* *	PUBLIC	DISCLOSURE	COPY	* *	

Return of Organization Exempt From Income Tax

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

Form 99

(Rev. January 2020)

Department of the Treasury

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

OMB No. 1545-0047

Intern	al neve		IGEOGE I	in of the dolla					
AF	or th	e 2019 calendar year, or tax year beginning JUL 1, 2019 and endir	ng JU	N 30, 2020					
вс	heck if	C Name of organization		D Employer identif	ication number				
	pplicab	e:							
·	Addre	EL CENTRO, INC.							
-	Name	D. Will with an		36-2904073					
-	_ chang Initial		Invite						
	_return Final		n/suite	E Telephone numbe					
	return termin			913-677-0100					
	ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,672,641.				
	Amen	RANSAS CITT, KS OUTOT		H(a) Is this a group r					
	Applic	Finalle and address of principal officer.		for subordinates	es? Yes X No				
	pendi	SAME AS C ABOVE		H(b) Are all subordinates i	ncluded? Yes No				
IΤ	ax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527	lf "No," attach a	a list. (see instructions)				
		te: > WWW.ELCENTROINC.COM		H(c) Group exemption	n number 🕨				
					M State of legal domicile: KS				
	rt I	Summary			e clute et logal aethelie.				
	and the second second	Briefly describe the organization's mission or most significant activities: STRENGTHEN	ING CO	OMMUNITIES &					
8	1.1	IMPROVING LIVES OF LATINOS & OTHERS THROUGH EDUCATION, SOCIAL, &							
aŭ				050(
Activities & Governance		Check this box		1					
õ	3	Number of voting members of the governing body (Part VI, line 1a)			19				
g	4	Number of independent voting members of the governing body (Part VI, line 1b)			19				
ŝ	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		5	47				
Ę	6	Total number of volunteers (estimate if necessary)		6	127				
G	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.				
<	Ь	Net unrelated business taxable income from Form 990-T, line 39			0.				
				Prior Year	Current Year				
	8	Contributions and grants (Part VIII, line 1,h)		1,695,289.	2,944,582.				
en		Program service revenue (Part VIII, line 2g)		409,786.	328,448.				
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		301,584.	353,900.				
Be			-23,694.						
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,382,965.	-13,139.				
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			3,613,791.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	·	81,684.	161,021.				
	14	Benefits paid to or for members (Part IX, column (Å), line 4)		0.	0,				
ဖွ		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,478,315.	1,741,040.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
be	b	Total fundraising expenses (Part IX, column (D), line 25) 🕨 161,125.							
۵	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		833,426.	799,491.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,393,425.	2,701,552.				
		Revenue less expenses. Subtract line 18 from line 12		-10,460.	912,239.				
58				inning of Current Year	End of Year				
		Total assets (Part X, line 16)	1008	9,059,290.	10,138,660.				
Assets	20			529,895.	781,003.				
ta d		Total liabilities (Part X, line 26)	-	8,529,395.					
		Net assets or fund balances. Subtract line 21 from line 20		0,525,535.	9,357,657.				
-	rt II								
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and s			/ knowledge and belief, it is				
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which pre	eparer h	ias any knowledge.	1				
		here Cadell		53	12021				
Sign	1	Signature of officer		Date					
Here	e	IRENE CAUDILLO, PRESIDENT/CEO							
		Type or print name and title	3						
		Print/Type preparer's name Preparer's signature	Da	ate Check	PTIN				
Paid		RICH A. BILI	04	/22/21 if self-employ	ed 200310364				
Prep		Firm's name KELLER & OWENS, LLC		Firm's EIN	48-1195228				
Use (Com a Line					
000 1	July	Firm's address 10955 LOWELL AVE, STE 800 OVERLAND PARK, KS 66210		Dhana na (91	3) 338-3500				
		OVERDAMD FARE, NO OVERO		I Phone no. (91	0, 000, 0000				

May the IRS discuss this return with the preparer shown above? (see instructions) X Yes 932001 01-20-20 LHA: For Paperwork Reduction Act Notice, see the separate instructions. Form 99

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

₹.,

(Rev. January 2020)

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

Department of the Treasury Internal Revenue Service File a separate application for each return.

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

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

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

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

Туре о	r Name of exempt organization or other filer, see	instructions.		Taxpayer identification number (TIN)			
print	EL CENTRO, INC.				36-2904073		
File by the due date t filing your	or Number, street, and room or suite no. If a P.O. b	oox, see instruct	ions.	1			
return. Se instruction		or a foreign addi	ress, see instructions.				
Enter th	ne Return Code for the return that this application is f	or (file a separat	e application for each return)			0 1	
Applica	ation	Return	Application			Return	
ls For		Code	Is For			Code	
Form 9	90 or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 9	90-BL	02	Form 1041-A			08	
Form 4	720 (individual)	03	Form 4720 (other than individual)			09	
Form 9	90-PF	04	Form 5227			10	
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 9	90-T (trust other than above)	06	Form 8870			12	
ROBERT ORTIZ • The books are in the care of ▶ 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 box ▶ □ . If this 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. 1 I request an automatic 6-month extension of time untilMAY 17, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ▶ □ calendar year or ▶ □ , and endingJUN 30, 2020 2 If the tax year entered in line 1 is for less than 12 months, check reason: □ Initial return □ Final return □ Change in accounting period							
a	this application is for Forms 990-BL, 990-PF, 990-T, ny nonrefundable credits. See instructions.			<u>3a</u>	\$	0.	
	this application is for Forms 990-PF, 990-T, 4720, or					2	
-	stimated tax payments made. Include any prior year			<u>3b</u>	\$	0.	
	Balance due. Subtract line 3b from line 3a. Include yo				0		
	sing EFTPS (Electronic Federal Tax Payment System			30	\$	0.	
Cautio instruct	 If you are going to make an electronic funds withd tions. 	rawal (direct det	bit) with this Form 8868, see Form 8	3453-EO an	d Form 8879	9-EO for payment	

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

Form 8868 (Rev. 1-2020)

923841 12-30-19

	rt III Statement of Program Service Accomplishments		Page
	Check if Schedule O contains a response or note to any line in this Part III		X
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		
2			es 🛛 No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		55 <u></u> INC
3			es 🛛 No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	rad by avpapa	
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the		
	revenue, if any, for each program service reported.	Jotal expenses,	anu
4.0		·	203,948.
4a	(Code:) (Expenses \$) (Revenue \$) (Revenue \$) PRE-K EDUCATION: ESTABLISHED IN 1989, EL CENTRO'S NATIONALLY ACCREDITED		203,540.
	(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 \$161,021.) (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.		
4c	(Code:) (Expenses \$ 270,678. including grants of \$) (Revenue \$)		
	ECONOMIC EMPOWERMENT & ASSISTANCE SERVICES: THE ECONOMIC EMPOWERMENT		
	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.		
4d	Other program services (Describe on Schedule O.)		
4d		31,915.)	
	(Expenses \$ 515,623. including grants of \$) (Revenue \$ 13 Total program service expenses ▶ 2,266,452.		1 990 (201
4e	(Expenses \$ 515,623. including grants of \$) (Revenue \$ 13		n 990 (201

Par	t 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			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D. Part IV	9	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, VII, 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	
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		х
932003	01-20-20	Form	990	(2019)

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3 2019.05091 EL CENTRO, INC.

Form 990 (2019)

1	EL	(CE	N	[R	0	,	I	NC	2.	
					~						

Par	t IV Checklist of Required Schedules (continued)									
			Yes	No						
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on									
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х							
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current									
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete									
	Schedule J	23		x						
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the									
214	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete									
		24a		x						
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b								
	Did the organization mintain an escrow account other than a refunding escrow at any time during the year to defease	240		<u> </u>						
C		24c								
A	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		<u> </u>						
		24u		<u> </u>						
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x						
	transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	25a								
a	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	051		x						
00	Schedule L, Part I	25b								
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	1								
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x						
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26								
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,									
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled									
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>									
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			v						
	"Yes," complete Schedule L, Part IV	28a 28b		X X						
	b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV									
С	c 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	X	x						
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29								
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x						
~ 1	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						
	Schedule N, Part II	32								
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	0		x						
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33								
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		x						
2E -	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X						
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	358								
u		35b								
36	within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330								
50	If "Yes," complete Schedule R, Part V, line 2	36		x						
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization									
57	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?	- 57								
55		38	х							
Par		1.00	1	<u> </u>						
	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 1a 46									
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b									
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming									
	(gambling) winnings to prize winners?	1c								
932004	l 01-20-20	Form	990	(2019)						

932004 01-20-20

4 2019.05091 EL CENTRO, INC.

Form 990 (2019)

EL CENTRO, INC.

	990 (2019) EL CENTRO, INC.	36-290407	3	Р	Page 5						
Par	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)										
				Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,										
	filed for the calendar year ending with or within the year covered by this return	a 47									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	х							
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)										
3a			3a		x						
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b								
	At any time during the calendar year, did the organization have an interest in, or a signature or other auth		00		<u> </u>						
Ha	financial account in a foreign country (such as a bank account, securities account, or other financial acco	•	40		x						
L		unit) ?	4a								
D	If "Yes," enter the name of the foreign country										
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).										
-		-	5a		X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X						
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c								
6a		-									
	any contributions that were not tax deductible as charitable contributions?		6a		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	or gifts									
	were not tax deductible?		6b								
7	Organizations that may receive deductible contributions under section 170(c).										
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services	s provided to the payor?	7a		X						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b								
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was re-										
	to file Form 8282?		7c		x						
d	If "Yes," indicate the number of Forms 8282 filed during the year7										
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contra		7e		x						
f											
g											
8											
0			8								
0			0								
9	Sponsoring organizations maintaining donor advised funds.		0-								
a			9a								
b			9b								
10	Section 501(c)(7) organizations. Enter:	1									
а	Initiation fees and capital contributions included on Part VIII, line 12										
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	b									
11	Section 501(c)(12) organizations. Enter:										
	Gross income from members or shareholders11	a									
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 104	1?	12a								
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	b									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.										
а	Is the organization licensed to issue qualified health plans in more than one state?		13a								
	Note: See the instructions for additional information the organization must report on Schedule O.										
b	Enter the amount of reserves the organization is required to maintain by the states in which the										
	organization is licensed to issue qualified health plans	b									
с	Enter the amount of reserves on hand										
14a	Did the second action and the second state of the second second second state of the second of the second second		14a		x						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b		<u> </u>						
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneratic		עדי		<u> </u>						
15			15		x						
	excess parachute payment(s) during the year?		15								
40	If "Yes," see instructions and file Form 4720, Schedule N.		40		v						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment inc	ome?	16		X						
	If "Yes," complete Form 4720, Schedule O.			000							

