included in Form 990, Part X			▶ \$	
	If the organization received or held works of art, historical tre			· · · · · · · · · · · · · · · · · · ·	
	following amounts required to be reported under FASB ASC	_	•		
	Revenue included on Form 990, Part VIII, line 1	-		▶ \$	
	Assets included in Form 990 Part X			▶\$	

	ule D (Form 990) 2020 SOUTH COUNTY OU				-		33-033		Page 2
Pa	rt III Organizations Maintaining	Collections of	Art, His	storical T	reasures,	, or Ot	her Similar A	Assets (co	ontinued)
3	Using the organization's acquisition, accession	, and other records,	check any	of the follo	wing that mal	ke signifi	cant use of its		
	collection items (check all that apply):								
а	Public exhibition		d	Loan d	or exchange	programs	3		
b	Scholarly research		е	Other		-			
с	Preservation for future generations			_					
4	Provide a description of the organization's colle	ections and explain h	ow they f	urther the or	ganization's	exempt p	ourpose in Part		
	XIII.				•		•		
5	During the year, did the organization solicit or r	eceive donations of a	art. histori	cal treasure	s. or other si	milar			
•	assets to be sold to raise funds rather than to b							🗌 Yes	s 🗌 No
Pa	rt IV Escrow and Custodial Arrar			5					
	Complete if the organization a		on Forn	n 990. Pa	rt IV. line 9	9. or re	ported an am	ount on F	orm
	990, Part X, line 21.			,	,	- ,	•		
1a	Is the organization an agent, trustee, custodian	or other intermediar	v for cont	ributions or	other assets	not			
īa		· · · · · · · · · · · · · ·							s 🗌 No
b	If "Yes," explain the arrangement in Part XIII ar								
b			wing table	•				mount	
	Beginning balance					1		mount	
C J	Beginning balance								
d									
e	Distributions during the year								
f	Ending balance					• <u>1</u> f			
2a	Did the organization include an amount on For					•			
b	If "Yes," explain the arrangement in Part XIII. C	heck here if the expl	anation h	as been pro	vided on Par	t XIII			• 🗌
Pa				- 000 -		10			
	Complete if the organization a	answered "Yes" (1 990, Pa	rt IV, line	10.			
		(a) Current year	(b) P	rior year	(c) Two years	s back	(d) Three years bac	k (e) Fou	years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the currer	nt year end balance (line 1g, co	olumn (a)) h	eld as:				
а	Board designated or quasi-endowment	%							
b	Permanent endowment	, D							
с	Term endowment %								
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.							
3a	Are there endowment funds not in the possess	•	on that are	held and a	dministered f	or the			
	organization by:	Ū							Yes No
	(i) Unrelated organizations							3a(i)	
								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization							3b	
4	Describe in Part XIII the intended uses of the o							00	
	t VI Land, Buildings, and Equip	0		.					
. u	Complete if the organization a		on Forn	1990 Pa	rt IV line '	11a Se	e Form 990	Part X lir	ne 10
	· · · ·								
	Description of property	(a) Cost or othe (investme		1	r other basis other)	. ,	Accumulated epreciation	(d) Boo	k value
4 -	Land			(0	5.101	de			
1a		••							
b	Buildings	••		1,9	946,936		1,349,234		597,702
c	Leasehold improvements	••			99,340		74,320		25,020
d	Equipment	· ·		:	265,041		150,650	-	114,391
e	Other								
Total	. Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part X	, column	(B), line 10c	.)		►		737,113

Schedule D (Form 990) 2020

(2) Closely-held equity interests	
(3) Other	
(A)	
(B)	
(C)	
(D)	
(E)	
(F)	
(G)	
(H)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1Deposits	19,644
(2) ther	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	19,644

Other Liabilities. Part X

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

1.	(a) Description of liability	(b) Book value
(1) Feder	al income taxes	
(2)Secur	rity and other deposits	23,355
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 25.)	23,355

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

. . .

