** PUBLIC DISCLOSURE COPY **

(Rev. January 2020)

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form990 for instructions and the latest information. TIII. 1 2019

Open to Public Inspection

OMB No. 1545-0047

_			31 1, 2013 and	ending o	I 30, 2020				
В	Check if applicable	C Name of organization			D Employer ic	lentific	cation number		
	Addre	EL CENTRO, INC.							
	Name chang	Doing business as			36-290	4073			
	Initial return	Number and street (or P.O. box if mail is not de	livered to street address)	Room/suite	E Telephone n	umber			
F	Final return	650 MINNESOTA AVENUE	,		913-677-				
_	termin ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$		3,672,641.		
Г	Amend		Zii di lalagii paata aada		H(a) Is this a gr				
F	return Applic		CAUDILLO		for subord	-			
	tion pendir	SAME AS C ABOVE							
_	T		△ (incombine)						
<u>+</u>	rax-exe	empt status: X 501(c)(3) 501(c)() e: WWW.ELCENTROINC.COM		or 527	1 ′		list. (see instructions)		
			opposition Other	1,	H(c) Group exe				
	art I	organization: X Corporation Trust As Summary	sociation Other >	L Year	of formation: 198	∠ N	1 State of legal domicile: KS		
4	1	Briefly describe the organization's mission or most	significant activities: STRENG	THENING C	COMMUNITIES &				
Governance		IMPROVING LIVES OF LATINOS & OTHERS T	HROUGH EDUCATION, SOCIA	L, &					
u.	2	Check this box if the organization disco	ntinued its operations or dispos	sed of more	than 25% of its r	net ass	ets.		
Š	3	Number of voting members of the governing body	(Part VI, line 1a)			3	19		
ဗိ	4	Number of independent voting members of the go				-	19		
ور در	5 5	Total number of individuals employed in calendar y				-	47		
ij	6	Total number of volunteers (estimate if necessary)				6	127		
Activities &	7 2	Total unrelated business revenue from Part VIII, co				-	0.		
ĕ	' h	Net unrelated business taxable income from Form				7b	0.		
	<u> </u>	THE UNIONESS TO AND THE TOTAL OF THE	000 T, III 0 00		Prior Year	1,2	Current Year		
	8	Contributions and grants (Part VIII, line 1h)			1,695,	289.	2,944,582.		
ne	9	D / / / / / / / / / / / / / / / / / / /			409,		328,448.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4	and 7d)		301,		353,900.		
Be	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c			-23,		-13,139.		
	1	Total revenue - add lines 8 through 11 (must equal			2,382,		3,613,791.		
_		Grants and similar amounts paid (Part IX, column (684.	161,021.		
	1				01,	0.	0.		
	4-	Benefits paid to or for members (Part IX, column (A			1,478,315.		1,741,040.		
Expenses	15	Salaries, other compensation, employee benefits (I			1,170,	0.	0.		
ens	16a	Professional fundraising fees (Part IX, column (A), I					0.		
X	_ D	Total fundraising expenses (Part IX, column (D), line			833,	126	700 401		
_	''	Other expenses (Part IX, column (A), lines 11a-11d,			2,393,		799,491.		
		Total expenses. Add lines 13-17 (must equal Part I					2,701,552. 912,239.		
	19	Revenue less expenses. Subtract line 18 from line	12		-10,				
10 8				Re	ginning of Current		End of Year		
Ssei	20				9,059,		10,138,660.		
Net Assets or	21	Total liabilities (Part X, line 26)			529,	_	781,003.		
	art II	Net assets or fund balances. Subtract line 21 from Signature Block	line 20		8,529,	395.	9,357,657.		
						. ,			
		Ities of perjury, I declare that I have examined this return,					knowledge and belief, it is		
true	e, correc	t, and complete. Declaration of preparer (other than office	r) is based on all information of wi	nich preparer	nas any knowledge).			
		Signature of officer			Doto				
Sig		,			Date				
He	re	IRENE CAUDILLO, PRESIDENT/CEO Type or print name and title							
		y 31 - 1	<u> </u>	T r	Date C	L	DTIN		
_		Print/Type preparer's name	Preparer's signature		if	heck	PTIN		
Pai -		RICH A. BILI	RICH A. BILI	0	<u> </u>	elf-employe			
	parer	Firm's name KELLER & OWENS, LLC			Firm's EIN ▶ 48-1195228				
Use	Only	Firm's address 10955 LOWELL AVE, STE 80	U			,	-		
		OVERLAND PARK, KS 66210			Phone n	0.(913	3) 338-3500		
Ма	y the IF	RS discuss this return with the preparer shown abo	ve? (see instructions)				X Yes No		

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or print 36-2904073 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 650 MINNESOTA AVENUE return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. KANSAS CITY, KS 66101 Enter the Return Code for the return that this application is for (file a separate application for each return) 1 Return Application **Application** Return Code Is For Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 ROBERT ORTIZ The books are in the care of \blacktriangleright 650 MINNESOTA AVENUE - KANSAS CITY, KS 66101 Telephone No. ▶ 913-677-0100 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for. MAY 17, 2021 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year or __ , and ending __JUN_30 , 2020 ▶ X tax year beginning JUL 1, 2019 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

instructions

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE MISSION OF EL-CENTRO, INC., A NOT-FOR-PROFIT CORPORATION, IS
	STRENGTHENING COMMUNITIES AND IMPROVING LIVES OF LATINOS AND OTHERS
	THROUGH EDUCATIONAL, SOCIAL, AND ECONOMIC OPPORTUNITIES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$895,522. including grants of \$) (Revenue \$) (Revenue \$)
	PRE-K EDUCATION: ESTABLISHED IN 1989, EL CENTRO'S NATIONALLY ACCREDITED
	(THROUGH NAEYC - THE NATIONAL ASSOCIATION FOR THE EDUCATION OF YOUNG
	CHILDREN) OUR ACADEMY FOR CHILDREN PREPARES 2 1/2 - 5-YEAR-OLD CHILDREN
	THROUGH ITS QUALITY, DUAL-LANGUAGE EARLY CHILDHOOD EDUCATION PROGRAM,
	WITH A SPECIAL EMPHASIS ON LITERACY, READING READINESS AND NUMERACY.
	WITH ALMOST 30 YEARS OF EXPERIENCE, OUR PRE-K PROGRAM FOCUSES ON
	BUILDING A STRONG FOUNDATION FOR CHILDRENSPECIFICALLY THOSE WHO ARE
	ENGLISH-LANGUAGE-LEARNERS-TO BECOME LIFE-LONG LEARNERS. THE ACADEMY FOR
	CHILDREN ALSO PROVIDES MONTHLY "FAMILY NIGHTS" TO TEACH PARENTS ON HOW
	TO BETTER WORK WITH THEIR CHILDREN ON TYING LESSONS LEARNED AT THE
	ACADEMY WITH THEIR HOME LIFE. SEE SCHEDULE O.
4b	(Code:) (Expenses \$584,629. including grants of \$) (Revenue \$)
	HEALTH RELATED SERVICES: COMPLEMENTARY PROGRAMS RANGING FROM HEALTH
	FOCUS OUTREACH AND INTERVENTION, WORKING WITH UNDER-/UNINSURED,
	INTERPRETING SERVICES, BILLING QUESTIONS, FINDING SPECIALTY CARE,
	MEDICINE VOUCHERS THROUGH KC MEDICINE CABINET, CLIENT ADVOCACY, AND
	PATIENT NAVIGATION PROVIDING SERVICES TO STRENGTHEN THE FAMILY.
	SPECIFICALLY, OUR HEALTH-FOCUSED OUTREACH AND INTERVENTION PROGRAM
	TRAINS COMMUNITY VOLUNTEER LAY HEALTH PROMOTERS (PROMOTORAS DE SALUD)
	IN HEALTH ISSUES CONCERNING THE COMMUNITY. THEY PROVIDE BASIC HEALTH
	INFORMATION, DISSEMINATE MATERIALS RELATED TO CREATING A "CULTURE OF
	HEALTH THROUGH HEALTHY EATING, EXERCISE, AND OTHER OPPORTUNITIES TO
	ACCESS HEALTHCARE. SEE SCHEDULE O.
	270 670
4c	(Code:) (Expenses \$ 270,678. including grants of \$
	PROGRAM SERVES LOW-/MODERATE-INCOME FAMILIES AND INDIVIDUALS THROUGHOUT
	THE KANSAS CITY METROPOLITAN AREA WITH FINANCIAL LITERACY EDUCATION. THE PROGRAM PROVIDES GROUP AND INDIVIDUAL EDUCATION OF MONEY MANAGEMENT
	(E.G., BUDGETING, SAVINGS, AND ASSET-BUILDING). INDIVIDUAL ASSISTANCE
	AND COUNSELING IN MONEY MANAGEMENT ISSUES ARE OFFERED, ALONG WITH FREE VOLUNTEER INCOME TAX ASSISTANCE (VITA) AND ITIN APPLICATIONS.
	VOLUNIEER INCOME IAA ASSISIANCE (VIIA) AND IIIN APPLICATIONS.
4d	Other program services (Describe on Schedule O.)
_	(Expenses \$ 515,623. including grants of \$) (Revenue \$ 131,915.)
40	Total program service expenses ▶ 2,266,452.