Form **990** (2019)

932005 01-20-20

Form		-2904073		age 6
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, a	nd for a "No"	' respon	ise
	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	<u></u>		X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year1a	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	19		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	n		
	of officers, directors, trustees, or key employees to a management company or other person?			X
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?			X
6	Did the organization have members or stockholders?			X
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?	78	a .	x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	71		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		-	
	The governing body?	88	x	
	Each committee with authority to act on behalf of the governing body?			
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		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	<u></u>		1
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10		X
	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?	10	b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the f			
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12	a X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?			
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		-	
	in Schedule O how this was done	12	c X	
13	Did the organization have a written whistleblower policy?			
14	Did the organization have a written document retention and destruction policy?			
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	15	a X	
	Other officers or key employees of the organization			
~	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?	16	а	x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		<u> </u>	
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16	ь	
Sec	tion C. Disclosure			1
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 5		lv) availa	ahle
10	for public inspection. Indicate how you made these available. Check all that apply.	501(0)(0)0 011	iy) avant	
	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 po	olicy, and fine	ancial	
	statements available to the public during the tax year.		. ioiai	
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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Form 990 (2019		36-2904073	Page 7
Part VII Co	mpensation of Officers, Directors, Trustees, Key Employees, Highest Co	ompensated	
En	ployees, and Independent Contractors		
Che	eck if Schedule O contains a response or note to any line in this Part VII		
Section A. Of	ficers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete th	is table for all persons required to be listed. Report compensation for the calendar year ending	with or within the organization	ı's tax year.
	the organization's current officers, directors, trustees (whether individuals or organizations), re mns (D), (E), and (F) if no compensation was paid.	gardless of amount of compen	isation.

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

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

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

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

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

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

Name and tille Average hours per week Description built any hours for week Reportable compension rom rom bit any built any hours for hours per bit any built any built any hours for below Reportable built any built any hours for below Reportable built any built any bui	(A)	(B)	(C)					(D)	(E)	(F)	
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Form **990** (2019)

Form 990 (2019) EL CENTRO, IN	IC.								36-290	4073	3	Pa	age 8
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employees	s (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average			Pos				Reportable	Reportable		Es	timate	ed
	hours per					than o s both		compensation	compensatior	1		nount	
	week					or/trus		from	from related			other	
	(list any	ctor						the	organizations		com	pensa	ution
	hours for	r dire				eq		organization	(W-2/1099-MIS	C)	fr	om th	е
	related	tee o	ustee			ensat		(W-2/1099-MISC)			org	anizat	ion
	organizations	ndividual trustee or director	nstitutional trustee		Key employee	dwo					and	d relat	ed
	below	vidua	tutio	Cer	em pl	lest c	Former				orga	anizati	ons
	line)	Indi	Insti	Officer	Key	Highest compensated employee	Forr						
(18) JORGE LUIS FLORES	2.00												
SECRETARY		Х		x				0.		0.			Ο.
(19) CATALINA VELARDE	2.00												
2ND VICE CHAIR		х		x				0.		٥.			Ο.
(20) JESS GUERECA	2.00									-			
DIRECTOR-PORTION OF YEAR		x						0.		٥.			Ο.
(21) IRENE CAUDILLO	40.00							· ·					<u> </u>
	40.00							110 412				10	
PRESIDENT/ CEO				X				119,413.		0.		12,	809.
(22) KELLI MATHER	40.00												
CHIEF OPERATING OFFICER				Х				110,575.		٥.		17,	616.
(23) ERICA ANDRADE	40.00												
CHIEF PROGRAM OFFICER]		x				66,420.		٥.		12,	157.
(24) ROBERT ORTIZ	40.00												
DIRECTOR OF FINANCE		1		x				59,776.		٥.		9.	915.
								,		-			
		i											
			-							\rightarrow			
								256 104		-+			405
1b Subtotal								356,184.		0.		52,	497.
c Total from continuation sheets to Part VI	, Section A							0.		٥.			٥.
d Total (add lines 1b and 1c)								356,184.		0.		52,	497.
2 Total number of individuals (including but no	ot limited to th	ose	liste	ed ab	oove) wh	o re	eceived more than \$100,0	000 of reportable				
compensation from the organization													2
												Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	key e	empl	love	e, or	hiq	hest compensated emplo	oyee on				
line 1a? If "Yes," complete Schedule J for su	-		•	•			Ŭ				3		x
4 For any individual listed on line 1a, is the su										F			
										- 1	4		x
and related organizations greater than \$150										····			
5 Did any person listed on line 1a receive or a										- 1	-		v
rendered to the organization? <i>If "Yes." com</i>	olete Schedule	e J fe	or si	ich i	oers	on .					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest cor	•	•								ensat	ion fro	m	
the organization. Report compensation for t	he calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax ye	ear.				
(A)								(B)			(C	;)	
Name and business	address	NO	NE					Description of se	ervices	C	omper	nsatio	n
2 Total number of independent contractors (ir	cluding but no	ot lin	nited	d to			ted	above) who received mo	re than				
\$100,000 of compensation from the organiz	ation 🕨				(0							

Form **990** (2019)

932008 01-20-20

	t VII						=			
		Check if Schedule O	contai	ns a respo	onse or	note to any line	<u>e in this Part VIII</u> (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclud from tax unde sections 512 - 5
ŝ	1 a	Federated campaigns		1a		110,423.				
and Other Similar Amounts		•• • • •								
Ĕ	с	Fundraising events		1c						
ar /	d	Related organizations		1d						
Ē	е	Government grants (contr	ibutio	ns) 1e		384,894.				
ž	f	All other contributions, gifts,	grants	, and						
the		similar amounts not included	l above			2,449,265.				
p	-	Noncash contributions included in								
ar	h	Total. Add lines 1a-1f					2,944,582.			
					-	Business Code	002.040	002.040		
	2 a	PRE-K TUITION	m			611600	203,948.	203,948.		
an	b	PROGRAM SERVICE REN	11.		— -	531120 900099	69,574.	69,574. 32,927		
ven	C L	FEES MORTGAGE INT-LOW IN				522292	32,927. 19,924.	32,927. 19,924.		
Revenue	d	TRANSLATION FEES				900099	2,075.	2,075.		
	e 4	All other program service	rovop	10		500055	2,075.	2,075.		
	g						328,448.			
	3	Investment income (includ					,			
	U	•	•				153,477.			153,41
	4	other similar amounts) Income from investment of tax-exempt bond pro					,			,
	5	Royalties			•					
	-	,		(i) Rea		(ii) Personal				
	6 a	Gross rents	6a	38,2	296.					
	b	Less: rental expenses	6b	58,8	850.					
		Rental income or (loss)	6c	-20,5	554.					
	d	Net rental income or (loss))			►	-20,554.			-20,55
	7 a	Gross amount from sales of		(i) Securi	ties	(ii) Other				
		assets other than inventory	7a	200,4	423.					
	b	Less: cost or other basis								
		and sales expenses	7b		0.					
		Gain or (loss)	7c	200,4						
		Net gain or (loss)			····	🕨	200,423.			200,42
	8 a	Gross income from fundraising								
)		including \$								
		contributions reported on		,						
	h	Part IV, line 18 Less: direct expenses			8a 8b					
		Net income or (loss) from								
		Gross income from gamin								
	5 4	Part IV, line 19								
	b	Less: direct expenses								
		Net income or (loss) from								
		Gross sales of inventory, I								
		and allowances			10a					
	b	Less: cost of goods sold								
		Net income or (loss) from								
Ţ						Business Code				
Revenue	11 a	MISCELLANEOUS			[900099	7,082.	7,082.		
nue	b	BAD DEBT RECOVERY				900099	333.	333.		
eve	с				L					
ш	d	All other revenue			L					
	е	Total. Add lines 11a-11d				►	7,415.			
	12	Total revenue. See instruction	ons				3,613,791.	335,863.	0.	333,34

EL CENTRO, INC.

	Check if Schedule O contains a respons not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
10, 1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
2	individuals. See Part IV, line 22	161,021.	161,021.		
3	Grants and other assistance to foreign	,	,		
5	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,				
0	trustees, and key employees	443,761.	265,524.	110,609.	67,628
6	Compensation not included above to disqualified				, –
Ŭ	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	, , .	, -	,	,
0	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):		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		/
	Management				
	Legal	515.		515.	
	Accounting	21,300.		21,300.	
	Lobbying	/			
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	17,111.		17,111.	
g	Other. (If line 11g amount exceeds 10% of line 25,	,		,	
9	column (A) amount, list line 11g expenses on Sch O.)	107,697.	62,990.	19,727.	24,980
2	Advertising and promotion	35,070.	24,676.	9,276.	1,118
13	Office expenses	88,359.	69,860.	15,364.	3,135
14	Information technology	10,839.	10,006.	635.	198
15	Royalties		,		
16	Occupancy	188,385.	175,590.	10,045.	2,750
17	Travol	26,325.	25,036.	1,289.	
18	Payments of travel or entertainment expenses	,	,	,	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	34,679.	32,945.	1,734.	
20	Interest		,	,	
21	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					
	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	2,701,552.	2,266,452.	273,975.	161,12
. <u>5</u> 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 932010 01-20-20

X if following SOP 98-2 (ASC 958-720)

Form 990 (2019)

Form 990 (2019)
Part X	Balance Sheet

EL CENTRO, INC.