Page 3

		3-0330233	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r 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	4,187,590
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	44,800
3	Subtract line 2e from line 1	3	4,142,790
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 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>)	5	4,142,790
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Returr	າ.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	3,633,082
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a 44,800		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	44,800
3	Subtract line 2e from line 1	3	3,588,282
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.) ••••••••••••••••••••••••••••••••••		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,588,282
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	Supplemen	tal Informati	on Regard	ding Fund	Iraising or Gam	ning Act	tivities	OMB No. 1545-0047
(Form 990 or 990-EZ)	n 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the					2020 Open to Public		
Department of the Treasury	tment of the Treasury organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.							
Internal Revenue Service	►G	o to www.irs.gov/l	<i>Form990</i> for in	structions and	d the latest information	n.		Inspection
Name of the organization							Employer ide	entification number
SOUTH COUNTY OUTR		O successful to if t				F	33-03	30233
	-	required to cor	-		wered "Yes" on	Form 95	iu, Part Iv	, line 17.
1 Indicate whether the	organization raise	ed funds through a	any of the foll	owing activiti	es. Check all that ap	ply.		
a 🗌 Mail solicitations			е 🗌 :	Solicitation of	f non-government gra	ants		
b 🗌 Internet and emai	solicitations		f 🗌 🗧	Solicitation of	f government grants			
c 🗌 Phone solicitation	s		g 🗌 :	Special fundr	aising events			
d 🗌 In-person solicitat	ions							
2a Did the organization	have a written or	oral agreement w	ith any individ	dual (includin	g officers, directors, t	trustees,		
or key employees list	ed in Form 990, F	Part VII) or entity i	n connection	with professi	onal fundraising serv	/ices?	ר 🗌 צ	′es 🗌 No
b If "Yes," list the 10 hi	ghest paid individ	uals or entities (fu	ndraisers) pu	irsuant to agr	eements under whic	h the fund	raiser is to be	
compensated at leas	5	·	,,	0				
		•						
			(iii) Did fun	draiser have		(v) Am	ount paid to	(vi) Amount paid to
(i) Name and address or entity (fundra		(ii) Activity		or control of	(iv) Gross receipts		tained by)	(or retained by)
or entity (fundra	1501)	() ,	contrib	outions?	from activity		ser listed in col. (i)	organization
			Yes	No				
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
			1	1				1
Total	<u></u> .		<u></u> . <u>.</u> .	. >				
3 List all states in which	the organization	is registered or lic	ensed to soli	cit contributio	ons or has been notifi	ed it is exe	empt from	
registration or licensin	g.							

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

	(Form 990 or 990-EZ) 2020	SOUTH	COUNTY	OUTREACH
Part II	Fundraising Events	Complete	e if the org	ganization a

EACH

33-0330233 Page 2

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.

		(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
1	Gross receipts				
2 3	Less: Contributions				
4	Cash prizes				
7	Food and beverages				
8	Entertainment				
9	Other direct expenses				
10					
	Gaming Complete if the o	roanization answered "			nore than
		-		,	
		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1	Gross revenue				
2	Cash prizes				
3	Noncash prizes				
4	Rent/facility costs				
5	Other direct expenses				
5 6	Other direct expenses	☐ Yes% ☐ No	☐ Yes% ☐ No	☐ Yes% ☐ No	
		No		E	
6	Volunteer labor	2 through 5 in column (d)	□ No	►	
6 7 8 En Is t	Volunteer labor	No 2 through 5 in column (d) act line 7 from line 1, colum on conducts gaming activiti	In (d)	►	Yes 🗌 No
6 7 8 En Is t	Volunteer labor	No 2 through 5 in column (d) act line 7 from line 1, colum on conducts gaming activiti aming activities in each of t	In (d)	□ No	Yes 🗌 No
	2 3 4 5 6 7 8 9 10 11 rt II 1 2 3	2 Less: Contributions	1 Gross receipts	I Gross receipts (event type) (event type) 1 Gross receipts (event type) (event type) 2 Less: Contributions (event type) (event type) 3 Gross income (line 1 minus line 2) (event type) (event type) 4 Cash prizes (event type) (event type) 5 Noncash prizes (event type) (event type) 6 Rent/facility costs (event type) (event type) 7 Food and beverages (event type) (event type) 8 Entertainment (event type) (event type) 9 Other direct expenses (event type) (event type) 10 Direct expense summary. Add lines 4 through 9 in column (d)	Image: Contribution of the second

SCHEDULE M (Form 990)

Noncash Contributions

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

Attach to Form 990.

Attach to Form 550.	