10130422 795752 12726

Form 990 (2019) EL CENTRO, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	T.		
Ŭ	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
-		6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			l
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	Х	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
ч	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
u		11d		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX		Х	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	,	19		x
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
20a		20a 20b		
b O4	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	ZUD		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			"
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

932003 01-20-20

Form 990 (
Part IV	Che	ecklist 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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If		.,	
	"Yes," complete Schedule L, Part IV	28c	Х	x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
0.4	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		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
20	Schedule N, Part II	32		Α
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34		34		x
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
30	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
0,	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?	<u> </u>		
00		38	х	
Pai	Note: All Form 990 filers are required to complete Schedule O † V Statements Regarding Other IRS Filings and Tax Compliance	, 50	1	
	Check if Schedule O contains a response or note to any line in this Part V			
	, , , , , , , , , , , , , , , , , , , ,		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

932004 01-20-20

(gambling) winnings to prize winners?

Form 990 (2019) EL CENTRO, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Entre the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements. 186 of for the calendar year entities with very ear covered by this return 2. 3b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? 3c Did the organization have unrelated business gross income of \$1,000 or more during the year? 3c Did the organization have unrelated business gross income of \$1,000 or more during the year? 3c Did the organization have unrelated business gross income of \$1,000 or more during the year? 3d At any time during the calendar year, oid the organization have an interest in, or a significant or other authority over, a financial account in a foreign country level. At any time during the calendar year, oid the organization have an interest in, or a significant or other authority over, a financial account in a foreign country level. The financial scoorunit in a foreign country level has a bank account, securities account, or other financial accountry? 3c Did If Yes 1 financial accountry in the organization from 114, Report of Foreign Bank and Financial Accounts (FBAR). 5d Was the organization party to a prohibited tax shelter transaction? 5d Was the organization party to a prohibited tax shelter transaction? 5d If Yes 1 financial scoorunity in the organization that it was or is a party to a prohibited tax shelter transaction? 5d If Yes 2 find the organization in financial financial Accounts (FBAR). 5d If Yes 2 find the organization in financial financia					Yes	No
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 30 bif we organization have unrelated business gross incomer of \$1,000 or more during the year? 31 bif we're, has it filed a form 990° for this year? If 'No' to line 3b, provide an explanation on Schedule 0 32 bif we're, has it filed a form 990° for this year? If 'No' to line 3b, provide an explanation on Schedule 0 33 bif we're, has it filed a form 990° for this year? If 'No' to line 3b, provide an explanation on Schedule 0 34 har yn time during the ceatedray year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country such as a bank account, securities account, or other financial accountry? 55 bif 'No's to line the name of the foreign country by the 'No's 'Indies the name of the foreign country by the 'Yes,' and the same and the organization that it was or is a party to a prohibited tax shelter transaction? 56 bif 'No's 'Indies for Sch, did the organization that it was or is a party to a prohibited tax shelter transaction? 57 bif 'No's 'Indies for Sch, did the organization that it was or is a party to a prohibited tax shelter transaction solicit any contributions that were not tax deductibles a charitable contributions? 58 bif 'No's,' did the organization include with every solicitation an express statement that such contributions orgits were not tax deductibles are shartable contributions? 79 bif 'No's,' did the organization include with every solicitation an express statement that such contributions orgits were not tax deductible and shartable contributions? 79 bif 'No's,' did the organization include with every solicitation an express statement that such contributions orgits were not tax deductibles and shartable contributions? 79 bif the organization shart may receive deductible contributions under section 170(c). 70 bif the organization received and the organization shartable contributions or shartable contributio	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
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g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(2) 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? 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13b Section 501(c)(29) qualified nealth insurance issuers. 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 c Enter the amount of reserves any payments for indoor tanning services during the tax year? 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. 15 Is the organization subject to the section 4960 tax on payments(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If "Yes	_					_
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.				15		Х
If "Yes," complete Form 4720, Schedule O.						
	16		income?	16		X
		If "Yes," complete Form 4720, Schedule O.			000	105

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EL CENTRO, INC. Form 990 (2019)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			Х
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 19			
	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 on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		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		х
	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	
	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		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
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)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.	- /		
	X Own website X Another's website X 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	d finan	cial	
	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			
	ROBERT ORTIZ - 913-677-0100			
	650 MINNESOTA AVENUE, KANSAS CITY, KS 66101			

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete 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.

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

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

(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos			one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week	\vdash	cer ar	id a d	irecto	r/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	e e			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		ee ee	Suadu		(W-2/1099-MISC)		organization and related
	below	lual tr	tional		nploy	st con	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) J.D. RIOS	5.00	_	 -			1 0				
CHAIRMAN		х		х				0.	0.	0.
(2) JUDITH PAULETTE	2.00									
1ST VICE CHAIR		х		х				0.	0.	0.
(3) CHIQUITA MILLER	2.00									
DIRECTOR		х						0.	0.	0.
(4) TONY VILLEGAS	2.00									
DIRECTOR		х						0.	0.	0.
(5) KIETH MCGOVERN	2.00									
TREASURER		х		х				0.	0.	0.
(6) ART SILVA	2.00									
DIRECTOR		х						0.	0.	0.
(7) THERESA REYES CUMMINGS	2.00									
DIRECTOR		х						0.	0.	0.
(8) ALICA HOOKS	2.00									
DIRECTOR		х						0.	0.	0.
(9) GERI REECE	2.00									
DIRECTOR		х						0.	0.	0.
(10) KATIA MUNSON	2.00									
DIRECTOR		Х						0.	0.	0.
(11) BRIAN PATRICK	2.00									
DIRECTOR		Х						0.	0.	0.
(12) ERIC WYMORE	2.00									
DIRECTOR		Х						0.	0.	0.
(13) ELLEN HANSON	2.00									
DIRECTOR		Х						0.	0.	0.
(14) GENE CHAVEZ	2.00									
DIRECTOR		Х						0.	0.	0.
(15) FATHER OSWALDO SANDOVAL	2.00									
DIRECTOR		Х						0.	0.	0.
(16) ED KREMER	2.00									
DIRECTOR		Х						0.	0.	0.
(17) CHRISTOPHER MUNOZ	2.00									
DIRECTOR		Х						0.	0.	0.
932007 01-20-20										Form 990 (2019)

EL CENTRO INC 36-2904073

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees.	and	d Hig	ghes	st C	ompensated Employee	es (continued)				age C
(A) Name and title	(B) Average hours per week	(do	not c	Pos heck ss pe	C) sition more rson i		one h an	(D) Reportable compensation from	(E) Reportable compensation from related	n	l '	(F) stimate nount other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fr org an	pensa rom the anizat d relate anizatio	e ion ed
(18) JORGE LUIS FLORES	2.00												
SECRETARY		Х		Х				0.		0.			0.
(19) CATALINA VELARDE	2.00												
2ND VICE CHAIR		Х		Х				0.		0.			0.
(20) JESS GUERECA	2.00	-								_			_
DIRECTOR-PORTION OF YEAR		Х	├			_	_	0.		0.			0.
(21) IRENE CAUDILLO	40.00	-								_			
PRESIDENT/ CEO		-		Х		_		119,413.		0.		12,	809.
(22) KELLI MATHER	40.00	-								_			
CHIEF OPERATING OFFICER		-		Х		_		110,575.		0.		17,	616.
(23) ERICA ANDRADE	40.00	-								_			
CHIEF PROGRAM OFFICER	10.00	-	<u> </u>	Х		-		66,420.		0.		12,	157.
(24) ROBERT ORTIZ	40.00	-						50 886		^		0	015
DIRECTOR OF FINANCE	1		┝	Х		\vdash		59,776.		0.		9,	915.
		-											
	1		┢			├							
		-											
4h Cubtatal							\vdash	356,184.		0.		5.2	497.
1b Subtotal								0.		0.		52,	0.
c Total from continuation sheets to Part V								356,184.		0.		5.2	497.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but r							- r		000 of reportable			JZ,	4 07,
compensation from the organization	iot iiinited to ti	1056	liste	u al	JOVE	e) wi	10 16	eceived more triair \$100,	,000 of reportable				2
compensation from the organization												Yes	No
3 Did the organization list any former officer	director trust	ee k	cev e	empl	love	e or	hio	hest compensated emp	lovee on				
line 1a? If "Yes," complete Schedule J for s			•	-	•	•	•		•		3		Х
4 For any individual listed on line 1a, is the si													
and related organizations greater than \$15	•							•	•		4		Х
5 Did any person listed on line 1a receive or													
rendered to the organization? If "Yes," con	•				-			•			5		Х
Section B. Independent Contractors	ipicie ochedar	007	07 30	<u> </u>	00/0	OH							
Complete this table for your five highest co	mpensated inc	depe	nde	nt co	ontra	acto	rs th	nat received more than \$	\$100,000 of comp	ensa	tion fro	om	
the organization. Report compensation for													
(A)								(B)			(0	C)	
Name and business	address	NO	NE					Description of s	services	C	ompe	nsatio	n
							\dashv						
							\dashv						
2 Total number of independent contractors (i	ncludina hut n	ot lir	nite	d to	thos	se lis	ted	above) who received me	ore than				
								,					