	Check if Schedule O contains a response or no					<u></u>
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			99,886.	1	62,073
2		776,384.	2	1,651,764		
3	Pledges and grants receivable, net			92,400.	3	245,857
4				11,730.	4	39,269
5						
	trustee, key employee, creator or founder, sub	stantial o	ntributor, or 35%			
	controlled entity or family member of any of the	ese pers	s		5	
6	Loans and other receivables from other disqua	lified pe	ons (as defined			
	under section 4958(f)(1)), and persons describe	d in sec	on 4958(c)(3)(B)		6	
7	Notes and loans receivable, net		F		7	
					8	
9	Description of the second se			7,018.	9	7,823
10a						
	basis. Complete Part VI of Schedule D	10a	3,093,473.			
b			1,383,476.	1,666,611.	10c	1,709,997
11					11	
12				6,195,303.	12	6,238,07
				209,458.	13	183,302
			Г	· · · · ·	14	· · · ·
		500.		50		
				9,059,290.		10,138,660
		184,286.		157,524		
		333,879.		297,42		
				,		· · ·
				11,730.		8,45
			· · · · · · · · · · · · · · · · · · ·	,		,
			22			
23						
20						
		,5 17 24		0.	25	317,600
26	Tatal Bab Billion Adda Bara 47 Abusuah 05			-		781,003
20					20	
27				8 245 871.	27	8,320,624
		Г			1,037,033	
20					20	_,,.
	-	550, cm				
20		-			20	
				8 529 395		9,357,657
3 2	TOTAL HEL ASSELS OF TUHU DAIANCES		····· -	9,059,290.	32	10,138,660
	2 3 4 5 6 7 8 9 10a b 11	 Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from any current of trustee, key employee, creator or founder, subs controlled entity or family member of any of the Loans and other receivables from other disqua under section 4958(f)(1)), and persons describe Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line Investments - other securities. See Part IV, line Investments - program-related. See Part IV, line Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equ Accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability. Complete Loans and other payables to any current or fort trustee, key employee, creator or founder, subs controlled entity or family member of any of the Secured mortgages and notes payable to unrelate Other liabilities (including federal income tax, p parties, and other liabilities not included on line of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, ch and complete lines 27, 28, 32, and 33. Net assets with donor restrictions Ret assets with donor restrictions Retained earnings, endowment, accumulated in 	 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former or trustee, key employee, creator or founder, substantial core controlled entity or family member of any of these person 6 Loans and other receivables from other disqualified person under section 4958(f)(1)), and persons described in section 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 10a Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of 22 Loans and other payables to any current or former officer trustee, key employee, creator or founder, substantial core controlled entity or family member of any of these person 23 Secured mortgages and notes payable to unrelated third pa 25 Other liabilities (including federal income tax, payables to parties, and other liabilities not included on lines 17-24). Or of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 27 Net assets with donor restrictions 28 Net assets with donor restrictions 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, o	 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a 3, 093, 473. b Less: accumulated depreciation 10a 3, 093, 473. b Less: accumulated depreciation 10b 1, 383, 476. 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities. Add lines 17 through 25. Organizations that follow FASB ASC 958, check here <a> 26 Total liabilities. Add lines 17 through 25. Organizations that do not follow FASB ASC 958, check here 27 and complete lines 27, 28, 32, and 33. 29 Kapital stock	2 Savings and temporary cash investments 776,384. 3 Pledges and grants receivable, net 92,400. 4 Accounts receivable, net 92,400. 1 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 11,730. 7 Notes and loans receivables from other disgualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7,018. 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 3,093,473. 11 Investments - ublicky traded securities 10a 1,083,476. 1,666,611. 11 Investments - program-related. See Part IV, line 11 209,458. 104 11 12 Investments - program-related. See Part IV, line 11 209,458. 136 14 14.289,292. 13 Investments - program-related. See Part IV, line 11 209,458. 11,730. 139,959,290. 14 ntangible assets. 14 160,919,290. 111,730. 144,286. 14 Intagrible assets. Ard lines 11 through 15	2 Savings and temporary cash investments 776, 384. 2 3 Pledges and grants receivable, net 92, 000. 3 4 Accounts receivable, net 92, 000. 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 49580(r)(3), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 10 3, 093, 473. 9 Prepaid expenses and deferred charges 7, 018. 9 9 Prepaid expenses and deferred charges 7, 018. 9 10 Lox buildings, and equipment: cost or other basis. Complete Part V of Schedule D 10 1, 383, 476. 1, 666, 611. 100. 11 Investments - publicly traded securities 6, 195, 303. 12 11 11 11 Investments - publicly traded securities 5.00. 15 14 144. 144. 144. 144. 144. 144. 144. 144. 144. 144. 144. 144.

Form 990 (2019)

932011 01-20-20

Form	990 (2019) EL CENTRO, INC.	36-2904073		Pag	_{ge} 12
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	З,	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	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed o	na			
	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?	L	2b	Х	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate b	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 a	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	L	2c	Х	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Scher	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	e Audit			
	Act and OMB Circular A-133?	L	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	d audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2019)

932012 01-20-20

SCHED	ULI	ΕA
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(Form 990 or 990-EZ)

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.

OMB No. 1545-0047
2019
Open to Public

		of the Treasury nue Service			Attach to Form 990 or F //Form990 for instruction			nformation.		Open to Public Inspection
Nam	e of t	the organizati	on						Employer	identification number
				NTRO, INC.						36-2904073
Pa	rt I	Reason	for Public (Charity Status	All organizations must co	mplete th	is part.) Se	e instructions	3.	
The	organ	nization is not a	a private found	lation because it is: (I	For lines 1 through 12, c	heck only	one box.)			
1		A church, co	nvention of ch	urches, or associatio	on of churches described	in sectio	on 170(b)([.]	I)(A)(i).		
2		A school des	cribed in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3		A hospital or	a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(i	ii).		
4		A medical res	search organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and stat	e:							
5		An organizati	on operated fo	or the benefit of a col	llege or university owned	or operat	ed by a go	overnmental u	nit describe	ed in
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, sta	te, or local go	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organizati	on that norma	ally receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general j	oublic described in
				omplete Part II.)						
8		A community	r trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultur	al research org	ganization described	in section 170(b)(1)(A)(i x) operate	ed in conju	inction with a	land-grant	college
					ulture (see instructions).					
		university:	-						-	
10		An organizati	on that norma	ally receives: (1) more	than 33 1/3% of its sup	port from o	contributio	ns, membersl	hip fees, an	d gross receipts from
		activities rela	ted to its exen	npt functions - subject	ct to certain exceptions,	and (2) no	more thar	n 33 1/3% of i	ts support	rom gross investment
					(less section 511 tax) fro					
				mplete Part III.)						
11		An organizati	on organized a	and operated exclusi	ively to test for public sa	ety. See	section 50	09(a)(4).		
12					vely for the benefit of, to				rry out the	purposes of one or
		more publicly	supported or	ganizations describe	d in section 509(a)(1) d	r section	509(a)(2).	See section	509(a)(3).	Check the box in
					f supporting organizatior					
а		-	•	• •	upervised, or controlled		-		-	giving
				-	gularly appoint or elect a	• • • •	-			
			-	complete Part IV, Se						
b					l or controlled in connect	ion with it	s supporte	ed organizatio	n(s), by hav	ving
				-	anization vested in the sa			-		-
			-	st complete Part IV,		·				
с		¬ ~	.,	•	g organization operated	in connect	tion with. a	and functional	llv integrate	d with.
			-). You must complete I				, ,	,
d			•	.,.	oorting organization oper			-	rted organiz	zation(s)
			-		ation generally must sat				•	
			-		nplete Part IV, Sections	•		-		
е		_			written determination fro				II. Type III	
	-		•		nally integrated supporti			51 7 51	, ,,	
f	Ente	er the number		·	, , , , , , , , , , , , , , , , , , , ,					
				n about the supporte						
		(i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed ing document?	(v) Amount o	f monetary	(vi) Amount of other
		organizatior	ו		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instruction

Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 13

Schedule A (Form 990 or 990-EZ) 2019 EL CENTRO, INC.

36-2904073

Page 2

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 \dots						
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.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	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.
	Gross receipts from related activities,	etc. (see instructic	uns)			12	1,965,944.
13	First five years. If the Form 990 is for	r the organization's	first, second, third	l, fourth, or fifth ta	x year as a sectior	n 501(c)(3)	
	organization, check this box and stop	phere			•		
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2019 (I	ine 6, column (f) div	vided by line 11, co	olumn (f))		14	84.96 %
15	Public support percentage from 2018	Schedule A, Part I	II, line 14			15	86.66 %
	33 1/3% support test - 2019. If the c					ore, check this boy	and
	stop here. The organization qualifies	as a publicly suppo	orted organization				► X
b	33 1/3% support test - 2018. If the c	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	ublicly supported	organization	-	
b	10% -facts-and-circumstances test						
	more, and if the organization meets th	-					
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio		•	-			
	<u>_</u>		,			dulo A (Earm 990	

Schedule A (Form 990 or 990-EZ) 2019

932022 09-25-19

Part III Support Schedule for Organizations Described in Section 509(a)(2)

36-2904073 Page **3**

(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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	9 (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						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support				1	1	I
Calendar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	9 (f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b				_		
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is fo	r the organization's	s first, second, thi	rd, fourth, or fifth t	tax year as a section	n 501(c)(3) or	ganization,
						►
Section C. Computation of Publi	ic Support Per	centage				
15 Public support percentage for 2019 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2018					16	%
Section D. Computation of Inves					T T	
17 Investment income percentage for 20			ine 13, column (f))		17	%
18 Investment income percentage from						%
19a 33 1/3% support tests - 2019. If the						
more than 33 1/3%, check this box as	-	•				P
b 33 1/3% support tests - 2018. If the line 18 is not more than 33 1/3%, che	-					
20 Private foundation. If the organization						
932023 09-25-19	and not oneon a	<u>207 of inc 14, 13</u>				m 990 or 990-EZ) 2019
		15	5	301		

(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")? // "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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 disgualified 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.)

932024 09-25-19

1 2 3a 3b 3c 4a 4b 4c 5a 5b <u>5c</u> 6 7 8 9a 9b 9c 10a

Page 4

Yes No

Schedule A (Form 990 or 990-EZ) 2019

10b

16

36-2904073 Page 5

Fai	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	•		
2				
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	0		
2	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	•		
800	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
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. <i>Complete</i> line 2 <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
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		
932025	5 09-25-19 Schedule A (Form 9	90 or 99	0-EZ)	2019

Schedule A (Form 990 or 990-EZ) 2019 EL CENTRO, INC.

	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI). See instruction
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	
Sect	ion 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	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	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	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
				•

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2019

932026 09-25-19

Pa	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continued)	r ugo r
Sect	ion D - Distributions		v 7	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	6	
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 th	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			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) 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			
<u>a</u>	From 2014			
b	From 2015			
C	From 2016			
d	From 2017			
e	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: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in 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:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
e	Excess from 2019			(5

Schedule A (Form 990 or 990-EZ) 2019

932027 09-25-19

	Part IV, Section A, lines 1, 2, 3b, line 1; Part IV, Section D, lines 2 a Section D, lines 5, 6, and 8; and R	3c, 4b, 4c, 5a, 6, 9a, 9b, 9 and 3: Part IV. Section E. I	c, 11a, 11b, and 11c; nes 1c. 2a. 2b. 3a. and	Part IV, Section B, lines 1 and d 3b: Part V. line 1: Part V. See	2; Part IV, Section C, ction B. line 1e: Part V.
	(See instructions.)				
2028 09-25-1	9			Schedule A (Form 990 or 990-EZ) 201
			20		

Schedule B

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

Name of the organization

* *	PUBLIC	DISCLOSURE	COPY	* *
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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

2019

Employer identification number

EI	L CENTRO, INC.	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	
	is covered by the General Rule or a Special Rule. c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. See instructions.

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

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 for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributed.