2020 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service
Name of the organization

SOUTH COUNTY OUTREACH

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

Employer identification number 33-0330233

Part	t I Types of Property			_			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) of determin tribution a	
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household						
	goods	x		46,359	FMV		
6	Cars and other vehicles						
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		1,253,148	FMV		
20	Drugs and medical supplies				ļ		
21	Taxidermy				ļ		
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ▶()						
26	Other ▶()						
27	Other ▶()						
28	Other ►()						
29	Number of Forms 8283 received by the o	-		ons for			
	which the organization completed Form 8	3283, Part V,	Donee Acknowledgement		29		
				Dest Librer Atheney	,	Ye	s No
30a	During the year, did the organization rece	-	•••••	•			
	28, that it must hold for at least three yea						
-	to be used for exempt purposes for the end	-	period?			30a	_
b	If "Yes," describe the arrangement in Par						
31	Does the organization have a gift accepta						
						31	
32a	Does the organization hire or use third pa		•				
-						32a	
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amoun	t in column (c) for a type of property for whic	n column (a) is checked,			
	describe in Part II.						

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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 2020 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

Name(s) as shown on return

SOUTH COUNTY OUTREACH

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

Description		Amount
Food purchase	Ś	\$ <u>45,679</u>
<u>Utilities and telephone</u>		<u> </u>
<u>Repairs and maintenance</u>		22,017
<u>In-kind - Other</u>		42,322
	Total: \$_	<u> 165,634</u>

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

Description		Amount
Utilities and telephone		\$6,180
License fees, bank fees, and other fees		22,932
Repairs and maintenance		5,504
Loss on disposal of assets		19,954
	Total:	\$ <u>54,570</u>

FORM 990, PART IX, LINE 24e, OTHER EXPENSES-FUNDRAISING

Description	A	mount
Venue and events	\$\$	12,245
		<u> 12,245</u>

Overflow Statement

FEIN

33-0330233

2020 Page 1

	n is included in UBIA ection 199A calculations.					Depre	ciation Deta	•						2020 PAGE 1	
	UBIA" in lower right corner.						For your records of							11102 1	
	s) as shown on return					•		, y				Social sec	urity number/EIN	1	
	OUTH COUNTY OUTREACH											33	-0330233		
No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
1	TRUCK-LIFT GATE	0621200	6 1,982	Aujustinent	100.00	175	depreciation	1,982	5		0	1,982	Depreciation	1,982	Guircin
2	DONATED VEHICLE	1010200			100.00			5,395			0	5,395		5,395	
3	1999 CHEVY TRUCK	0312201	-		100.00			9,577			0	9,577		9,577	
4	2002 FORD F-150	0526201			100.00			8,750	5		0	8,750		8,750	
5	23238 ORANGE 3	0801199	8 99,174		100.00			99,174	27.5	SL MM	3.636	77,238	3,606	80,844	3,606
6	23240 ORANGE 4	0801199	8 68,127		100.00			68,127	27.5	SL MM	3.636	53,062	2,477	55,539	2,477
7	23254 ORANGE 1	1202199	9 96,852		100.00			96,852	27.5	SL MM	3.636	70,729	3,522	74,251	3,522
8	21931 RIMHURST J	0618199	9 68,040		100.00			68,040	27.5	SL MM	3.636	50,815	2,474	53,289	2,474
9	28232 SORRENTO 87	0618199	9 93,560		100.00			93,560	27.5	SL MM	3.636	69,876	3,402	73,278	3,402
10	23251 LA GLORIA D	0618199	9 60,750		100.00			60,750	27.5	SL MM	3.636	45,372	2,209	47,581	2,209
11	21981 RIMHURST C	0618199	9 52,650		100.00			52,650	27.5	SL MM	3.636	39,332	1,915	41,247	1,914
12	23251 LA GLORIA E	0525200	0 119,131		100.00			119,131	27.5	SL MM	3.636	84,919	4,332	89,251	4,332
13	23288 ORANGE 5	0525200	0 75,297		100.00			75,297	27.5	SL MM	3.636	53,672	2,738	56,410	2,738
14	26144 SERANO CREEK 19	0118200	1 132,902		100.00			132,902	27.5	SL MM	3.636	91,587	4,833	96,420	4,832
15	23220 ORANGE 1	0111200	1 92,298		100.00			92,298	27.5	SL MM	3.636	63,663	3,356	67,019	3,356
16	23220 ORANGE 9	0511200	1 141,359		100.00			141,359	27.5	SL MM	3.636	95,815	5,140	100,955	5,140
17	26212 SANZ B MV	0426200	1 119,714		100.00			119,714	27.5	SL MM	3.636	81,324	4,353	85,677	4,353
18	20702 EL TORO RD 35	0603200	2 139,262		100.00			139,262	27.5	SL MM	3.636	88,831	5,064	93,895	5,064
19	23240 ORANGE AVE 9	0531200	2 174,008		100.00			174,008	27.5	SL MM	3.636	111,531	6,328	117,859	6,327
20	23301 LA GLORIATA A	0411200	2 173,400		100.00			173,400	27.5	SL MM	3.636	111,652	6,305	117,957	6,305
21	26383 VIA DAMASCO MV	0630200	3 240,412		100.00			240,412	27.5	SL MM	3.636	144,243	8,742	152,985	8,741
22	FREEZER-DELFIELD	0310200	0 3,275		100.00			3,275	5		0	3,260		3,260	
23	FREEZER-DELFIELD	0918200	0 3,701		100.00			3,701	5		0	3,701		3,701	
24	TELEPHONE CORD	1009200	1 116		100.00			116	7		0	116		116	
25	COMPUTER EQUIPMENT	1016200	1 300		100.00			300	5		0	300		300	
26	COMPUTER EQUIPMENT	1115200	1 300		100.00			300	5		0	300		300	
27	COMPUTER EQUIPMENT	1214200			100.00			1,345			0	1,345		1,345	
28	OFFICE EQUIPMENT	1201200			100.00			377			0	377		377	
	OFFICE EQUIPMENT	0201200			100.00			3,196			0	3,196		3,196	
30	REMODEL 2001	0201200	1 3,701		100.00			3,701	5		0	3,701		3,701	