Form **990** (2019)

\$100,000 of compensation from the organization

			2019) EL C			INC.					36-290407	3 Page 9
Pa	rt VI	Ш	_									
			Check if Schedule O	cont	tains a	respon	se or note	to any lin	e in this Part VIII	(B)	(C)	(D)
									Total revenue	Related or exempt	Unrelated	Revenue excluded
										function revenue	business revenue	from tax under sections 512 - 514
40.10		_	Fordered conservations			Ta. 1	11	0,423.				366110113 3 12 - 3 14
Contributions, Gifts, Grants and Other Similar Amounts	1 6		Federated campaigns			1a		.0,423.				
ğ d			Membership dues			1b						
fts, Ar			Fundraising events			1c						
igi ilar							3.8	84,894.				
ons, Sir	•		Government grants (contract)			1e		74,054.				
utic	'	•	All other contributions, gifts, similar amounts not included				2 44	9,265.				
E. O. E.		~	Noncash contributions included in			1g \$, 200.				
no n	ļ	_	Total. Add lines 1a-1f			`			2,944,582.			
0 10	- '	<u>'''</u>	Total. Add lines 1a-11					ss Code	_,==,==,===			
•	2 8	2	PRE-K TUITION				6116		203,948.	203,948.		
vice	2 6	-	PROGRAM SERVICE REN	IT			5311		69,574.	69,574.		
Ser	,	~	FEES				9000		32,927.	32,927.		
m S		_	MORTGAGE INT-LOW INC			5222		19,924.	19,924.			
Program Service Revenue		-	TRANSLATION FEES				9000		2,075.	2,075.		
Pro	f	f	All other program service	reve	enue				,	,		
									328,448.			
	3		Investment income (include						,			
			other similar amounts)					•	153,477.			153,477.
	4		Income from investment of tax-exempt bond p									
	5		Royalties			-		🕨				
						(i) Real	(ii) Pe	ersonal				
	6 a	а	Gross rents	6a	1	38,29	6.					
	k	b	Less: rental expenses	6b	,	58,85	0.					
	(С	Rental income or (loss)	60	;	-20,55	4.					
	•	d	Net rental income or (loss	s)				🕨	-20,554.			-20,554.
	7 a	а	Gross amount from sales of		(i) :	Securitie	es (ii) (Other				
		assets other than inventory 7a 200,423.		3.								
	k	b	Less: cost or other basis									
ıne			and sales expenses				0.					
evenue	(С	Gain or (loss)	7c	<u>: </u>	200,42	3.					
œ			Net gain or (loss)				<u></u>	<u> </u>	200,423.			200,423.
Other	8 8	а	Gross income from fundraisi									
ō			including \$									
			contributions reported on		,							
	_		Part IV, line 18				8a					
			Less: direct expenses				8b					
			Net income or (loss) from			- г	s	>				
	9 8	а	Gross income from gamin				0-					
			Part IV, line 19				9a 9b					
			Less: direct expenses Net income or (loss) from				90					
			Gross sales of inventory,									
	10 6	а	and allowances				10a					
	,	h	Less: cost of goods sold				10b					
			Net income or (loss) from									
		_	The state of the section is a section in the section in the section in the section in the section is a section in the section	Juic				ss Code				
snc	11 :	а	MISCELLANEOUS				9000		7,082.	7,082.		
Miscellaneous Revenue	k		BAD DEBT RECOVERY				9000	99	333.	333.		
ella		С										
lisc			All other revenue				_					
2	6		Total. Add lines 11a-11d					▶	7,415.			
			Total revenue. See instruction						3,613,791.	335,863.	0.	333,346.

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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).

	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	161,021.	161,021.		
3	Grants and other assistance to foreign	,	,		
_	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	443,761.	265,524.	110,609.	67,628
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,068,836.	988,554.	38,289.	41,993
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	21,995.	20,656.	596.	743
9	Other employee benefits	90,800.	86,541.	2,327.	1,932
0	Payroll taxes	115,648.	96,567.	10,973.	8,108
1	Fees for services (nonemployees):				
а	Management				
b	Legal	515.		515.	
С	Accounting	21,300.		21,300.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	15 111		45 444	
f	Investment management fees	17,111.		17,111.	
g	Other. (If line 11g amount exceeds 10% of line 25,	105 605	60,000	10 505	04.000
	column (A) amount, list line 11g expenses on Sch O.)	107,697.	62,990.	19,727.	24,980
12	Advertising and promotion	35,070.	24,676.	9,276.	1,118
13	Office expenses	88,359. 10,839.	69,860. 10,006.	15,364.	3,135
4	Information technology	10,039.	10,000.	033.	190
15	Royalties	188,385.	175,590.	10,045.	2,750
6	Occupancy	26,325.	25,036.	1,289.	2,730
7 8	Payments of travel or entertainment expenses	20,323.	23,030.	1,203.	
0	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	34,679.	32,945.	1,734.	
9 20	· [,	-2,523.	-,	
:U !1	Payments to affiliates				
22	Depreciation, depletion, and amortization	120,183.	99,341.	13,026.	7,816
23	Insurance	10,333.	8,630.	979.	724
4	Other expenses. Itemize expenses not covered	,	,		
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM SUPPLIES	105,906.	105,726.	180.	
b	FOOD SERVICE	32,789.	32,789.		
c		,	,		
d					
e	All other expenses				
:5	Total functional expenses. Add lines 1 through 24e	2,701,552.	2,266,452.	273,975.	161,125
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 X if following SOP 98-2 (ASC 958-720)				

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Form 990 (2019) Part X Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		99,886.	1	62,073	
	2	Savings and temporary cash investments			776,384.	2	1,651,764
	3	Pledges and grants receivable, net		92,400.	3	245,857	
	4	Accounts receivable, net			11,730.	4	39,269
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
		controlled entity or family member of any of th		5			
	6	Loans and other receivables from other disqua	lified per	sons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B)		6	
s.	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ϋ́	9	Donat and a company of the form of the company			7,018.	9	7,821
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	3,093,473.			
	b	Less: accumulated depreciation	10b	1,383,476.	1,666,611.	10c	1,709,997
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line			6,195,303.	12	6,238,077
	13	Investments - program-related. See Part IV, line	209,458.	13	183,302		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	500.	15	500		
	16	Total assets. Add lines 1 through 15 (must ed	9,059,290.	16	10,138,660		
	17	Accounts payable and accrued expenses		184,286.	17	157,524	
	18	Grants payable		18			
	19	Deferred revenue	333,879.	19	297,425		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete			11,730.	21	8,454
S	22	Loans and other payables to any current or for	mer offic	er, director,			
ii l		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of th	ons		22		
=	23	Secured mortgages and notes payable to unre	lated thir	d parties		23	
	24	Unsecured notes and loans payable to unrelate	ed third p	parties		24	
	25	Other liabilities (including federal income tax, p	ayables	to related third			
		parties, and other liabilities not included on lin	es 17-24)	. Complete Part X			
		of Schedule D			0.	25	317,600
	26				529,895.	26	781,003
		Organizations that follow FASB ASC 958, cl	eck her	e ▶ X			
ces		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			8,245,871.	27	8,320,624
Ba	28	Net assets with donor restrictions	283,524.	28	1,037,033		
밀		Organizations that do not follow FASB ASC	958, che	ck here 🕨 📖			
딘		and complete lines 29 through 33.					
20 0	29	Capital stock or trust principal, or current fund				29	
se	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated				31	
Š	32	Total net assets or fund balances			8,529,395.	32	9,357,657
	33	Total liabilities and net assets/fund balances			9,059,290.	33	10,138,660 Form 990 (2019

EL CENTRO, INC. 36-2904073 Page **12** Form 990 (2019)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3	,613,	791.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	701,	552.
3	Revenue less expenses. Subtract line 2 from line 1	3		912,	239.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8	,529,	395.
5	Net unrealized gains (losses) on investments	5		-83,	977.
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	9	,357,	657.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				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?				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
За	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?				Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047