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

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

	B (Form 990, 990-EZ, or 990-PF) (2019)	1	Page 2
Name of o	rganization	Emp	ployer identification number
EL CENTR	RO, INC.		36-2904073
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$357,455.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$64,498.	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
3		\$195,372.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$200,000.	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
5		\$228,548.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$185,920.	(Complete Part II for noncash contributions.)
923452 11-06	6-19	Schedule B (For	m 990, 990-EZ, or 990-PF) (2019)

	B (Form 990, 990-EZ, or 990-PF) (2019)	1-	Page 2
Name of o	rganization	En	ployer identification number
EL CENTR	RO, INC.		36-2904073
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$73,028	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
(a) No.	(b)	(c) Total contributions	(d) Type of contribution
9	Name, address, and ZIP + 4	\$100,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$165,973	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
		\$100,749	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
		\$132,203	Person X Payroll Noncash (Complete Part II for noncash contributions.)
923452 11-06	6-19	Schedule B (Fe	orm 990, 990-EZ, or 990-PF) (2019)

Schedule E Name of or	3 (Form 990, 990-EZ, or 990-PF) (2019) rganization	Empl	Page 2 oyer identification number
EL CENTR	O. INC.		36-2904073
Part I	Contributors (see instructions). Use duplicate copies of Part I 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 Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14_		\$110,423.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
923452 11-06		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

	B (Form 990, 990-EZ, or 990-PF) (2019)		Page 3
Name of o	rganization		Employer identification number
EL CENTR	CO, INC.		36-2904073
Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed	l.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
923453 11-06			B (Form 990, 990-EZ, or 990-PF) (20

26 2019.05091 EL CENTRO, INC.

Page **4**

ame of orga	anization		Employer identification number			
CENTRO,	, INC.		36-2904073			
Part III		ions to organizations described in set	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the ye			
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or I	ess for the year. (Enter this info. once.) > \$			
a) No.	Use duplicate copies of Part III if additional	space is needed. I	1			
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I						
-			[
_						
		(e) Transfer of gift				
	Transferee's name, address, a	nd 7 ID + 4	Relationship of transferor to transferee			
_						
a) No.						
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I						
-						
	(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
	nansieree 5 name, address, a		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			
_						
-						
		(a) Turne for a field				
	(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
_			·			
_						
-		[
a) No.						
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
_			[
_						
-						
		(e) Transfer of gift				
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
-						
-						

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SCHEDULE C	Political Campaign and Lobbying Activities	OMB No. 1545-0047
(Form 990 or 990-EZ)	For Organizations Exempt From Income Tax Under section 501(c) and section 527	2019
Department of the Treasury	Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.	Open to Public
nternal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	Inspection
•	vered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activi	ities), 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.

Departm Internal If the

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 Tax) (see separate instructions), then

Name of organization			Em	ployer identification number
EL CENTRO				36-2904073
Part I-A Complete if the or	ganization is exempt unde	r section 501(c) o	r is a section 527 c	organization.
 Provide a description of the organ Political campaign activity expend Volunteer hours for political campa 	itures		►	\$
			A	
	ganization is exempt under			
1 Enter the amount of any excise tax	k incurred by the organization unde	r section 4955	🕈	\$
2 Enter the amount of any excise tax				
3 If the organization incurred a section				
4a Was a correction made? b If "Yes," describe in Part IV.				Yes No
Part I-C Complete if the or	ganization is exempt under	r section 501(c), e	except section 501	(c)(3).
1 Enter the amount directly expende	• •			
2 Enter the amount of the filing orga				·
		-		\$
3 Total exempt function expenditure				
line 17b			►	\$
4 Did the filing organization file Form				
contributions received that were p	mployer identification number (EIN) ation listed, enter the amount paid romptly and directly delivered to a f additional space is needed, provid	from the filing organiza separate political orgar	ation's funds. Also enter t nization, such as a separ	the amount of political
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	contributions received and

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Schedule C (Form 990 or 990-EZ) 2019

932041 11-26-19

Schedule C (Form 990 or 990-EZ) 2019 EL					2904073 Page 2
Part II-A Complete if the organ	nization is exe	mpt under sectio	n 501(c)(3) and file	d Form 5768 (el	ection under
expenses, and share o	of excess lobbying	expenditures).	n Part IV each affiliated	group member's nam	ne, address, EIN,
B Check ▶ if the filing organizatio	n checked box A a	na "limited control" pr	ovisions apply.		(b) Affiliated group
	on Lobbying Expe ures" means amo	enditures unts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influer	ce public opinion	(grassroots lobbying)			
b Total lobbying expenditures to influer	ice a legislative bo	dy (direct lobbying)			
c Total lobbying expenditures (add line	s 1a and 1b)				
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (
f Lobbying nontaxable amount. Enter t					
If the amount on line 1e, column (a) or (l		bying nontaxable an			
Not over \$500.000		the amount on line 1e			
Over \$500,000 but not over \$1,000,0		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,500		00 plus 10% of the exc			
Over \$1,500,000 but not over \$1,500		00 plus 5% of the exce			
Over \$17,000,000	\$1,000				
Over \$17,000,000	<u></u> φ1,000	,000.]		
 g Grassroots nontaxable amount (enter h Subtract line 1g from line 1a. If zero of i Subtract line 1f from line 1c. If zero of 	r less, enter -0-				
j If there is an amount other than zero reporting section 4911 tax for this year	on either line 1h or	line 1i, did the organiz			Yes No
		eraging Period Unde			
(Some organizations that		601(h) election do not rate instructions for li	•	f the five columns b	elow.
	Lobbying Expe	enditures During 4-Ye	ar Averaging Period		-
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2019

932042 11-26-19

Schedule C (Form 990 or 990-EZ) 2019 EL CENTRO, INC.	36-2904073
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 each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(i	a)	(b)
of the lobbying activity.	Yes	No	Amo	ount
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:				
a Volunteers?		х		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Х			
c Media advertisements?		x		
d Mailings to members, legislators, or the public?		X		
e Publications, or published or broadcast statements?		X		
f Grants to other organizations for lobbying purposes?		X		
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X			1,744.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
i Other activities?		X		
j Total. Add lines 1c through 1i				1,744.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
b If "Yes," enter the amount of any tax incurred under section 4912				
c 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?	504/ 10			
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(b), or sec	tion	
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		
 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 				
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from th				
Part III-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 ' answered "Yes."	'No" OR	(b) Part I	II-A, line	3, is
1 Dues, assessments and similar amounts from members		1		
 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). 				
		20		
a Current year				
b Carryover from last year				
 c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 				
 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3. 		3		
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
		4		
 5 Taxable amount of lobbying and political expenditures (see instructions) 		5		
Part IV Supplemental Information		J		
Provide 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.	Δ lines 1 a	nd 2 (see	
instructions); and Part II-B, line 1. Also, complete this part for any additional information. PART II-B, LINE 1, LOBBYING ACTIVITIES:	13t), 1 art 1	A, 11103 T a		
THE ORGANIZATION'S LOBBYING ACTIVITY CONSISTS OF COMMUNICATION WITH				
LEGISLATORS RELATED TO VARIOUS ISSUES INCLUDING: EASE OF VOTING,				

EDUCATION, HEALTH CARE, AND CHILD CARE.

Schedule C (Form 990 or 990-EZ) 2019

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SCH	EDU	LE	D
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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. to to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury	Attach to For
Internal Revenue Service	Go to www.irs.gov/Form990 for instruct
Name of the organization	n N

Nam	e of the organization		Employer identification number 36-2904073
Pa	EL CENTRO, INC. rt I Organizations Maintaining Donor Advised Funds or O	ther Similar Funde	
Га			Gon Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.	or advised 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 Did the organization inform all donors and donor advisors in writing that the as	acata hald in danar advi	
5	are the organization's property, subject to the organization's exclusive legal co		
6	Did the organization inform all grantees, donors, and donor advisors in writing		
U	for charitable purposes and not for the benefit of the donor or donor advisor, of	-	-
	impermissible private benefit?		ľ m m
Pa		ered "Yes" on Form 990.	
1	Purpose(s) of conservation easements held by the organization (check all that		,
•	Preservation of land for public use (for example, recreation or education		f a historically important land area
	Protection of natural habitat		f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation	contribution in the form	of a conservation 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 included in	n (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and	1 not on a historic struct	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, extinguish	ned, or terminated by the	e organization during the tax
	year 🕨		
4	Number of states where property subject to conservation easement is located	।▶	
5	Does the organization have a written policy regarding the periodic monitoring,	, inspection, handling of	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violat	tions, and enforcing con	servation easements during the year
_	▶		
7	Amount of expenses incurred in monitoring, inspecting, handling of violations,	, and enforcing conserva	ation easements during the year
•			
8	Does each conservation easement reported on line 2(d) above satisfy the requ		
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in		
9	balance sheet, and include, if applicable, the text of the footnote to the organi		
	organization's accounting for conservation easements.	Zation S in ancial Statem	
Pa	rt III Organizations Maintaining Collections of Art, Historic	al Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line		
1a	If the organization elected, as permitted under FASB ASC 958, not to report in		and balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, ed		
	service, provide in Part XIII the text of the footnote to its financial statements t		
b	If the organization elected, as permitted under FASB ASC 958, to report in its	revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public exhibition, educ	ation, or research in furt	herance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		• • •
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasures, or other s	similar assets for financia	al gain, provide
	the following amounts required to be reported under FASB ASC 958 relating t	o these items:	
а	Revenue included on Form 990, Part VIII, line 1		• \$
b	Assets included in Form 990, Part X		