	n is included in UBIA action 199A calculations.					Depre	ciation Deta Program Servi	•						2020 PAGE 2	
See '	UBIA" in lower right corner.					I	For your records o	only							
Name(s) as shown on return											Social se	curity number/Ell	N	
S	OUTH COUNTY OUTREACH											3	3-0330233		
No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rat	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
31	STORE FIXTURES	0201200	2,377		100.00			2,377	5		0	2,377		2,377	
32	WAREHOUSE FREEZER	1101199	3,150		100.00			3,150	10		0	3,150		3,150	
33	FOOD PANTRY	1112200	2,748		100.00			2,748	10		0	2,748		2,748	
34	CLOTHING CAGE	0509200	5 808		100.00			808	5		0	808		808	
35	EQUIPMENT-ROLL N FOLI	0725200	1,107		100.00			1,107	3		0	1,107		1,107	
36	RAMP & SCALE	0624200	9 2,344		100.00			2,344	5		0	2,344		2,344	
37	SERVER UPGRADE	0610201	.0 4,012		100.00			4,012	5		0	4,012		4,012	
38	HEAT PUMP CONDENSER	1221201	.0 2,000		100.00			2,000	5		0	2,000		2,000	
39	2 UNIT SWING DOOR RFF	0407201	.1 5,487		100.00			5,487	5		0	5,487		5,487	
40	15 DONATED TOSHIBA LA	0501201	.1 9,497		100.00			9,497	5		0	9,497		9,497	
41	DONATED COMPUTERS	0903200	9 12,936		100.00			12,936	5		0	12,936		12,936	
42	DONATED COMPUTERS,LCI	0630201	.2 10,012		100.00			10,012	5		0	10,012		10,012	
43	AIR FREEZER	0117201	.4 3,975		100.00			3,975	10	SL	IY 10	2,184	397	2,581	398
44	IMPROVEMENTS-7 WHATLE	0630201	.4 11,230		100.00			11,230	20	SL	IY 5	3,086	561	3,647	562
45	IMPROVEMENTS - 7 WHAT	0121201	.5 7,049		100.00			7,049	20	SL	4Q 5	1,716	352	2,068	352
46	AUTOMOBILE - 2007 GMC	1231201	.5 25,528		100.00			25,528	5	SL	4Q 20	13,044	1,975	15,019	1,975
47	SUN ICE REFRIDGERATOR	0819201	.5 2,699		100.00			2,699	10	SL	4Q 10	1,181	270	1,451	270
48	VARIOUS IMPROVEMENTS	0630201	.6 15,549		100.00			15,549	10	SL	IY 10	5,442	1,555	6,997	1,555
49	VARIOUS IMPROVEMENTS	0630201	.6 14,243		100.00			14,243	10	SL	IY 10	4,984	1,424	6,408	1,424
50	EQUIPMENT REFRIDGERAI	0630201	.6 5,030		100.00			5,030	5	SL	IY 20	3,521	1,006	4,527	1,006
51	LEASE IMPROVEMENTS-PA	0101201	.7 14,243		100.00			14,243	5	SL	IY 20	7,122	2,849	9,971	2,849
52	EQUIPMENT-FREEZER	0630201	.7 5,030		100.00			5,030	5	SL	IY 20	2,515	1,006	3,521	1,006
53	LEASEHOLD IMPROVMENTS	0630201	.8 2,049		100.00			2,049	5	SL	IY 20	615	410	1,025	410
54	Computers and equip	0130201	.8 19,310		100.00			19,310	5	SL	IY 20	5,793	3,862	9,655	3,862
55	Sage grant computers	0820201	.9 5,543		100.00			5,543	5	SL	IY 20	554	1,109	1,663	1,109
56	Paller jack	1228201	.9 3,459		100.00			3,459	10	SL	IY 10	173	346	519	346
57	Improvements	1101202	13,172		100.00			13,172	10	SL	4Q 1.2	5	165	165	165
58	Freezer	0917202	8,753		100.00			8,753	10	SL	4Q 3.7	5	328	328	328
59	Van vehcile	1021202	69,766		100.00			69 , 766	10	SL	4Q 1.2	5	872	872	872
60	Equipment	0628202	3,209		100.00			3,209	5	SL	1Q 12.	5	401	401	401