2019

Open to Public Inspection

INaII	ie oi	THE Organization	TO THE						36-2904073	ilibei
Pa	EL CENTRO, INC. 36-2904073 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.									
		nization is not a private found					o in our double.	·		
1	[]	A church, convention of ch					VAVi).			
2	H	A school described in secti					. ///(-/-			
3	H	A hospital or a cooperative					i)			
4	H	A medical research organization					-	Viii). Enter	the hospital's nam	ne.
•		city, and state:	a.i.o., oporatoa .i. oo.	, amonom man a moopman		000110	(5)(.)(.)	,,,e.	and modphian orman	,
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in	
•		section 170(b)(1)(A)(iv). (C		9,						
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).			
	Х	An organization that normal	· ·				• •	ne general r	oublic described in	1
		section 170(b)(1)(A)(vi). (C	•		J					
8		A community trust describe		1)(A)(vi). (Complete Part	: 11.)					
9	一	An agricultural research org			•	ed in coniu	nction with a	land-grant	college	
		or university or a non-land-g				-		-	-	
		university:		,				· ·		
10		An organization that normal	lly receives: (1) more	than 33 1/3% of its supp	ort from c	contribution	ns, membersl	nip fees, an	d gross receipts fr	om
		activities related to its exem	npt functions - subjec	ct to certain exceptions,	and (2) no	more than	33 1/3% of it	s support f	rom gross investm	nent
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acquir	red by the org	janization a	fter June 30, 1975	5.
		See section 509(a)(2). (Cor	mplete Part III.)							
11		An organization organized a	and operated exclusi	vely to test for public saf	ety. See	section 50)9(a)(4).			
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform th	he functior	ns of, or to ca	rry out the	purposes of one o	r
		more publicly supported org	ganizations described	d in section 509(a)(1) o	r section (509(a)(2).	See section :	509(a)(3). (Check the box in	
		lines 12a through 12d that o	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and	12g.		
а		Type I. A supporting orga	anization operated, su	upervised, or controlled I	oy its supp	orted orga	anization(s), t	pically by	giving	
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	pporting	
		organization. You must c								
b	L	Type II. A supporting orga	· ·				-		-	
		control or management of			ıme persoi	ns that cor	ntrol or mana	ge the supp	oorted	
	_	organization(s). You mus								
С	L	Type III functionally inte						ly integrate	d with,	
		its supported organization	. , ,	•	•	•	•	de el encocació		
d		Type III non-functionally						-	* *	
		that is not functionally into	-		•		=	an attentiv	reness	
е		requirement (see instructi	·	-				II Type III		
C		Check this box if the orga functionally integrated, or					турет, туре	ii, Type iii		
f	Fnt	ter the number of supported o		iany integrated supportin	ig organizi	ation.				
		ovide the following information	•	d organization(s).						
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of	fmonetary	(vi) Amount of ot	
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instruc	ctions)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(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 qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,436,772.	1,420,278.	1,668,691.	1,695,289.	2,944,582.	9,165,612.
2	Tax revenues levied for the organ-						
	ization'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	1,436,772.	1,420,278.	1,668,691.	1,695,289.	2,944,582.	9,165,612.
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)						563,793.
6	Public support. Subtract line 5 from line 4.						8,601,819.
	ction B. Total Support			<u>'</u>			
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	1,436,772.	1,420,278.	1,668,691.	1,695,289.	2,944,582.	9,165,612.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	224,347.	149,120.	168,983.	192,885.	191,773.	927,108.
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.)	6,071.	3,900.	8,794.	5,268.	7,415.	31,448.
11	Total support. Add lines 7 through 10	,		,	,	,	10,124,168.
12	Gross receipts from related activities,	etc. (see instructio	ns)	<u>'</u>		12	1,965,944.
13	First five years. If the Form 990 is for						· · ·
	organization, check this box and stop		,		•		
Sec	ction C. Computation of Publi						<u> </u>
14	Public support percentage for 2019 (li	ine 6, column (f) div	vided by line 11, co	lumn (f))		14	84.96 %
15	Public support percentage from 2018	Schedule A, Part I	I, line 14			15	86.66 %
16a	33 1/3% support test - 2019. If the o					ore, check this box	and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2018. If the o	organization did not	t check a box on lir				
	and stop here. The organization qualifies as a publicly supported organization						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	ts-and-circumstanc	es" test, check this	s box and stop he	ere. Explain in Pai	t VI how the organi	zation
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test						
	more, and if the organization meets th	ne "facts-and-circun	nstances" test, che	eck this box and	stop here. Explain	in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test. T	he organization qu	alifies as a publicl	y supported orgar	nization	
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	, <u>16b, 17a, or 1</u> 7b,	check this box ar	nd see instructions	
						dule A (Form 990	000 F7\ 0040

Schedule A (Form 990 or 990-EZ) 2019

Part III | 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	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.)						
	First five years. If the Form 990 is for	the organization's	s first, second, third	d. fourth. or fifth ta	x vear as a section	n 501(c)(3) organiz	ation.
	check this box and stop here	-			•		
Se	ction C. Computation of Publi						,
15	Public support percentage for 2019 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2018					16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20	100, colur	nn (f), divided by li	ne 13, column (f))		17	%
18						18	%
	a 33 1/3% support tests - 2019. If the						
-	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2018. If the						and
-	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						>

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Schedule A (Form 990 or 990-EZ) 2019

Page 4

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c 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.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |f "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- 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.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer (b) and (c) below (if applicable). Also, provide detail in 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).
- 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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).
- 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).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- 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.
- c 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.
- 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.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
•		
2		
2-		
3a		
3b		
0-		
3с		
4a		
4b		
4c		
5a		
5b 5c		_
50		
6		
0		
7		
8		
9a		
Ol-		
9b		
9с		
10a		
10b		

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 (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
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			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	·-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions))	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on l	Nov. 20, 1970 (explain in F	Part VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must of	omplete Sec	ctions A through E.	
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_ 7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
_ 7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting orga	inization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Par	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continued)				
Secti	Section D - Distributions Current Year						
1	Amounts paid to supported organizations to accomplish exer	mpt purposes					
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported					
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which the	ne organization is responsive					
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2019 from Section C, line 6						
10	Line 8 amount divided by line 9 amount						
		(i)	(ii)	(iii)			
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019			
1	Distributable amount for 2019 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2019 (reason-						
	able cause required- explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2019						
а	From 2014						
b	From 2015						
С	From 2016						
d	From 2017						
е	From 2018						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2019 distributable amount						
i	Carryover from 2014 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2019 from Section D,						
	line 7: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2019 distributable amount						
с	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2019, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2019. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2020. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
<u>a</u>	Excess from 2015						
b	Excess from 2016						
c	Excess from 2017						
<u>d</u>	Excess from 2018						
е	Excess from 2019						

Schedule A (Form 990 or 990-EZ) 2019

Part IV. Section A, lines 1, 2, 3b, 5c, 4b, 4c, 5a, 6 ag, 8b, 9c, 11a, 11b, and 11c, Part IV. Section, E, Inesa 1 and 2. Part IV. Section, E, Inesa 1 and 2. Part IV. Section, E, Inesa 2 and 3. Part IV. Section, E, Inesa 2 and 3. Part IV. Section, E, Inesa 2 and 3. Part IV. Section, E, Inesa 1 and 5c, 3c, 3c, 3c, 3c, 3c, 3c, 3c, 3c, 3c, 3	Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.		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
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.		line 1: Part IV. Section D. lines 2 and 3: Part IV. Section E. lines 1c. 2a. 2b. 3a. and 3b: Part V. line 1: Part V. Section B. line 1: Part V.
(See instructions.)		Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
		(See instructions.)
		_
	-	

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

Employer identification number

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

2019

:	36-2904073				
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				
	on is covered by the General Rule or a Special Rule. I (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.			
General Rule					
	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling any one contributor. Complete Parts I and II. See instructions for determining a contributor				
Special Rules					
sections 509(a) any one contrib	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, outor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount EZ, line 1. Complete Parts I and II.	or 16b, and that received from			
year, total conti	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.				
year, contribution is checked, ento purpose. Don't	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				
but it must answer "No"	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), ut 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 ertify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				

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

Name of organization

Employer identification number

EL CENTRO, INC.

36-2904073

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Name, address, and ZIF + 4	\$\$64,498.	Person X Payroll
(a)	(b)	(c) Total contributions	(d)
No. 3	Name, address, and ZIP + 4	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4		Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6 <u>6</u>	Name, audress, and ZIF + 4	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

EL CENTRO, INC.