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Schedule D (Form 990) 2019

Sche	dule D (Form 990) 2019 EL CENTRO ,						36-290		Pa	_{age} 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	easures, or	Other	Simila	r Assets	(contii	nued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the	following that i	make si	gnificant ı	use of its			
	collection items (check all that apply):									
а	a Public exhibition d Loan or exchange program									
b										
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	how they further t	he organizatior	n's exem	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	f art, historical trea	sures, or other	similar	assets		_		_
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		te if the organizati	on answered "N	res" on	Form 990), Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custodi	an or other intermedia	ary for contributior	ns or other asse	ets not i	ncluded				
	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					1e				
f	Ending balance					1f		_		
2a	Did the organization include an amount on Fe	orm 990, Part X, line 2	21, for escrow or c	ustodial accou	nt liabili	ty?	X	Yes		No
	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	planation has been	provided on P	art XIII				X	
Par	t V Endowment Funds. Complete i	f the organization and								
		(a) Current year	(b) Prior year	(c) Two years			/ears back			
1 a	Beginning of year balance	6,195,303.	6,087,246	5,598	<u>,412.</u> 4,939,207.			4	,954,	395.
b	Contributions	250.005	400.212		0.4.0		05 500			C1 F
c	Net investment earnings, gains, and losses	259,885.	408,312	. 595	,840.	/	85,502.			615.
d										
е	Other expenditures for facilities	200,000	202 120			1	10 000			
	and programs	200,000.	283,130		,000.		10,000. 16,297.		15	803.
	Administrative expenses	6,238,077.	17,125	-	,006.		,	1		
g	End of year balance		6,195,303		,240.	5,5	98,412.	4	,939,	207.
2	Provide the estimated percentage of the curr	· · · · · ·	0, (a)) held as:						
a	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
с		· -								
20	The percentages on lines 2a, 2b, and 2c show		ion that are hold a	nd administors	d for th	o organiz	otion			
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization						Yes	No			
	by: (i) Unrelated organizations					3a(i)	X	110		
								3a(ii)		x
h	(ii) Related organizationsb If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?					3b				
4	Describe in Part XIII the intended uses of the							_ 0.0		
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990.	Part IV. line 11a.	See Form 990.	Part X.	line 10.				
	Description of property	(a) Cost or ot	ŕ	t or other		ccumulate	ed	(d) Boo	k value	
	r	basis (investm	• •	(other)	• •	preciation		, , 200		
1a	Land									
b	Buildings		:	2,720,431.		1,179,	263.	1	,541,	168.
	Leasehold improvements									
d	Equipment			359,354.		192,	938.		166,	416.
	Other			13,688.		11,	275.		2,	413.
	Add lines 1a through 1e. (Column (d) must e		(. column (B). line					1	,709,	997.
		,						D /F		

Schedule D (Form 990) 2019

10130422 795752 12726

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) INVESTMENT IN COMMUNITY FOUNDATION	6,238,077.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total (Col (b) must equal Form 990 Part X col (B) line 12)	6 238 077.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

	Complete if the organization answered Tes on Form 550, Far IV, line Trd. See Form 550, Far X, line TS.	
	(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.)	
Part	X Other Liabilities.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	PAYCHECK PROTECTION PROGRAM LOAN	317,600.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2019

932053 10-02-19

10130422 795752 12726

(9)

317,600.

Sche	dule D (Form 990) 2019 EL CENTRO, INC.			36-2904073	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statement	s With	Revenue per Ret	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	3,571,220.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-83,977.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	58,850.		
е	Add lines 2a through 2d			2e	-25,127.
3	Subtract line 2e from line 1			3	3,596,347.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	17,111.		
b	Other (Describe in Part XIII.)	4b	333.		
с	Add lines 4a and 4b			4c	17,444.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		5	3,613,791.	
Pa	t XII Reconciliation of Expenses per Audited Financial Statemen	ts With	I Expenses per R	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	2,742,958.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	58,850.		
е	Add lines 2a through 2d			2e	58,850.
3	Subtract line 2e from line 1			3	2,684,108.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	17,111.		
b	Other (Describe in Part XIII.)	4b	333.		
с	Add lines 4a and 4b			4c	17,444.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.)			5	2,701,552.
Pa	t XIII Supplemental Information.			•	
Duest	de the descriptions required for Dort II, lines 2, 5, and 0; Dort III, lines 1, and 4; Dort IV,	lines de	and Oby Davit V line 4		

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

PART IV, LINE 2B:

EL CENTRO COLLECTS TAXES AND INSURANCE PAYMENTS ON BEHALF OF ITS MORTGAGE

HOLDERS, WHICH IT HOLDS IN ESCROW UNTIL THE PAYMENTS COME DUE AT WHICH

POINT PAYMENTS ARE MADE AS NEEDED TO FUND THESE EXPENSES.

PART V, LINE 4:

ENDOWMENT FUNDS INVESTED AT THE GREATER KANSAS CITY COMMUNITY FOUNDATION

CONSISTS OF BOARD DESIGNATED RESERVES SET ASIDE FOR LONG-TERM FINANCIAL

STABILITY, OPERATIONAL SUPPORT, AND START-UP FUNDING FOR NEW BUSINESS

OPPORTUNITIES. ANNUAL INFUSIONS FROM THE ENDOWMENT FUND INTO OPERATIONS

RANGING FROM 2% TO 5% OF ENDOWMENT BALANCE ARE MADE TO PROVIDE FINANCIAL

SUPPORT OF GENERAL OPERATIONS AND PROGRAMS.

932054 10-02-19

PART X, LINE 2:
THE ORGANIZATION'S POLICY WITH REGARD TO FASB ASC 740-10 IS TO RECORD A
LIABILITY FOR ANY TAX POSITION THAT IS BENEFICIAL TO THE ORGANIZATION,
INCLUDING ANY RELATED INTEREST AND PENALTIES, WHEN IT IS MORE LIKELY THAN
NOT THE POSITION TAKEN BY MANAGEMENT WITH RESPECT TO THE TRANSACTION OR
CLASS OF TRANSACTIONS WILL BE OVERTURNED BY A TAXING AUTHORITY UPON
EXAMINATION. MANAGEMENT BELIEVES THERE ARE NO SUCH POSITIONS AS OF JUNE
30, 2020 AND, ACCORDINGLY, NO LIABILITY HAS BEEN ACCRUED.
PART XI LINE 2D - OTHER ADJUSTMENTS:
PART XI, LINE 2D - OTHER ADJUSTMENTS: RENTAL EXPENSES 58,850.
RENTAL EXPENSES 58,850.
PART XI LINE 4B - OTHER ADJUSTMENTS.
PART XI, LINE 4B - OTHER ADJUSTMENTS: BAD DEBT RECOVERY 333.
BAD DEBT RECOVERY 333.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
RENTAL EXPENSES 58,850.
PART XII, LINE 4B - OTHER ADJUSTMENTS:
BAD DEBT RECOVERY 333.
Schedule D (Form 990) 201

932055 10-02-19

SCHEDULE I (Form 990) 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. 0MB No. 1545-0047 Department of the Treasury Internal Revenue Service > Attach to Form 990. Depart IV, line 21 or 22. Name of the organization > Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection Name of the organization EL CENTRO, INC. Employer identification numl 36-2904073 Part I General Information on Grants and Assistance Inspection 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. X Yes	nizations. OMB No. 1545-0	izations.	ce to Organ	er Assistan	arants and Oth	G		SCHEDULE I
Department of the Treasury Internal Revenue Service Attach to Form 990. Open to Public Inspection Name of the organization Employer identification number 36-2904073 Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	ited States 201	ted States	s in the Ŭni ⁻	d Individua	vernments, an	Go		(Form 990)
Name of the organization Employer identification numbers EL CENTRO, INC. 36-2904073 Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?		t iv, line 21 of 22.			ete in the organization	Comp		Department of the Treasury
EL CENTRO, INC. 36-2904073 Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?		ation.	r the latest inform	s.gov/Form990 fo	Go to www.ir			Internal Revenue Service
Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes						c.		Name of the organizat
criteria used to award the grants or assistance?						nd Assistance	formation on Grants a	Part I General Ir
		•	e e ;		0			•
							IV the organization's pro	2 Describe in Part
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	janization answered "Yes" on Form 990, Part IV, line 21, for any	anization answered "Y				-		
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	(f) Method of	(f) Method of						
1 (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(i) Method of valuation (book, FMV, appraisal, other)(g) Description of noncash assistance(h) Purpose of grant or assistance	valuation (book, FMV, appraisal, Noncash assistance or assistance	valuation (book, FMV, appraisal,	non-cash			(b) EIN	5	
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table				l line 1 table	-	-		
3 Enter total number of other organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. (20)	Schadula I (Form 000)							

Schedule I (Form 990) (2019)

EL CENTRO, INC.

36-2904073

Page 2

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 recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
				FMV - VALUE OF BILL	
				PAID, FACE VALUE OF	
TIPENDS (INDIVIDUALS)	764	0.	32,154.	GIFT CARD	GIFT CARDS, BILL PAYMENT
MERGENCY ASSISTANCE - UTILITIES, JOB READINESS,					
US FARE, RENT, HEALTH CARE, GENERAL	1011	128,866.	٥.		
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other a	dditional information.	·
ART I, LINE 2:					
PROGRAM STAFF PERSON WILL CONDUCT A FORMAL 1:1 A	POINTMENT WI	TH THE			
LIENT AND COMPLETE A CLIENT INTAKE FORM AND REVIEW	N INFORMATION	REGARDING			
HE CLIENT'S NEEDS. DURING THE APPOINTMENT, PROGRA	AM STAFF WILL	DETERMINE			
HETHER A CLIENT MEETS THE LOW INCOME GUIDELINES A	ND THEN DECID	E WHAT TYPE			
F ASSISTANCE IS NEEDED AND WHAT AMOUNT WE MAY BE A	ABLE TO ASSIS	T 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		Tra	insactior	ıs V	Vith	Interested	Pe	ersons			O	MB No.	1545-00)47
(Form 990 or 990-EZ)			rganization and	swere	d "Yes	" on Form 990, Par -EZ, Part V, line 38a	rt IV, I	ine 25a, 25b, 2	6, 27,	28a,		20	19]
Department of the Treasury Internal Revenue Service		Go to v	Atta	ch to	Form	990 or Form 990-E2 nstructions and the	Ζ.					pen T spect		olic
Name of the organization									Em	ployer	' ident	ificati	on nu	mber
	EL CENTRO										4073			
Part I Excess B	enefit Trans	actio	ons (section 50	01(c)(3), secti	ion 501(c)(4), and se	ection	501(c)(29) orga	nizatio	ons on	ly).			
Complete if t	the organizatior					art IV, line 25a or 25b	b, or F	orm 990-EZ, Pa	art V, I	ine 40	b.			
1 (a) Name of disqualifi	ied person	(b) R	Relationship between disqua			ified (e	c) De	scription of tran	sactio	n		(d)	Corre	ected?
			person and or	ganiza	ation							<u> </u>	es	No
												+		
												_		
												+		
												+		
												+		
2 Enter the amount of	tax incurred by	the or	manization man	agers	or disc	ualified persons dur	rina th	e vear under						
			•	•			•			▶ \$				
3 Enter the amount of										► \$				
Part II Loans to	and/or Fron	n Inte	erested Pers	sons.	1									
Complete if t	the organizatior	n answ	vered "Yes" on I	Form 9	90-EZ	, Part V, line 38a or F	Form	990, Part IV, lin	e 26; o	or if th	e orga	nizatio	on	
reported an a		i i	, Part X, line 5, 6	Ť –							10 X A			
(a) Name of	(b) Relatio		(c) Purpose		an to or n the		(f)	Balance due) In	(h) Approved by board or committee? (i) Writter agreement			
interested person	with organi	nization of loan		organi	zation?	principal amount			dera	ault?	comm	committee:		1
				To	From				Yes	No	Yes	No	Yes	No
Total						▶ \$								1
Part III Grants or	Assistance	Ben	efiting Inter	este	d Per	sons.								
Complete if t	the organizatior	n answ	vered "Yes" on I	Form 9	90, Pa	art IV, line 27.								
(a) Name of interest	ted person	(b) Relationship interested pers the organiza	son an		(c) Amount of assistance		(d) Type assistan) Purp assist		f
		-												
		_												
		-												
		-												
		+												
		+												
							1	c ·						

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

Schedule L (Form 990 or 990-EZ) 2019

932131 10-21-19

Schedule L (Form 990 or 990-I	EZ)2019 EL CENTRO, INC.
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Part IV **Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
				Yes	No	
NORBERTO AVALA-FLORES	FORMER BOARD MEMBER	58,817.	MARKETING S		х	

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS 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: MARKETING SERVICES THROUGH PUENTE

MARKETING, A COMPANY OWNED BY NORBERTO AVALA-FLORES.