for Se	n is included in UBIA ection 199A calculations.		Depreciation Detail Listing Program Services										2020 PAGE 3			
	"UBIA" in lower right corner.					F	or your records o	only								
	(s) as shown on return													curity number/Ell	4	
5	SOUTH COUNTY OUTREACH				i i			l	1	1				3-0330233		
No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Metho		Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
	Improvements 1	11232020	36,048		100.00			36,048		SL	MQ	1.25		451	451	451
	Totals Land Amount		2,311,314					2,311,314		9 and C			1,484,069	90,135	1,574,204	90,133

Land Amount Net Depreciable Cost

2,311,314

ST ADJ: 90,135

TAXABLE YEARCalifornia Exempt Organization2020Annual Information Return

Calenda	⁻ Year 2020 or fiscal year beginning (mm/dd/y	ууу)	, and end	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	NE			CA	92618				
Foreign co	intry name	Foreign province/state/	/county		Foreign postal code				
A First ret	rn • • • • • • • • • • • • • • • • • • •		I Did the organization have any ch	anges to its guidelines					
B Amende	d return	• • Yes X No	not reported to the FTB? See ins	tructions ••••	••••• Yes 🗶 No				
C IRC Sec	tion 4947(a)(1) trust	··· Ves 🐰 No	J If exempt under R&TC Section 23	3701d, has the organizatior	·				
D Final inf	ormation return?		engaged in political activities? Se	e instructions ••	••••••••••••••••••••••••••••••••••••••				
• 🗆 🛛	ssolved Surrendered (Withdrawn) Merge	d/Reorganized	K Is the organization exempt under	R&TC Section 23701g?	· · · · · · · Yes 🐰 No				
Enter da	te: (mm/dd/yyyy)	_	If "Yes," enter the gross receipts	from nonmember sources	• • • • • \$				
E Check a	ccounting method: (1) Cash (2) X Accru	<u> </u>							
_	return filed? (1) 990T (2) 990PF	(3) 💊 📙 Sch H (990)	L Is the organization a limited liabili	ity company?	· · · · · · · Yes 🐰 No				
(4) 🗶 C	ther 990 series		M Did the organization file Form 10	0 or Form 109 to report					
G Is this a	group filing? See instructions	• • Yes X No	taxable income? • • • •		••••• Yes 🐰 No				
H Is this of	ganization in a group exemption •••••••	··· Ves 🛛 No	N Is the organization under audit by						
If "Yes,"	what is the parent's name?		audited in a prior year? • •		····· • Yes 🗶 No				
			0 Is federal Form 1023/1024 pendi	ng? •••••	· · · · · · · Yes 🗶 No				
			Date filed with IRS						
Part I	Complete Part I unless not required to file this form.	See General Information B	and C.		<u> </u>				
	1 Gross sales or receipts from other sources. From S	ide 2, Part II, line 8 •		• • • • • • • • •	1 301,290 00				
	2 Gross dues and assessments from members and at	filiates •••••		••••••••	2 00				
Receipts and	3 Gross contributions, gifts, grants, and similar amour	3 3,841,500 00							
Revenues	4 Total gross receipts for filing requirement test. Add I								
	This line must be completed. If the result is less the				4 4,142,790 00				
	5 Cost of goods sold • • • • • • • • • • •	0							
	6 Cost or other basis, and sales expenses of assets s	Cost or other basis, and sales expenses of assets sold • • • • • • • • • • • • • • • • • • •							
	7 Total costs. Add line 5 and line 6				7 00				
	8 Total gross income. Subtract line 7 from line 4 • •				8 4,142,790 00				
Expenses	9 Total expenses and disbursements. From Side 2, P	art II, line 18 • • • • •		• • • • • • • • •	9 3,588,282 00				
	10 Excess of receipts over expenses and disbursemen	s. Subtract line 9 from line 8	8 •••••	• • • • • • • • •	10 554,508 00				
	11 Total payments			••••••	11 00				
Filing	12 Use tax. See General Information K • • •			• • • • • • • • •	12 00				
Fee	13 Payments balance. If line 11 is more than line 12, su			••••••	13 00				
	14 Use tax balance. If line 12 is more than line 11, subt	act line 11 from line 12		•••••••••••••••••••••••••••••••••••••••	14 00				
	15 Penalties and Interest. See General Information J •				- <u>15</u> 00				
	16 Balance due. Add line 12 and line 15. Then subtract Under penalties of perjury, I declare that I have examin		ompanying schedules and statements	and to the best of my know	ledge and belief it is				
Sign	true, correct, and complete. Declaration of preparer (o	her than taxpayer) is based	on all information of which preparer ha	s any knowledge.	-				
Here	Signature		Title						
	of officer LAVAL BREWER			05/01/2021	949-380-8144				
	Preparer's			Check if self-					
Paid	signature KON LOPEZ		05/03/2021	employed 🕨 🔛	P00758088				
Preparer's Use Only	Firm's name (or yours,	R AND LOPE	Z, INC.		 Firm's FEIN 				
See only	and address								
		LD NEWPORT	BLVD CA 92663						
	NEWPC	949-346-2900							
	May the FTB discuss this return with the preparer show	n above? See instructions			• X Yes No				