36-2904073

Parti	Contributors (see instructions). Use duplicate copies of Part I if addit	ionai space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$	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
8		\$ 355,194. 	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
9		\$100,000.	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
10		\$165,973	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$100,749.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$132,203.	Person X Payroll

	. 490
Name of organization	Employer identification number
EL CENTRO, INC.	36-2904073

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ \$99,251.	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
14		\$\$	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.)

Name of organization

EL CENTRO, INC.

36-2904073

raitii	(see instructions). Use duplicate copies of Part I	i it additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	

Name of or	ganization		Employer identification number
EL CENTRO	O, INC.		36-2904073
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, countributed Use duplicate copies of Part III if additional seconds.	through (e) and the following line e haritable, etc., contributions of \$1,000 c	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year entry. For organizations or less for the year. (Enter this info. once.) \$\infty\$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of g	ift
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, an	(e) Transfer of g	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of g	ift
_	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_	(e) Transfer of g	
-	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

	(see separate instructions), then	Samuel Occupation Devices			
	Section 501(c)(4), (5), or (6) organizaten ne of organization	ions: Complete Part III.		Fmpl	loyer identification number
114411	EL CENTRO,	TNC		2p	36-2904073
Pa		anization is exempt unde	er section 501(c) o	r is a section 527 or	
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures	. •	> \$	
Pa	art I-B Complete if the org	anization is exempt unde	er section 501(c)(3)).	
1	Enter the amount of any excise tax	incurred by the organization unde	er section 4955	▶ \$	
3	If the organization incurred a section	n 4955 tax, did it file Form 4720 f	or this year?		Yes No
4a	Was a correction made?				Yes No
k	If "Yes," describe in Part IV.				
Pa	art I-C Complete if the org	anization is exempt unde	er section 501(c), e	except section 501(c	9(3).
3	Enter the amount of the filing organ exempt function activities Total exempt function expenditures line 17b Did the filing organization file Form Enter the names, addresses and emmade payments. For each organization ontributions received that were propolitical action committee (PAC). If	. Add lines 1 and 2. Enter here ar 1120-POL for this year? Inployer identification number (EIN tion listed, enter the amount paid omptly and directly delivered to a	od on Form 1120-POL,) of all section 527 polit from the filing organiza separate political organ	ical organizations to which tion's funds. Also enter the nization, such as a separat	Yes No n the filing organization a amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2019

LHA

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Pai	rt II-A Complete if the org section 501(h)).	anizatio	n is exer	npt under sectior	1 501(c)(3) and file	d Form 5768 (ele	ection under
A CI	. 🗖	tion belone	gs to an affi	liated group (and list in	Part IV each affiliated	group member's nam	e, address, EIN,
	expenses, and shar		•	•			, , ,
B C	heck 🕨 🔲 if the filing organiza	tion check	ed box A ar	nd "limited control" pro	visions apply.		
			oying Expe eans amou	nditures ınts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influ	ence publ	ic opinion (grassroots lobbying)			
b	Total lobbying expenditures to influ	ence a leg	islative boo	dy (direct lobbying)			
С	Total lobbying expenditures (add lin	nes 1a and	l 1b)				
	Other exempt purpose expenditure						
е	Total exempt purpose expenditures	s (add line	s 1c and 1d)			
f	Lobbying nontaxable amount. Ente	r the amo	unt from the	e following table in both	n columns.		
	If the amount on line 1e, column (a) o	r (b) is:	The lob	bying nontaxable am	ount is:		
	Not over \$500,000		20% of	the amount on line 1e.			
	Over \$500,000 but not over \$1,000	,000	\$100,00	00 plus 15% of the exc	ess over \$500,000.		
	Over \$1,000,000 but not over \$1,50			00 plus 10% of the exc			
	Over \$1,500,000 but not over \$17,0	·		00 plus 5% of the exces			
	Over \$17,000,000	,	\$1,000,		. , ,		
,	. , ,		, , , , , , , , ,				
g	Grassroots nontaxable amount (en	ter 25% of	line 1f)				
_	Subtract line 1g from line 1a. If zero		, ,,				
	Subtract line 1f from line 1c. If zero						
i	If there is an amount other than zer						
•	reporting section 4911 tax for this						Yes No
	(Some organizations th	at made a	4-Year Ave a section 5 the separ	eraging Period Under 01(h) election do not l ate instructions for lir	Section 501(h) have to complete all c nes 2a through 2f.)		elow.
		Lobi	ying Expe	nditures During 4-Yea	r Averaging Period		_
	Calendar year (or fiscal year beginning in)	(a)	2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
	Lobbying nontaxable amount						
	Lobbying ceiling amount (150% of line 2a, column(e))						
c	Total lobbying expenditures						
	Grassroots nontaxable amount						
	Grassroots ceiling amount (150% of line 2d, column (e))						
f	Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2019

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For F	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	1)	(k	o)
	e lobbying activity.	No	Amo	ount	
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?		Х		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X	77		
	Media advertisements?		X		
	Mailings to members, legislators, or the public?		X		
	Publications, or published or broadcast statements?		X		
	Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body?	X			1,744.
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		, /
	Other activities?		Х		
-	Total. Add lines 1c through 1i				1,744.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		·
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5), or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
Par	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section			tion	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered		•		3. is
	answered "Yes."		. ,	,	•
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
	Total				
3	A second to a second constant is a set in $OOO(4)(4)(A)$ and is a set in set in $OO(4)$ due to		١ ۾		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
	expenditure next year?		4		
	Taxable amount of lobbying and political expenditures (see instructions)		5		
	t IV Supplemental Information				
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-	A, lines 1 a	nd 2 (see	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				
PART	! II-B, LINE 1, LOBBYING ACTIVITIES:				
тнг	ORGANIZATION'S LOBBYING ACTIVITY CONSISTS OF COMMUNICATION WITH				
	OKOMIMITOR D HODDIING RETIVITI CONDIDID OF COMMONICATION WITH				
LEGI	SLATORS RELATED TO VARIOUS ISSUES INCLUDING: EASE OF VOTING,				
EDUC	CATION, HEALTH CARE, AND CHILD CARE.				

Schedule C (Form 990 or 990-EZ) 2019

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

Name of the organization

EL CENTRO, INC. 36 - 2904073

Par	t I Organizations Maintaining Donor Advised	Funds or Other Si	milar Funds or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	6.		
		(a) Donor advised	d funds	b) Funds and other accounts
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 wi	riting that the assets hele	d in donor advised fund	ds
	are the organization's property, subject to the organization's ex	xclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grai	nt funds can be used o	nly
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any	other purpose conferr	ing
	impermissible private benefit?			
Par	t II Conservation Easements. Complete if the orga	anization answered "Yes	on Form 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (for example, recreation	on or education)	Preservation of a histo	orically important land area
	Protection of natural habitat		Preservation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribu	tion in the form of a co	nservation easement on the last
	day of the tax year.			Held at the End of the 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 structure	cture included in (a)		2c
d	Number of conservation easements included in (c) acquired aff	ter 7/25/06, and not on a	a historic structure	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or te	erminated by the organi	zation during the tax
	year ▶			
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period	odic monitoring, inspecti	on, handling of	
	violations, and enforcement of the conservation easements it h			
6	Staff and volunteer hours devoted to monitoring, inspecting, has	andling of violations, and	d enforcing conservation	n easements during the year
	>			
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enfo	orcing conservation ea	sements during the year
	> \$			
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements	of section 170(h)(4)(B)	
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footno	te to the organization's t	financial statements the	at describes the
Dar	organization's accounting for conservation easements. t III Organizations Maintaining Collections of A	Art Historical Trea	sures or Other S	imilar Accete
ıaı	Complete if the organization answered "Yes" on Form 9	-	isures, or other s	iiiliai Assets.
4-		<u> </u>	nue atatament and hale	anna ahaat warka
ıa	If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for publi	•		
	,	, ,		ice of public
L	service, provide in Part XIII the text of the footnote to its finance			s about works of
D	If the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public e	•		
		exhibition, education, or	research in furtherance	e of public service,
	provide the following amounts relating to these items:			• •
	(i) Revenue included on Form 990, Part VIII, line 1			k 4
2	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treas	curse or other similar as		
2				JOVIGE
•	the following amounts required to be reported under FASB AS	-		▶ ¢
	Revenue included on Form 990, Part VIII, line 1			
U	Assets included in Form 990, Part X			Cabadula D (Farra 000) 0040