(E) SHARING OF ORGANIZATION REVENUES? = NO

10130422 795752 12726

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

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.



Employer identification number 36-2904073

EL CENTRO, INC.

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 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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932211 09-06-19 40 Schedule O (Form 990 or 990-EZ) (2019)

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 P	REPARE THE FORM 990 TAX	
RETURN. THIS INFORMATION IS THEN GIVEN TO AN IN	DEPENDENT ACCOUNTING FIRM	
WHO PREPARES AND REVIEWS THE FORM 990. THE INDE	PENDENT ACCOUNTING FIRM	
THEN PROVIDES THE ORGANIZATION'S DIRECTOR OF FIN	ANCE 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 WI	TH 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 CONFLI	CT OF INTEREST FORM	
ANNUALLY AND DISCLOSE ANY CONFLICTS OF WHICH THE	Y ARE AWARE. THESE ARE	
FILED AND CONSIDERED BY THE PRESIDENT/CEO, CFO A	ND 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 PR	ESIDENT/CEO. THIS	
EVALUATION IS BASED ON PERFORMANCE OBJECTIVES SU	CH AS FINANCIAL STABILITY,	
RESOURCE DEVELOPMENT, STRATEGIC ADVANCEMENT, LEA	DERSHIP, MANAGEMENT AND	
MARKETING/COMMUNICATION OF THIS POSITION. THE C	HAIR WITH INPUT FROM THE	
BOARD OF DIRECTORS AND HR COMMITTEE CONDUCTS THE	EVALUATION AND ANALYSIS OF	
THE PRESIDENT/CEO. A RECOMMENDATION IS GIVEN AN	D THE BOARD DISCUSSES AND	
932212 09-06-19	Sche	dule O (Form 990 or 990-EZ) (2019
30422 795752 12726	2019.05091 EL CENTRO, I	NC. 1272

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization

Page **2**

Employer identification number

Schedule O	(Form	990 or	990-EZ)	(2019))
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Name of the organization

EL CENTRO, INC.

APPROVES COMPENSATION FOR THE PRESIDENT/CEO. DELIVERABLES AND EXPECTATIONS

ARE DEVELOPED FOR THE COMING YEAR. THE CEO'S CURRENT CONTRACT IS REVIEWED

YEARLY.

THERE IS A SALARY SCHEDULE FOR CPO AND DIRECTOR OF FINANCE THAT IS REVIEWED

EVERY TWO YEARS UTILIZING INFORMATION IN THE GREATER KANSAS CITY SALARY AND

BENEFITS SURVEY. THOUGH THE PRESIDENT/CEO EVALUATES EACH PERSON, THE NEED

TO BRING THESE POSITIONS TO A COMPETITIVE SALARY HAS DETERMINED

COMPENSATION FOR THE PAST YEAR AND THE NEXT TWO YEARS.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S BYLAWS, ARTICLES OF INCORPORATION, CONFLICT OF INTEREST

POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

932212 09-06-19

Employer identification number 36-2904073

(and proxy tax under section 6033(e)) Die ober www.ins.gev/Gem3901 for instructions and the itest information. Die ober www.ins.gev/Gem3901 for instructions and the itest information. Die ober www.ins.gev/Gem3901 for instructions and the itest information. Die ober www.ins.gev/Gem3901 for instructions and the itest information. Die ober www.ins.gev/Gem3901 for instructions and the itest information. Die ober www.ins.gev/Gem3901 for instructions. Die ober www.ins.gev/Gem3901 for instructinstructinstructions. Die ober www.ins.	Form 990-T	Exempt Organizati				Tax Return	∎	OMB No. 15	45-0047	
Operation Operation <t< th=""><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td>20</td><td>40</td></t<>			-					20	40	
Water Recent State De one enter SSR aumbers on this form as it may be made publicit your organization is a 501(c)(0). Construction of the constructio							·	ZU	19	
A addication of the origination (-). 501(c)(3) Organizations Only			
Image: State (N = 1) 0 Workstream of the One Suite No. If a P.O. box, see instructions. European of the Suite No. Suite		Name of organization (Check	box if name ch	nanged	and see instructions.)		(Empl	oyees' trust, se		
 	B Exempt under section	Print EL CENTRO, INC.						36-29040	73	
□ dight	X 501(c)(3)		o. If a P.O. box,	, see in	structions.				ctivity code	
Extra State Extra State Extra State Extra State C Brock wight of an event in the number (Sin instructions.) 	408(e) 220(e)	650 MINNESOTA AVENUE								
10,128,650. (a) Check organization type ▶ (X) 501(c) corporation 101(c) trust 104(a) trust (f) the trust H Enter the number of the corporations surveitable trades or businesses. 1 Describe the only (or first) unrelated trade or business here ▶			try, and ZIP or	foreigr	n postal code					
10,128,650. (a) Check organization type ▶ (X) 501(c) corporation 101(c) trust 104(a) trust (f) the trust H Enter the number of the corporations surveitable trades or businesses. 1 Describe the only (or first) unrelated trade or business here ▶	C Book value of all assets	F Group exemption number (See ins	structions.)	•						
trade or business here ▶	10,138,	660. G Check organization type 🕨 🗴) trust	0 🗌	ther trust					
describe the first in the bank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V. I'' res_" enter the name and identifying number of the parent corporation. ► I'' res_" enter the name and identifying number of the parent corporation. ► I'' res_" enter the name and identifying number of the parent corporation. ► I'' res_" enter the name and identifying number of the parent corporation. ► I'' res_" enter the name and identifying number of the parent corporation. ► I'' res_" enter the name and identifying number of the parent corporation. ► I'' res_" enter the name and identifying number of the parent corporation I'' res_" enter the name and identifying number of the parent corporation I'' res '' res ''' res '''' I'' rest adduction for trass C cost of goods sould (Schedule 0) 4a 5 6 Rent income (Cash) from a partnership or an S corporation (attch statement) 5 6 Interest, annuties, royatiles, and rents from a controlled organization (Schedule 6) 10 I'' 11 I'' 12 I'' 13 O_' 14 I'' 15 I''' 16 </th <td>H Enter the number of the o</td> <td colspan="9">nter the number of the organization's unrelated trades or businesses. 🕨 <u>1</u> Describe the only (or first) u</td>	H Enter the number of the o	nter the number of the organization's unrelated trades or businesses. 🕨 <u>1</u> Describe the only (or first) u								
business, then complete Taris III-X. I buring the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? I construction I constr	trade or business here 🕨	·			If only on	e, complete Parts I-V.	If more	than one,		
During the fax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? \rightarrow \ri	describe the first in the bl	ank space at the end of the previous sentence	e, complete Par	ts I and	l II, complete a Schedu	le M for each addition	ial trade	or		
If "tes: anter the name and identifying number of the parent corporation. ► J The books are in care of Loss are income (A) income (B) Expenses (C) Net 1a Gross receipts or sales c Balance 1 (B) Expenses (C) Net 2 Cost of goods soid (Schedule A, line 7) 2 2 2 2 3 Gross profit. Subtract line 2 from line 1c 3 3 3 3 4 Capital gins deduction for trusts 5 2 2 2 2 5 Income (Oss) from a pathership or an S corporation (attach statement) 5 5 2										
In books are in care of ▶ ROBERT ORTIZ Telephone number ▶ 913-677-0100 Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net Ia Gross receipts or sales (C) Net (C) Net (C) Net 3 Gross profit. Subtract line 2 from line 1c 3 2 (C) Net (C) Net 4a Capital gain net income (attach Schedule D) 4a (C) Net (C) Net (C) Net 4a Capital gain net income (attach Schedule D) 4a (C) Net (C) Net (C) Net 5 Income (iso) from a partnersing or an Scorporation (attach statement) 5 (C) Net (C) Net (C) Net 6 Interest, and rends from a controlled organization (Schedule F) (C) Net				t-subsi	diary controlled group?	°▶ l	Ye	s X N	.0	
Part I Unrelated Trace or Business Income (A) Income (B) Expenses (C) Net 1a Gross recipts or sales			on. 🕨				10 65	- 0100		
1a Gross receipts or sales 0 Balance 10 Construction						1			Net	
b Less returns and allowances c Balance 10 2 Cost of poods sold (Schedule A, line 7) 2 2 3 Costs of poods sold (Schedule A, line 7) 2 2 4 Capital gain net income (attach Schedule D) 4a 2 2 4 Capital loss (form A797, Part II, line 17) (attach Form 4797) 4b 4c 4c 5 Income (loss) form a partnership or an S corporation (attach statement) 5 5 5 6 Increased adbe-financed income (Schedule E) 7 10 10 10 8 Interest, annuities, royaties, and rents from a controlled organization (Schedule F) 8 9 9 10 10 10 10 10 10 10 10 10 10 11 13 0 12 10 11 14 15 16					(A) Income	(B) Expenses	S	(0)	Net	
2 Cost of goods sold (Schedule A, line 7) 2 3 3 Gross profit. Subtact line 2 from line 1c 3 3 3 44 Capital gain net income (factab Schedule D) 4a 4a 4a b Net gain (loss) form 4797, Part II, line 17) (attach Form 4797) 4b 4a 4a c Capital loss deduction for trusts 6 6 6 6 7 Unrelated debt-financed income (Schedule E) 7 7 7 7 7 9 Interest, annuties, voyaties, and enter form a controlled organization (Schedule 6) 9 6 6 6 6 6 6 6 7	•									
3 Gross profit. Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D) 4a 5 Income (loss) from 747, Part II, line 17) (attach Form 4797) 4b 6 Capital loss deduction for trusts 4c 6 Income (loss) from a partnership or an S corporation (attach statement) 5 6 Income (loss) from a partnership or an S corporation (attach statement) 6 7 Inrestent moles (Schedule C) 7 8 Interest, annuities, royaties, and rents from a controlled organization (Schedule C) 7 9 Investment frome of section 501(c)(7), (9), (0 (7) organization (Schedule C) 9 10 Exploited exempt activity income (Schedule 1) 10 11 Advertising income (Schedule 1) 11 12 Ital 0. 13 O.1 11 14 Combain from Schedule Schedul										
4a 4a 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b 4b c Capital loss deduction for trusts 5 5 5 Income (loss) from a partnership or an S corporation (attach statement) 5 5 6 Rent income (stochule C) 6 7 7 Unrelated debt-financed income (Schedule E) 7 7 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule E) 8 9 10 Exploited exempt activity income (Schedule I) 10 11 11 11 Advertising income (Schedule J) 11 11 11 11 12 Other income (See instructions; attach schedule) 11 12 11 11 12 Other income (Schedule J) 11 11 11 11 11 13 Total, Combine lines 3 through 12 11 10 11			Г							
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c 5 Income (loss) from a partnership or an S corporation (attach statement) 5 6 7 7 7 6 6 7 7 6 8 Interest, and tens form a controlled organization (schedule F) 7 9 Investment income of a section 501(c)(7), (9), or (17) organization (schedule G) 9 9 Investment income of a section 501(c)(7), (9), or (17) organization (schedule G) 9 10 Exploited exempt activity income (Schedule I) 11 11 11 11 12 11 11 13 Total. Combine lines 3 through 12 11 14 Other income (See instructions; attach schedule) 11 15 Salaries and wages 15 16 16 14 17 18 11 18 17 14 19 20 20 21 21 20 22 20 20 <t< th=""><td>-</td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td></t<>	-			-						
c Capital loss deduction for trusts 4c 4c 5 Income (loss) from a partnership or an S corporation (attach statement) 5 5 6 Rent income (Schedule C) 6 5 7 Unrelated debt-financed income (Schedule E) 7 5 8 Interest, annutiles, royatiles, and rents from a controlled organization (Schedule G) 7 5 9 Investment income of a section 501(c)(7), 9), or (17) organization (Schedule G) 9 5 9 Investment income of a section 501(c)(7), 9), or (17) organization (Schedule G) 9 5 9 Investment income (Schedule J) 10 5 11 Advertising income (Schedule J) 11 5 12 Other income (Schedule J) 11 5 13 Totat. Combine lines 3 through 12 13 0 14 Compensation of officers, and trustes (Schedule K) 14 5 15 Salaries and wages 16 17 16 Repairs and maintenance 16 17 17 Bad debts 18 19 19 Taxes and licenses 19 12 10 Depreciation (attach Form 4562) 20 20 12 Less depreciation claimed on Schedule A and elsewhere on return 21										
5 Income (loss) from a partnership or an S corporation (attach statement) 5 6 6 6 6 6 7 Unrelated debt-financed income (Schedule E) 7 0 8 1 0 0 9 Interest, annuities, royaties, and rents from a controlled organization (Schedule F) 8 0 10 Exploited exempt activity income (Schedule I) 10 0 0 11 0 10 0 0 0 12 0 11 0 0 0 0 13 Total. Combine lines 3 through 12 10 0 </th <td></td> <td></td> <td>Г</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>			Г							
6 Rent income (Schedule C) 6 7 7 Unrelated debt-innanced income (Schedule E) 7 7 8 Interest, annuities, royaties, and rents from a controlled organization (Schedule F) 8 9 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule F) 9 9 10 Exploited exempt activity income (Schedule I) 11 10 11 11 Advertising income (Schedule J) 12 12 13 0. 13 Total. Combine lines 3 through 12 13 0. 14 14 12 Under income (Se instructions, and trustes (Schedule K) 14 15 15 14 Compensation of officers, directors, and trustes (Schedule K) 16 16 17 15 Salaries and wages 16 17 18 19 19 20 20 Depreciation claimed on Schedule And elsewhere on return 21 21 22 22 22 22 22 22 22 22 22 22 22 22 22 22 22 22 22 22 22 <										
7 Unrelated debt-financed income (Schedule E) 7 8 10 1										
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8	•			-						
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule 1) 1 10 Exploited exempt activity income (Schedule 1) 10 11 Advertising income (Schedule 1) 11 12 11 11 13 Total. Combine lines 3 through 12 12 14 Combine lines 3 through 12 13 15 Ideductions not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.) 14 17 Salaries and wages 15 18 Repairs and maintenance 16 19 19 19 20 Depreciation (attach Form 4562) 19 21 Less depreciation claimed on Schedule A and elsewhere on return 21a 21b 22 23 Contributions to deferred compensation plans 23 24 Excess exempt expenses (Schedule I) 25 25 26 27 28 26 27 28 0. 27 28 0. 0. 28 0. 29 0. 30 Deductions Ad				· ·						
10 Exploited exempt activity income (Schedule I) 10 11			F	-						
11 Advertising income (Schedule J) 11 12 13 12 Other income (See instructions; attach schedule) 13 0. 13 13 Total. Combine lines 3 through 12 13 0. 14 12 Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.) 14 15 14 Compensation of officers, directors, and trustees (Schedule K) 14 15 15 Salaries and wages 16 16 16 77 18 18 19 19 Depreciation clattach Schedule (See instructions) 18 19 11 Less depreciation clattach Form 4562) 20 20 21 Less depreciation clattach Form 4562) 21 21 23 22 Contributions to deferred compensation plans 23 23 23 24 Excess exempt expenses (Schedule J) 25 26 27 23 Contributions to deferred compensation plans 28 0. 27 24 Excess readership costs (Schedule J) 26 27 28			· · ·	-						
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13 Total. Combine lines 3 through 12 13 0. Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.) 14 14 Compensation of officers, directors, and trustees (Schedule K) 14 15 Salaries and wages 16 16 name 16 17 Bad debts 17 18 Interest (attach schedule) (see instructions) 18 19 Taxes and licenses 19 20 20 20 21 Less depreciation claimed on Schedule A and elsewhere on return 21a 21b 22 23 Contributions to deferred compensation plans 24 25 Excess readership costs (Schedule I) 25 26 27 28 0. 27 28 0. 29 0. 29 0. 0. 29 0. 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 30 0.	12 Other income (See ins	tructions: attach schedule)		12						
Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K) 14 15 Salaries and wages 16 16 17 16 17 18 16 18 17 18 19 19 19 20 19 10 21 Less depreciation claimed on Schedule A and elsewhere on return 21a 21b 22 23 24 25 23 Contributions to deferred compensation plans 23 24 24 25 26 27 28 25 26 27 28 0. 26 27 28 0. 29 0. 26 27 28 0. 0. 0. 0. 29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29 0. 30 0. 0. 31 0. 0.					0	•				
14 Compensation of officers, directors, and trustees (Schedule K) 14 15 Salaries and wages 15 16 Repairs and maintenance 16 17 Bad debts 17 18 Interest (attach schedule) (see instructions) 18 19 Taxes and licenses 19 20 20 19 21 Less depreciation claimed on Schedule A and elsewhere on return 21a 21b 22 20 22 22 23 Contributions to deferred compensation plans 23 24 Excess readership costs (Schedule I) 26 25 Excess readership costs (Schedule I) 26 26 27 28 0. 29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29 0. 30 0. 31 0. 0.	Part II Deductio	ns Not Taken Elsewhere (See in	structions for	r limita	tions on deductions.	.)				
15 Salaries and wages 15 16 Repairs and maintenance 16 17 Bad debts 17 18 Interest (attach schedule) (see instructions) 18 19 Taxes and licenses 19 20 20 20 21 Less depreciation claimed on Schedule A and elsewhere on return 21a 21b 22 23 Contributions to deferred compensation plans 23 24 Employee benefit programs 24 25 25 Excess readership costs (Schedule J) 26 27 26 Contributions. Add lines 14 through 27 28 0. 29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29 0. 30 0. . 30 0. 31 Unrelated business taxable income. Subtract line 30 from line 29 31 0.	(Deductions	must be directly connected with the unr	elated busine	ess inc	ome.)					
15 Salaries and wages 15 16 Repairs and maintenance 16 17 Bad debts 17 18 Interest (attach schedule) (see instructions) 18 19 Taxes and licenses 19 20 20 20 21 Less depreciation claimed on Schedule A and elsewhere on return 21a 21b 22 23 Contributions to deferred compensation plans 23 24 Employee benefit programs 24 25 25 Excess readership costs (Schedule J) 26 27 26 Contributions. Add lines 14 through 27 28 0. 29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29 0. 30 0. . 30 0. 31 Unrelated business taxable income. Subtract line 30 from line 29 31 0.	14 Compensation of offi	cers, directors, and trustees (Schedule K)					14			
16 Repairs and maintenance 16 17 Bad debts 17 18 Interest (attach schedule) (see instructions) 18 19 Taxes and licenses 19 20 Depreciation (attach Form 4562) 20 21 Less depreciation claimed on Schedule A and elsewhere on return 21a 21b 22 Depletion 22 23 23 Contributions to deferred compensation plans 23 24 Employee benefit programs 24 25 Excess readership costs (Schedule I) 25 26 Cottal deductions, add lines 14 through 27 28 29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 30 0. 31 Unrelated business taxable income. Subtract line 30 from line 29 31 0.							15			
18 Interest (attach schedule) (see instructions) 18 19 Taxes and licenses 19 20 20 21 21 Less depreciation claimed on Schedule A and elsewhere on return 21a 21b 22 23 Contributions to deferred compensation plans 23 24 25 25 25 26 26 26 26 26 27 26 26 28 0. 26 29 0. 26 27 28 0. 28 0. 27 29 0. 29 0. 30 0. 0. 30 0. 31 0. 0. 31 0.							16			
19 Taxes and licenses 19 20 Depreciation (attach Form 4562) 20 21 Less depreciation claimed on Schedule A and elsewhere on return 21a 21b 22 Depletion 22 23 Contributions to deferred compensation plans 23 24 Employee benefit programs 24 25 Excess exempt expenses (Schedule I) 25 26 27 26 27 Other deductions (attach schedule) 27 28 Total deductions. Add lines 14 through 27 28 0. 29 0. 30 0. 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 30 0. 31 Unrelated business taxable income. Subtract line 29 31 0.	17 Bad debts						17			
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21Less depreciation claimed on Schedule A and elsewhere on return21a21b22Depletion2223Contributions to deferred compensation plans2324Employee benefit programs2425Excess exempt expenses (Schedule I)2526Excess readership costs (Schedule J)2627Other deductions (attach schedule)2728O.280.29Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 132930O.31O.							19			
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24Employee benefit programs2425Excess exempt expenses (Schedule I)2526Excess readership costs (Schedule J)2627Other deductions (attach schedule)2728Total deductions. Add lines 14 through 272829Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 132930Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)300.31Unrelated business taxable income. Subtract line 30 from line 29310.	22 Depletion									
25 Excess exempt expenses (Schedule I) 25 26 Excess readership costs (Schedule J) 26 27 Other deductions (attach schedule) 27 28 Total deductions. Add lines 14 through 27 28 0. 29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29 0. 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 30 0. 31 Unrelated business taxable income. Subtract line 30 from line 29 31 0.										
26 Excess readership costs (Schedule J) 26 27 Other deductions (attach schedule) 27 28 Total deductions. Add lines 14 through 27 28 0. 29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29 0. 30 Deductions) 30 0. 30 0. 31 Unrelated business taxable income. Subtract line 30 from line 29 31 0.		•								
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28 Total deductions. Add lines 14 through 27 28 0. 29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29 0. 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 30 0. 31 Unrelated business taxable income. Subtract line 30 from line 29 31 0.										
29 0. 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 31 Unrelated business taxable income. Subtract line 30 from line 29										
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 30 0. 31 Unrelated business taxable income. Subtract line 30 from line 29 31 0.										
(see instructions)300.31Unrelated business taxable income. Subtract line 30 from line 29310.							23		<u> </u>	
31 Unrelated business taxable income. Subtract line 30 from line 29 31 0.				-			20		0	
								Form 99	-	