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Part II	I Organizations with gross receipts of more t regardless of amount of gross receipts - co	-				33-033023	3
	1 Gross sales or receipts from all business a	•			1	138,029	00
	2 Interest				2	7,776	00
	3 Dividends				3	.,	00
Receipts from	4 Gross rents				4		00
Other	5 Gross royalties			• • • • • • • •	5		00
Sources		s (See Instructions)		• • • • • • • •	6	153,549	00
				•	7	1,936	00
	8 Total gross sales or receipts from other sources.			line 1	8	301,290	00
	9 Contributions, gifts, grants, and similar am	•			9	301,290	00
				•	10		00
	11 Compensation of officers, directors, and tru			•	11	200 400	00
	12 Other salaries and wages			•	12	299,428	00
_				•		474,290	
Expenses and	14 Taxes			• • •	13	9,729	00
Disburse	- · · · · · · · · · · · · · · · · · ·			• • • •	14		00
ments	15 Rents			••••	15	195,222	00
	16 Depreciation and depletion (See instruction	,		•	16	90,136	00
	17 Other expenses and disbursements. Attack			•	17	2,519,477	00
	18 Total expenses and disbursements. Add li				18	3,588,282	00
Sched	dule L Balance Sheet	Beginning of	axable year	End	of taxabl	e year	
Assets	is	(a)	(b)	(c)		(d)	
1 Ca	ash		1,015,068		•	1,273,19	90
2 Ne	et accounts receivable		30,097			215,07	77
3 Ne	et notes receivable				-		
4 Inv	ventories		132,850			136,35	50
5 Fe	ederal and state government obligations				-		
6 Inv	vestments in other bonds						
7 Inv	vestments in stock						
8 Mo	lortgage loans						
9 Ot	ther investments. Attach schedule						
10 a	Depreciable assets	2,368,574		2,311,3	317		
b	Less accumulated depreciation	1,652,322	716,252	1,574,2		737,11	13
11 La	and	_,,	,	_//-		,	
12 Ot	ther assets. Attach schedule		18,289			56,63	22
	otal assets		1,912,556			2,418,36	
	ities and net worth		1,912,950			2,410,50	0.5
	ccounts payable					40 50	0.7
			6E 10E				91
			65,185		-	40,79	
16 Ro	ontributions, gifts, or grants payable		65,185		•		4 1
	ontributions, gifts, or grants payable				•	110,84	41
17 Mo	ontributions, gifts, or grants payable onds and notes payable		325,575		•	110,84	
17 Mo 18 Ot	ontributions, gifts, or grants payable				•		
17 Mo 18 Ot 19 Ca	ontributions, gifts, or grants payable		325,575		•	110,84	
 17 Mo 18 Ot 19 Ca 20 Pa 	ontributions, gifts, or grants payable		325,575 9,600		•	110,84	21
 17 Mo 18 Ot 19 Ca 20 Pa 21 Re 	ontributions, gifts, or grants payable		325,575 9,600 1,512,196			200,02	21
 Motion 17 Motion 18 Ottion 19 Carrow 20 Parato 21 Restance 22 To 	ontributions, gifts, or grants payable		325,575 9,600 1,512,196 1,912,556		• • • • • • •	110,84	21