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

Schedule D (Form 990) 2019

	EL GENERO	TNG			36-290	4072	_	2
	dule D (Form 990) 2019 EL CENTRO, TIII Organizations Maintaining C		· Historical Tra	acures or Othe				age 2
3	Using the organization's acquisition, accessic collection items (check all that apply):	on, and other records	s, check any of the f	ollowing that make s		(contir	nued)	
a	Public exhibition	d		hange program				
b	Scholarly research	е	Other					
C	Preservation for future generations		l 41 6 41 41-			VIII		
4	Provide a description of the organization's co	•	•	•		XIII.		
5	During the year, did the organization solicit o					٦٧		٦ ٨ ٦
Pai	to be sold to raise funds rather than to be matter to be matter than to be matter to be matter to be matter to be matter to be sold to raise funds rather than to be matter to be sold to raise funds rather than to be matter to be sold to raise funds rather than to be matter to be sold to raise funds rather than to be matter to be sold to raise funds rather than to be matter to be					Yes		No
ı aı	reported an amount on Form 990, Par		ete if the organization	n answered "Yes" or	1 Form 990, Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contributions	or other assets not	included			
	on Form 990, Part X?					Yes	X	No
b	If "Yes," explain the arrangement in Part XIII							
						Amoun ⁻	t	
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year							
f	Ending balance				If			
2 a	2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?					Yes		No
b	If "Yes," explain the arrangement in Part XIII.					<u></u>	X	
Par	t V Endowment Funds. Complete i	f the organization and	swered "Yes" on Fo	rm 990, Part IV, line	10.			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four	years	back
1a	Beginning of year balance	6,195,303.	6,087,246.	5,598,412.	4,939,207.	4,	954,	395.
b	Contributions							
С	Net investment earnings, gains, and losses	259,885.	408,312.	595,840.	785,502.			615.
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs	200,000.	283,130.	90,000.	110,000.			
f	Administrative expenses	17,111.	17,125.		16,297.			803.
g	End of year balance	6,238,077.	6,195,303.	6,087,246.	5,598,412.	4,	939,	207.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)) held as:				
а	Board designated or quasi-endowment	100.00	_%					
b	Permanent endowment	%						
С	Term endowment	%						
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.						
За	Are there endowment funds not in the posses	ssion of the organiza	tion that are held an	d administered for the	ne organization			
	by:						Yes	No
	(i) Unrelated organizations					3a(i)	Х	
	(ii) Related organizations					3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza					3b		
4	Describe in Part XIII the intended uses of the	organization's endov						
Par	t VI Land, Buildings, and Equipm	ent.						

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		2,720,431.	1,179,263.	1,541,168.
c Leasehold improvements				
d Equipment		359,354.	192,938.	166,416.
e Other		13,688.	11,275.	2,413.
Total. Add lines 1a through 1e. (Column (d) must equa	1,709,997.			

Schedule D (Form 990) 2019

(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
T. I. (0 I (1) I I I 000 D I V I (D) II 40 \	

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	PAYCHECK PROTECTION PROGRAM LOAN	317,600.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	317,600.

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

Schedule D (Form 990) 2019

Complete the cognization answered Yes in form 990, Part VIII, Ine 12.	Sche	dule D (Form 990) 2019 EL CENTRO, INC.				36-2904073	Page 4
1 Total revenue, gains, and other support per audited financial statements 2 and unstanded on line 1 but not on Form 900, Part VIII, line 12: a Net unrealized gains lossee) on investments 2 b bounted services and use of facilities 2 b control services and use of scribbles 2 b control services and use of scribbles 2 c pecoveries of prior year grants 2 d of their pescribe in Part XIII.) 2 d 56,850. 2 e -25,127, 3 Subtract line 2s from line 1 3 3,596,247, 4 Announts included on Form 900, Part VIII, line 7b 4 1 27,1111, a line 12 b Other Describe in Part XIII.) 5 Other Describe in Part XIII.) 6 Add lines 2 standard 3 d c 17,444, 4 1 333, 4 c 17,444, 5 1 344, 1 345, 1 3	Par	t XI Reconciliation of Revenue per Audite	d Financial Stateme	nts With R	evenue per Ret	turn.	
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Schedule D (Form 990) 2019

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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Schedule I (Form 990) (2019)

Name of the organization							Employer identification number
EL CENTRO, IN	c.						36-2904073
Part I General Information on Grants a	ınd Assistance						
1 Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selecti	
criteria used to award the grants or assi	stance?						No
2 Describe in Part IV the organization's pr	ocedures for monit	oring the use of grant	funds in the United	l States.			
Part II Grants and Other Assistance to	Domestic Organiz	ations and Domestic	Governments. C	Complete if the orga	anization answered "Y	es" on Form 990, Part	t IV, line 21, for any
recipient that received more than	\$5,000. Part II can	be duplicated if additi	onal space is need	ed.			
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization 	-						>

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

36-2904073 EL CENTRO, INC. Page 2

Schedule I (Form 990) (2019) Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Number of (e) Method of valuation (c) Amount of (d) Amount of non-(f) Description of noncash assistance (book, FMV, appraisal, other) recipients cash grant cash assistance FMV - VALUE OF BILL PAID, FACE VALUE OF 32,154. GIFT CARD STIPENDS (INDIVIDUALS) 764 0. GIFT CARDS, BILL PAYMENT EMERGENCY ASSISTANCE - UTILITIES, JOB READINESS, BUS FARE, RENT, HEALTH CARE, GENERAL 1011 128,866, 0. Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2:

A PROGRAM STAFF PERSON WILL CONDUCT A FORMAL 1:1 APPOINTMENT WITH THE

CLIENT AND COMPLETE A CLIENT INTAKE FORM AND REVIEW INFORMATION REGARDING

THE CLIENT'S NEEDS. DURING THE APPOINTMENT PROGRAM STAFF WILL DETERMINE

WHETHER A CLIENT MEETS THE LOW INCOME GUIDELINES AND THEN DECIDE WHAT TYPE

OF ASSISTANCE IS NEEDED AND WHAT AMOUNT WE MAY BE ABLE TO ASSIST WITH. ALL

EMERGENCY ASSISTANCE PAYMENTS MADE ON BEHALF OF THE CLIENT ARE RECORDED IN

THE MAACLINK DATABASE SYSTEM. NO MONETARY FUNDS ARE EVER DISTRIBUTED

DIRECTLY TO A CLIENT.

SCHEDULE L

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open To Public Inspection

Name of the organization								Em	ployer	ident	ificatio	on nu	mber
EL CENTE									6-290				
Part I Excess Benefit Tra	ısacti	ons (section 50	01(c)(3), sect	ion 501(c)(4), and sec	ection	501(c)(29) orga	nizatio	ons on	ly).			
Complete if the organizat	on ansv	vered "Yes" on F	orm 9	990, Pa	art IV, line 25a or 25b	b, or F	orm 990-EZ, P	art V, I	ine 40	b.			
(a) Name of disqualified person	(b) F	Relationship bety			lified	c) Des	cription of tran	sactio	n		(d)	Corre	cted?
(a) Name of disqualified person		person and or	ganıza	ation	,,	0, 000		iodotic	,,,		Ye	es	No
	_												
											_		
	+												
2 Enter the amount of tax incurred l	y the o	rganization man	agers	or disc	qualified persons duri	ring th	e year under						
									\$				
3 Enter the amount of tax, if any, or	line 2,	above, reimburs	ed by	the or	ganization				> \$				
Part II Loans to and/or Fro	m Int	erested Pers	ons										
					Dort V line 20e or E	Earm (OO Port IV lin	0.06	or if th	o orao	nizotio	n	
Complete if the organizat reported an amount on Fo					, Part V, line Soa or F	rom:	990, Part IV, IIII	e 26, (or II tri	e orga	nizatio	111	
(a) Name of (b) Rela		(c) Purpose	<u> </u>	an to or	(e) Original	/f\	Balance due	(a) ln	(h) Ap	proved	(i) W	/ritten
interested person with orga			fron	n the ization?	principal amount	"	balarice due		ault?	by bo	ard or	(1) **	ment?
				From	1			Yes	No	Yes	No	Yes	No
			10	110111				100	110	100	110	100	110
Total	<u></u>				> \$								
Part III Grants or Assistance	e Ber	nefiting Inter	este	d Per	sons.								
Complete if the organizat	on ansv	vered "Yes" on F	orm 9	90, Pa	art IV, line 27.								
(a) Name of interested person		(b) Relationship			(c) Amount of		(d) Type			•	Purp		f
		interested pers the organiza		d	assistance		assistan	ice		•	assista	ance	
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2019