Form 990		EL CENTRO, INC.						36-2904073	3	Page 2
Part		Total Unrelated Business Taxal	ole Income							
32	Total of	f unrelated business taxable income computed	from all unrelated trades	s or businesses (se	e instruction	s)	32	2		0.
33	Amoun	ts paid for disallowed fringes					33	3		
34	Charita	ble contributions (see instructions for limitatio	n rules)				34	4		0.
35	Total u	nrelated business taxable income before pre-20	18 NOLs and specific de	eduction. Subtract I	line 34 from the	sum of lines 32 and 33	35	5		
36		ion for net operating loss arising in tax years b					36	3		
37	Total of	f unrelated business taxable income before spe	cific deduction. Subtract	t line 36 from line 3	35		37	7		
38		c deduction (Generally \$1,000, but see line 38						3	1,	000.
39		ted business taxable income. Subtract line 38		,						
				-			39	Э		0.
Part	IV	Tax Computation								
40	Organia	zations Taxable as Corporations. Multiply line	e 39 by 21% (0.21)				40	ז		0.
41		Taxable at Trust Rates. See instructions for ta								
		ax rate schedule or 🛛 🔲 Schedule D (Form					41	1		
42							42			
43	Proxy tax. See instructions Alternative minimum tax (trusts only)									
44	Tax on		43							
		Add lines 42, 43, and 44 to line 40 or 41, which					45			0.
Part		Tax and Payments						<u>;</u>		
		tax credit (corporations attach Form 1118; tru	sts attach Form 1116)		. 46a					
							-			
							-			
		or prior year minimum tax (attach Form 8801					-			
		redits. Add lines 46a through 46d					46	e		
47		tline ACe fuene line AF					47			0.
48		axes. Check if from: Form 4255	Form 8611 Eorm							
49		ax. Add lines 47 and 48 (see instructions)								0.
50		et 965 tax liability paid from Form 965-A or Fo								0.
		nts: A 2018 overpayment credited to 2019					50	,		
		stimated tax payments					-			
		posited with Form 8868					-			
		organizations: Tax paid or withheld at source					-			
		withholding (see instructions)					-			
		for small employer health insurance premiums					-			
			orm 2439				-			
y			ther	Total	► 51g					
50		ayments. Add lines 51a through 51g					52	2		
52 53		ted tax penalty (see instructions). Check if Forr					-			
53 54		e. If line 52 is less than the total of lines 49, 50		awad .		·····	54			
55		yment. If line 52 is larger than the total of line	, ,			K	55			
56		ne amount of line 55 you want: Credited to 202		inount overpaid .		Refunded	56			
Part		Statements Regarding Certain		her Informat	ion (see i		00	<u>, </u>		
		time during the 2019 calendar year, did the org				,			Vee	Ne
57		financial account (bank, securities, or other) in		•		•			Yes	No
		Form 114, Report of Foreign Bank and Financ			-					
	here				IUI eigii cuui	iti y				х
50		the tay year, did the organization receive a dist	ribution from or was it t	the grapter of or t	ranafarar ta	foreign truct?				X
58		the tax year, did the organization receive a dist		the grantor of, or the	ansieror to, a	a loreign trust?				
50		' see instructions for other forms the organizat	•	ar 🕨 🕈						
59		ne amount of tax-exempt interest received or a nder penalties of perjury, I declare that I have examined			statements and	d to the best of my know	ledae a	nd belief, it is true		
Sign		prrect, and complete. Declaration of preparer (other than					g	,		
Here			1	DECTORN				e IRS discuss this i		/ith
		Signature of officer	Date	PRESIDEN [®] Title				ions)? X Ye	·	No
	′				Data		-		s	NO
		Print/Type preparer's name	Preparer's signature		Date	Check		PTIN		
Paid					11/22/21	self- employe		P00310364		
-	barer	RICH A. BILI	RICH A. BILI	μ	04/22/21				20	
Use	Only	Firm's name ► KELLER & OWENS, LI				Firm's EIN	-	48-11952	20	
			1			Disas	1012	1 220 2500		
	o	Firm's address • OVERLAND PARK,	V9 007TA			Phone no.	(913) 338-3500		(2.2.1.2)
923711	01-27-20		/	14				Form 99	, u-i (2019)

Page 3

Schedule A - Cost of Goods S	Sold. Enter	method of inver	ntory v	aluation 🕨 N/A					
1 Inventory at beginning of year				Inventory at end of yea	r		6		
2 Purchases				Cost of goods sold. Su					
3 Cost of labor	3			from line 5. Enter here	and in I	Part I,			
4a Additional section 263A costs				line 2			7		
(attach schedule)	4a		8	Do the rules of section				Yes	No
b Other costs (attach schedule)				property produced or a	cquirec	for resale) apply to			
5 Total. Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income (Fr	om Real	Property and	l Per	sonal Property L	ease	d With Real Prop	erty)		
(see instructions)									
1. Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent receiv	ed or accrued							
Y rent for personal property is more than Y of rent for personal property is more than				onal property (if the percentag property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) ar	connec Id 2(b) (a	ted with the income in attach schedule)	1
(1)									
(2)									
(3)									
(4)									
Total	Ο.	Total			0.				
(c) Total income. Add totals of columns 2(a	l) and 2(b). En	ter				(b) Total deductions.			
here and on page 1, Part I, line 6, column (A		►			0.	Enter here and on page 1, Part I, line 6, column (B)			0.
Schedule E - Unrelated Debt-	Financed	Income (see	instru	ctions)					
				. Gross income from		 Deductions directly conr to debt-financ 			
1. Description of debt-finance	ad property		6	or allocable to debt-	(a)	Straight line depreciation	(b) Other deductions		
	eu property			financed property		(attach schedule)		(attach schedule)	
			_				_		
(1)			_						
(2)							_		
(3)							_		
(4)			_				_		
 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)	e	Column 4 divided by column 5		 Gross income reportable (column 2 x column 6) 	(8. Allocable deduct column 6 x total of co 3(a) and 3(b))	ions Iumns
(1)				%					
(2)				%					
(3)				%					
(4)				%					
						nter here and on page 1, Part I, line 7, column (A).		Enter here and on pag Part I, line 7, column (
Totals				►		0	.		Ο.

Form **990-T** (2019)

Ο.

923721 01-27-20

Total dividends-received deductions included in column 8

Schedule F - Interest, A				1	Controlled O				(structions	,		
1. Name of controlled organization		2. Employer identification number		3. Net uni (loss) (see	related income e instructions)	4 . To pay	tal of specified ments made	5. Part of column 4 tha included in the controlli organization's gross inco		rolling	6. Deductions directly connected with income in column 5		
(1)													
(2)													
(3)													
(4)													
Ionexempt Controlled Organi	zations												
7. Taxable Income	 Net unrelated income (loss) (see instructions) 			9. Total of specified payments made			10. Part of column 9 that is included in the controlling organization's gross income			11. Deductions directly connecte with income in column 10			
(1)													
(2)													
(3)													
(4)													
								Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).			Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).		
lotals		• -				>			0.		C		
Schedule G - Investme		ne of a S	ection	501(c)(7	7), (9), or (17) Org	ganization						
X	(see instructions) 1. Description of income				2. Amount of income		3. Deductions directly connected (attach schedule)		4. Set-asides (attach schedule)		5. Total deductions and set-asides (col. 3 plus col. 4)		
(1)													
(2)													
(3)													
(4)													
					Enter here and on page 1, Part I, line 9, column (A).						Enter here and on page Part I, line 9, column (B)		
Totals Schedule I - Exploited						0.					0		
(see instru	-	Activity	moonie	, other	man Au		ig income						
			3 5		4. Net incon	ne (loss)					7 5		
1. Description of exploited activity	2. Gross unrelated business income from trade or business		3. Expenses directly connected with production of unrelated business income		from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.		5. Gross income from activity that is not unrelated business income		attribut	table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).		
(1)													
(2)													
(3)													
(4)													
	Enter here and on Enter here page 1, Part I, page 1, line 10, col. (A). line 10,		, Part I, col. (B).						Enter here and on page 1, Part II, line 25				
Totals Schedule J - Advertisi		0.		0.							0		
Part I Income From	•	•		,	solidated	Basis							
	renouic	ais nept			Solidated	Dasis							
1. Name of periodical	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, comput cols. 5 through 7.				6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4).		
(1)													
(2)													
(3)													
(4)													
Totals (carry to Part II, line (5))			0.	(D.						(

⁰. Form **990-T** (2019)

36-2904073

Page 4

923731 01-27-20

Form 990-T (2019) EL CENTRO, INC.

47 2019.05091 EL CENTRO, INC.

36 - 2904073

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.)

Form 990-T (2019) EL CENTRO, INC.

1. Name of periodical	1. Name of periodical 2. Gross advertising income adv		sts	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income		6. Readership costs		 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 page 1, Part line 11, col. (E	,						Enter here and on page 1, Part II, line 26.	
Totals, Part II (lines 1-5)	0.		Ο.							Ο.
Schedule K - Compensatio	n of Officers, I	Directors, a	and	Trustees (see in	nstructio	ns)				
1. Name				2. Title					pensation attributable nrelated business	
(1)							%			
(2)							%			
(3)							%			
(4)							%			
Total. Enter here and on page 1, Part II, I	line 14						►			0.