 Motion Motion	ontributions, gifts, or grants payable	s with income per return	325,575 9,600 1,512,196 1,912,556			200,02	21
 Motion Motion	ontributions, gifts, or grants payable	s with income per return	325,575 9,600 1,512,196 1,912,556 e 13, column (d), is less th		•	200,02	21
17 Mo 18 Ott 19 Ca 20 Pa 21 Re 22 To Sched	ontributions, gifts, or grants payable	s with income per return amount on Schedule L, line 554,508	325,575 9,600 1,512,196 1,912,556 e 13, column (d), is less th 7 Income recorded on	books this year		200,02	21
17 Mo 18 Ot 19 Ca 20 Pa 21 Re 22 To Sched 1 Ne 2 Fe	ontributions, gifts, or grants payable	s with income per return mount on Schedule L, line 554,508	325,575 9,600 1,512,196 1,912,556 e 13, column (d), is less th 7 Income recorded on not included in this r	books this year eturn. Attach scheo		200,02	21
17 Mo 18 Ott 19 Ca 20 Pa 21 Re 22 To Sched 1 Ne 2 Fe	ontributions, gifts, or grants payable	s with income per return mount on Schedule L, line 554,508	325,575 9,600 1,512,196 1,912,556 e 13, column (d), is less th 7 Income recorded on	books this year eturn. Attach scheo	4ule	200,02	21
17 Mo 18 Ot 19 Ca 20 Pa 21 Re 22 To Sched 1 Ne 2 Fe 3 Ex 4 Inc	ontributions, gifts, or grants payable	s with income per return mount on Schedule L, line 554,508	325,575 9,600 1,512,196 1,912,556 e 13, column (d), is less th 7 Income recorded on not included in this r	books this year eturn. Attach scheo turn not charged	4ule	200,02	21
17 Mo 18 Ot 19 Ca 20 Pa 21 Re 22 To Sched 1 Ne 2 Fe 3 Ex 4 Inc	ontributions, gifts, or grants payable	s with income per return mount on Schedule L, line 554,508	325,575 9,600 1,512,196 1,912,556 e 13, column (d), is less th 7 Income recorded on not included in this r 8 Deductions in this re	books this year eturn. Attach scheo turn not charged e this year.		200,02	21
17 Mo 18 Ot 19 Ca 20 Pa 21 Re 22 To Sched 1 Ne 2 Fe 3 Ex 4 Inc Att	ontributions, gifts, or grants payable	s with income per return mount on Schedule L, line 554,508	325,575 9,600 1,512,196 1,912,556 e 13, column (d), is less th 7 Income recorded on not included in this r 8 Deductions in this re against book income	books this year eturn. Attach scheo turn not charged e this year.		200,02	21
17 Mot 18 Ott 19 Ca 20 Pa 21 Re 22 To Sched Sched 1 Ne 2 Fe 3 Ex 4 Inc 5 Ex	ontributions, gifts, or grants payable	s with income per return amount on Schedule L, line 554,508	325,575 9,600 1,512,196 1,912,556 13, column (d), is less th 7 Income recorded on not included in this re against book income Attach schedule	books this year eturn. Attach scheo turn not charged this year. line 8		200,02	21