Schedule L (Form 990 or 990-EZ) 2019 EL CE	NTRO, INC.		36-29040	73	Page 2
	volving Interested Persons.				
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi reve	aring of zation's nues?
NORBERTO AVALA-FLORES	FORMER BOARD MEMBER	58 817	MARKETING S	Yes	No X
- HOKES	FORMER BOARD MEMBER	30,017.	MARKETING D		+^-
				1	
					+
Part V Supplemental Information	<u> </u>				
	·· responses to questions on Schedule L (see ir	netructions)			
Frovide additional information for	responses to questions on schedule L (see ii	istructions).			
SCH L, PART IV, BUSINESS TRANSACTIO	ONS INVOLVING INTERESTED PERSONS:				
· · · · · · · · · · · · · · · · · · ·					
(A) NAME OF PERSON: NORBERTO AVALA-	FLORES				
(B) RELATIONSHIP BETWEEN INTERESTED	PERSON AND ORGANIZATION:				
FORMER BOARD MEMBER					
(C) AMOUNT OF TRANSACTION \$ 58,817.					
(D) DESCRIPTION OF TRANSACTION: MAR	VENTING CERVITORS MUDOLICU DILENME				
(D) DESCRIPTION OF TRANSACTION: MAK	RETING SERVICES THROUGH FUENTE				
MARKETING, A COMPANY OWNED BY NORBE	RTO AVALA-FLORES.				
·					
(E) SHARING OF ORGANIZATION REVENUE	S? = NO				

SCHEDULE 0

(Form 990 or 990-EZ)

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 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Fmplover identification number

EL CENTRO, INC.	36-2904073
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
ECONOMIC	
OPPORTUNITIES	
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:	
WORKSHOPS AT THE ACADEMY ALSO GIVE FAMILIES SUPPORT AND RESOURCES FOR	
MEANINGFUL EDUCATIONAL EXPERIENCES AT HOME. THE ACADEMY HELPS FAMILIES	
FOSTER THE LANGUAGE AND EARLY LITERACY SKILLS THAT CHILDREN NEED TO	
BECOME STRONG READERS AND LIFELONG LEARNERS.	
FORM 990 PART III LINE AR PROGRAM SERVICE ACCOMPLISHMENTS.	
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: HEALTH-FOCUSED EVENTS. OUR HEALTH NAVIGATION PROGRAM FOCUSES ON	
PROVIDING ACCESS TO HEALTHCARE AMONG THE UN-/UNDERINSURED POPULATION BY	
CREATING INFORMAL CONTACTS WITH OTHER MEDICAL PROVIDERS AND HUMAN	
SERVICE AGENCIES TO ASSIST CLIENTS AND REMOVE BARRIERS TO HEALTHCARE	
ACCESS. THESE INTEGRATED PROGRAMS ASSIST FAMILIES WITH NON-CLINICAL	
MEDICAL NEEDS, EDUCATE FAMILIES ABOUT HEALTHY LIFESTYLES AND HEALTHY	
COMMUNITIES, AND EMPOWER FAMILIES TO BUILD STRONG FOUNDATIONS FOR THEIR	
FUTURE.	
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
ACCOMPLISHMENTS INCLUDE POLICY ADVOCACY AND PROPERTY MANAGEMENT	
SERVICES. POLICY ADVOCACY EMPHASIZES PUBLIC POLICY RESEARCH AND	
ADVOCACY AT LOCAL, STATE, AND NATIONAL LEVELS, INCLUDING EDUCATING	
PEOPLE ON REGISTERING TO VOTE AND THE VOTING PROCESS. PROPERTY	
MANAGEMENT SERVICES INCLUDE UTILIZING EXCESS BUILDING SPACE TO PRODUCE	
I HA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990 or 990-EZ) (2019)

Employer identification number Name of the organization EL CENTRO, INC. 36-2904073 INCOME THROUGH RENTAL AGREEMENTS AND ENCOURAGES COLLABORATIONS WITH OTHER LIKE-MINDED NOT-FOR-PROFIT AND FOR-PROFIT ENTITIES. EXPENSES \$ 515,623. INCLUDING GRANTS OF \$ 0. REVENUE \$ 131,915. FORM 990, PART VI, SECTION B, LINE 11B: THE DIRECTOR OF FINANCE GATHERS INFORMATION TO PREPARE THE FORM 990 TAX RETURN. THIS INFORMATION IS THEN GIVEN TO AN INDEPENDENT ACCOUNTING FIRM WHO PREPARES AND REVIEWS THE FORM 990. THE INDEPENDENT ACCOUNTING FIRM THEN PROVIDES THE ORGANIZATION'S DIRECTOR OF FINANCE A DRAFT OF THE FORM 990 FOR COMMENTS AND APPROVAL. PRIOR TO FILING THE FORM 990, ALL GOVERNING BOARD MEMBERS RECEIVE A COPY OF THE 990 ALONG WITH A RESPONSE TIME FOR QUESTIONS AND COMMENTS. ALL ISSUES ARE RESOLVED AND THE FORM 990 IS FILED. FORM 990, PART VI, SECTION B, LINE 12C: ALL BOARD MEMBERS ARE ASKED TO COMPLETE A CONFLICT OF INTEREST FORM ANNUALLY AND DISCLOSE ANY CONFLICTS OF WHICH THEY ARE AWARE. THESE ARE FILED AND CONSIDERED BY THE PRESIDENT/CEO, CFO AND BOARD WHEN EL CENTRO ENTERS INTO CONTRACTS OR BUSINESS RELATIONSHIPS WITH NEW VENDORS OR SERVICE PROVIDERS. IF THERE WERE TO BE A CONFLICT, THE DIRECTOR WOULD RECUSE THEMSELVES FROM VOTING ON MATTERS PERTAINING TO THE CONFLICT. FORM 990, PART VI, SECTION B, LINE 15: EL CENTRO CONDUCTS A YEARLY EVALUATION OF THE PRESIDENT/CEO. THIS EVALUATION IS BASED ON PERFORMANCE OBJECTIVES SUCH AS FINANCIAL STABILITY, RESOURCE DEVELOPMENT, STRATEGIC ADVANCEMENT, LEADERSHIP, MANAGEMENT AND MARKETING/COMMUNICATION OF THIS POSITION. THE CHAIR WITH INPUT FROM THE BOARD OF DIRECTORS AND HR COMMITTEE CONDUCTS THE EVALUATION AND ANALYSIS OF THE PRESIDENT/CEO. A RECOMMENDATION IS GIVEN AND THE BOARD DISCUSSES AND

Form 99	0- T	E)	OMB No. 1545-0047					
			(aı		2010				
		For cal	endar year 2019 or other tax yea			, and ending JU		_ ·	ZU 19
Department o	of the Treasury nue Service	•	Do not enter SSN numbe	irs.gov/Form990T for in rs on this form as it may					Open to Public Inspection for 501(c)(3) Organizations Only
	neck box if dress changed		Name of organization (L	Check box if name ch	nanged	and see instructions.)		(Emp	loyer identification number loyees' trust, see uctions.)
B Exempt	under section	Print	EL CENTRO, INC.						36-2904073
X 501((c)(3)	or Type	Number, street, and room	or suite no. If a P.O. box	, see in	structions.			lated business activity code instructions.)
408(=	Турс	650 MINNESOTA AVE	NUE				1	
408 <i>A</i>			City or town, state or prov KANSAS CITY, KS		foreigr	n postal code			
C Book value at end of y	e of all assets		F Group exemption numb	er (See instructions.)	>				
		660.	G Check organization type	e ▶ X 501(c) corp	oration	501(c) trust	401(a)) trust	Other trust
H Enter the	e number of the o	organiza	tion's unrelated trades or b	usinesses. \blacktriangleright	1	Describ	e the only (or first) un	related	
	business here					•	e, complete Parts I-V.		
			ce at the end of the previou	is sentence, complete Pai	rts I and	d II, complete a Schedu	le M for each addition	al trade	e or
	, then complete								
			oration a subsidiary in an a		t-subsi	diary controlled group?	> [Y	es X No
			ifying number of the paren	t corporation.		Talan	hana numbar 🕨 0	12 65	77 0100
			obert ortiz le or Business Inc	ome	1	(A) Income	hone number > 9 (B) Expenses		(C) Net
	receipts or sale		io or Buomood mo	01110		(A) Illcollic	(b) Expenses	,	(O) NCI
	returns and allov			c Balance	1c				
			A, line 7)		2				
	s profit. Subtract				3				
	•		h Schedule D)		4a				
			art II, line 17) (attach Form		4b				
			sts		4c				
			ship or an S corporation (at		5				
	income (Schedu			· ·	6				
7 Unrela	ated debt-financ	ed incor	ne (Schedule E)		7				
8 Intere	est, annuities, roy	alties, a	nd rents from a controlled o	organization (Schedule F)	8				
			on 501(c)(7), (9), or (17) or		9				
			me (Schedule I)		10				
			: J)		11				
			ıs; attach schedule)		12				
13 Total	I. Combine lines	3 throu	_{gh 12} ot Taken Elsewher	• (Oittt	13	0			
Faitii			be directly connected wi)		
14 Com	pensation of off	icers, di	rectors, and trustees (Sche	dule K)				14	
								15	
								16	
								17	
			ee instructions)					18	
								19	
20 Depr21 Less	dopropiation of	FUIIII 43	562) n Schedule A and elsewhere	on raturn		20		21b	
								22	
23 Cont	tributions to defe	erred co	mpensation plans					23	
			ponsation plans					24	
			chedule I)					25	
			nedule J)					26	
			edule)					27	
			14 through 27					28	0.
			ncome before net operating					29	0.
30 Dedu	uction for net op	erating I	oss arising in tax years beg	ginning on or after Januar	y 1, 20	18			
								30	0.
			ncome. Subtract line 30 fro					31	0.