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California Form 199	aiffe grante and similar amounts received. Part L Line 2			01
Vart I - Line 3 Gross contributions,	gifts, grants, and similar amounts received, Part I, Line 3		Identifying	
SOUTH COUNTY OUTREA	СН		33-033	
(a)	(b)		(c)	(d)
Contributor's	Contributor's		Date	Amount
Name	Address		Received	Received
JULIA BURKE FOUND	7 WHATNEY Irvine, CA 92618	12-3	31-2020	450,236
KROGER FOUNDATION	7 WHATNEY	12-3	31-2020	75,000
	Irvine, CA 92618			
SCHLINGER FOUNDATIC	NT WHATNEY	12-3	31-2020	100,000
	Irvine, CA 92618			

ASSETS ASSETS 1: \$ NUE 1: \$ NSES \$	33-0330233 Amount 153,549 153,549 Amount 1,930 1,930
ASSETS	Amount 153,549 153,549 Amount 1,936 1,93 6
1: \$ NUE 1: \$ 1: \$ NSES \$ \$	Amount 153,549 153,54 9 Amount 1,936 1,93 6
1: \$ NSES 	<u>1,930</u> 1,93 0
1: \$ NSES 	<u>1,930</u> 1,93 0
1: \$ NSES \$	<u>1,930</u>
NSES \$	
<u> </u>	
	46,650
	61,928
	<u> </u>
	56,364
	29,74(
	56,039
	18,483
	35,270
	<u>159,955</u>
	322,46
	<u>1,253,148</u> 45,679
	27,521
	42,322
	22,932
	19,954
	12,245
⊥: Ş	2,519,47

CAOVFLOW.LD

CAOVFLOW		State Suppo	orting Stat	temer	nts
Name(s) as shown on return					
SOUTH COUNT	Y OUTREACH	H			
1	FORM 199,	SCHEDULE I	L, LINE	18 -	• 01
Description					
SECURITY DE	POSITS				
DEFERRED RE	VENUE				

33-0330233

THER LIABILITIES

Description	7	Amount
SECURITY DEPOSITS	\$	23,355
DEFERRED REVENUE		176,666
Total:	•	200,021

STATE OF CALIFORNIA RRF-1

(Rev. 09/2017)

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

STREET ADDRESS: 1300 I Street Sacramento, CA 95814 (916) 210-6400

WEBSITE ADDRESS:

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-306, 309, 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. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

SOUTH COUNTY OUTREACH Name of Organization		Check if: Change of address				
Amended report						
List all DBAs and names the organization uses or has used						
7 WHATNEY APT STE B Address (Number and Street) State Charity Registration Number		594				
IRVINE, CA 92618 City or Town, State, and ZIP Code Corporation or Organization No.		-				
949-380-8144 W	WW.SCO-OC.ORG					
Felephone Number E-mail Address Federal Employer ID No. 33-0330233						
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312) Make Check Payable to Department of Justice						
Gross Annual Revenue Fee	Gross Annual Revenue	Fee	Gross Annual Revenue Fee		ee	
Less than \$25,000 0 Between \$25,000 and \$100,000 \$25	Between \$100,001 and \$250,000 Between \$250,001 and \$1 million	\$50 \$75	Between \$1,000,001 and \$10 million Between \$10,000,001 and \$50 million Greater than \$50 million	\$2	150 225 300	
PART A - ACTIVITIES						
For your most recent full accounting p	eriod (beginning $01 - 01 - 2020$	ending 1	2-31-2020) list:			
Gross Annual Revenue \$ 4,142,790 Noncash Contributions \$ 1,299,507 Total Assets \$ 2,418,363 Program Expenses \$ 3,232,353 Total Expenses \$ 3,588,282						
	3,232,353 Iotare	xpenses 4	<u>3,588,282</u>			
PART B - STATEMENTS REGARDING ORGANIZA	ATION DURING THE PERIOD OF THIS R	EPORT				
	wer "yes" to any of the questions below, you	must attach	n a separate page			
	h "yes" response. Please review RRF-1 inst	ructions for	information required.	Vaa	No	
1. During this reporting period, were there any con		sactions be	etween the organization and any	Yes	No	
 During this reporting period, were there any con officer, director or trustee thereof, either directly 	tracts, loans, leases or other financial tran or with an entity in which any such officer,	sactions be director or	etween the organization and any trustee had any financial interest?	Yes	No X	
1. During this reporting period, were there any con	tracts, loans, leases or other financial tran or with an entity in which any such officer,	sactions be director or	etween the organization and any trustee had any financial interest?	Yes	-	
 During this reporting period, were there any con officer, director or trustee thereof, either directly 	tracts, loans, leases or other financial tran or with an entity in which any such officer, , embezzlement, diversion or misuse of the	sactions be director or e organizat	etween the organization and any trustee had any financial interest?	Yes	x	
 During this reporting period, were there any con officer, director or trustee thereof, either directly During this reporting period, was there any theft 	tracts, loans, leases or other financial tran or with an entity in which any such officer, , embezzlement, diversion or misuse of the ion funds used to pay any penalty, fine or j	sactions be director or e organizat udgment?	etween the organization and any trustee had any financial interest? ion's charitable property or funds?	Yes	x x	
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(For Registry Use Only)

2020

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 5- 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.