923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions.

Part	III 7	otal Unrelated Business Taxab	le Income							
32	Total of	unrelated business taxable income computed	from all unrelated trades	or businesses (s	ee instructions)		3	2		0.
33	Amount	s paid for disallowed fringes					. 3	3		
34	Charitab	le contributions (see instructions for limitation	rules)				3	4		0.
35		related business taxable income before pre-20	•					5		
36		on for net operating loss arising in tax years be						_		
37		unrelated business taxable income before spe								
38		deduction (Generally \$1,000, but see line 38 i	•	,			3	8	1	,000.
39		ed business taxable income. Subtract line 38		•	,					0
Dart		e smaller of zero or line 37 Tax Computation					. 3	9		0.
			20 by 219/ (0.21)					<u></u>		0.
40 41		ations Taxable as Corporations. Multiply line axable at Trust Rates. See instructions for ta						0		
41		x rate schedule or Schedule D (Form						1		
42		x rate schedule of schedule b (Form						2		
43		ive minimum tax (trusts only)					_			
44	Tax on I	Noncompliant Facility Income. See instructio	ns				4			
45	Total. A	dd lines 42, 43, and 44 to line 40 or 41, which	ever applies				· -	5		0.
Part	: V 7	ax and Payments	,,							
46 a	Foreign	tax credit (corporations attach Form 1118; tru	sts attach Form 1116)		46a					
C	General				1 1					
d	Credit fo	or prior year minimum tax (attach Form 8801 c								
		edits. Add lines 46a through 46d					. 40	3e		
47		t line 46e from line 45						7		0.
48	Other ta	xes. Check if from: Form 4255	Form 8611 Form 8	8697 🔲 Form	n 8866 🔲 Ot	her (attach schedul	e) 4	8		
49	Total ta	x. Add lines 47 and 48 (see instructions)					. 4	9		0.
50		t 965 tax liability paid from Form 965-A or For						0		0.
51 a	Paymen	ts: A 2018 overpayment credited to 2019			51a					
		timated tax payments								
C	Tax dep	osited with Form 8868			51c					
d	Foreign	organizations: Tax paid or withheld at source (see instructions)		51d					
е	Backup	withholding (see instructions)			51e					
		or small employer health insurance premiums								
g	Other cr	edits, adjustments, and payments:	rm 2439							
	Fo	rm 4136 Ot	her	Total	► 51g					
52	Total pa	yments. Add lines 51a through 51g		<u></u>			. 5	2		
53	Estimate	ed tax penalty (see instructions). Check if Form	2220 is attached	Ш			5	3		
54	Tax due	. If line 52 is less than the total of lines 49, 50	, and 53, enter amount o	wed			<u> </u>	4		
55		ment. If line 52 is larger than the total of lines		nount overpaid			<u> </u>	5		
56		e amount of line 55 you want: Credited to 202				Refunded	5	6		
Part		Statements Regarding Certain A			`					
57		me during the 2019 calendar year, did the org		•		-			Yes	No
		nancial account (bank, securities, or other) in		· -	-					
		Form 114, Report of Foreign Bank and Financi	al Accounts. If "Yes," ente	er the name of the	e foreign country	У				1,7
	here									X
58	_	the tax year, did the organization receive a district the control of the control		ne grantor of, or i	transferor to, a f	oreign trust?				X
50		see instructions for other forms the organizati e amount of tax-exempt interest received or ac	-	r b ¢						
59		der penalties of perjury, I declare that I have examined t			d statements, and to	o the best of my kno	wledge a	and belief.	it is true,	
Sign		rrect, and complete. Declaration of preparer (other than							,	
Here				PRESIDEN	IT/CEO		-		cuss this return wn below (see	
		Signature of officer	Date	Title				tions)?		No
		Print/Type preparer's name	Preparer's signature		Date	Check	_	PTIN		
Paid		Jpo proparor o marrio	sparsr o orginaturo		_ 410	self- employ	_			
	ı Darer	RICH A. BILI	RICH A. BILI		04/22/21	23 3(210)	-	P0031	10364	
-	oarer Only	Firm's name ► KELLER & OWENS, LL				Firm's EIN			1195228	
058	Cilly	10955 LOWELL AV				5 2.11				
Firm's address Description Overland Park, KS 66210 Phone no. (913) 338-3500										

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Schedule A - Cost of Goods	s Sold. Enter	method of inver	ntory va	aluation N/A				
1 Inventory at beginning of year				Inventory at end of year	r		6	
2 Purchases				Cost of goods sold. Su				
3 Cost of labor	3			from line 5. Enter here	and in F	Part I,		
4a Additional section 263A costs				line 2			7	
(attach schedule)	4a		8	Do the rules of section			١	Yes No
b Other costs (attach schedule)				property produced or a	cquired	I for resale) apply to		
5 Total. Add lines 1 through 4b	5			the organization?		· · · · · · · · · · · · · · · · · · ·		
Schedule C - Rent Income	(From Real	Property and	l Pers	sonal Property L	ease	d With Real Prope	erty)	
(see instructions)								
1. Description of property								
(1)								
(2)								
(3)								
(4)								
	2. Rent receiv	ed or accrued						
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)		` of rent for p	personal	onal property (if the percentage property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly concount of columns 2(a) and	onnected with the inco 2(b) (attach schedule)	me in
(1)				· · · · · · · · · · · · · · · · · · ·				
(2)								
(3)								
(4)								
Total	0.	Total			0.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•	0.
Schedule E - Unrelated Deb	t-Financed	Income (see	instru	ctions)				
			2	. Gross income from		Deductions directly connet to debt-finance		
1. Description of debt-fit	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other dedu (attach sched	
(4)								
(1)			+					
(2)							+	
(3)								
(4)			+			7		
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-fina	adjusted basis allocable to nced property h schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable de (column 6 x total 3(a) and 3	of columns
(1)				%				
(2)				%				
(3)				%				
(4)				%				
	•		•	-		inter here and on page 1, Part I, line 7, column (A).	Enter here and or Part I, line 7, colu	
Totals						0.		0.
Total dividends-received deductions in								0.

			Exempt	Controlled O	rganizatio	ons				
1. Name of controlled organiz	zation	2. Employe identification number	3. Net un (loss) (see	related income e instructions)	4. Tota	al of specified nents made	included	of column 4 t d in the contr ion's gross i	olling	6. Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Orga	nizations									
7. Taxable Income		related income (los ee instructions)	9. Total	of specified payr made	nents	10. Part of colur in the controlli gross			11. Dec with	ductions directly connected income in column 10
(1)										
(2)										
(3)										
(4)										
						Enter here and	on page 1 column (A).	, Part I,	Enter he	d columns 6 and 11. ere and on page 1, Part I, line 8, column (B).
Totals					▶			0.		0.
Schedule G - Investm	ent Incom structions)	e of a Sec	tion 501(c)(7	7), (9), or (17) Org	anization				
	scription of incom	ne		2. Amount of	income	3. Deduction directly conne (attach sched	cted	4. Set-a		5. Total deductions and set-asides (col. 3 plus col. 4)
(1)										
(2)										
(3)										
(4)										
				Enter here and Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B).
Tatala			_		0.					0.
Totals Schedule I - Exploited	d Exempt	Activity Inc	come, Other	Than Adv		g Income				<u> </u>
Description of exploited activity	2. Gr unrelated b income trade or b	ousiness from	3. Expenses irectly connected with production of unrelated pusiness income	4. Net inconfrom unrelated business (cominus colum gain, comput through	I trade or Ilumn 2 n 3). If a e cols. 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6. Exp attributa colun	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)										
(2)										
(3)										
(4)							1			
	Enter here page 1, line 10, c	Part I, :ol. (A).	enter here and on page 1, Part I, line 10, col. (B).		·					Enter here and on page 1, Part II, line 25.
Totals Schedule J - Advertis	eina Incom	0. 1 e (see instri	0.							0.
Part I Income From			,	solidated	Basis					
1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	or (loss) (c col. 3). If a g	ising gain ol. 2 minus ain, compute rrough 7.	5. Circulat income		6. Reade costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) (2)										
(3)							-+			
(4)									[
	•	0.		0.						0.

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Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 26.
Totals, Part II (lines 1-5)	0.	0.				0.
	() ()		- -			•

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		>	0.