Form **990**

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2018

OMB No. 1545-0047

Open to Public

		enue Serv				/w.irs.gov/Form						-		inspe	
AI	For the	e 2018		year, or tax y	ear beginning	l	07	/01,2018	, and enc	ling	1			20 19	
в	Check if a	nnlicablo		f organization							D Employer			umber	
	_		PROY	ECTO PAST	FORAL						95-3	2139	58		
	Addre		*	usiness as					1						
	Name	e change	Number	and street (or F	P.O. box if mail is	s not delivered to s	street addres	s)	Room/su	ite	E Telephone				
		return		N MISSION							(323)	881-	0018		
	termi					and ZIP or foreig	n postal code	9							
	Amen returr	n l		ANGELES,							G Gross rec			5,400),384.
	Applic pendi			nd address of p		CYNTHIA					H(a) Is this a subordir		turn for	Yes	XNC
			135	N MISSION	N RD, LOS	S ANGELES,	CA 90	033			H(b) Are all s	ubordinate	s included?	Yes	No
I		empt st			501(c) () ┥ (inse	rt no.)	4947(a)(1)	or	527	lf "No	," attach	a list. (see	instruction	s)
J	Websi	te: 🕨		OYECTOPA	STORAL.OI	RG					H(c) Group e	-			
К	Form	of organ	ization: X	Corporation	Trust	Association	Other 🕨	•	L Ye	ear of forma	ation: 1986	M Stat	e of lega	l domicile	CA
P	art I		mmary												
	1	Briefly	describe	the organizati	ion's mission	or most significa	ant activitie	SEE S	CHEDUI	E O					
e															
nan															
Governance	2	Check	this box	▶ if the	organization	discontinued its	s operatior	s or dispos	ed of mor	e than 25%	% of its net as	sets.			
წ	3	Numb	er of votin	ig members of	f the governin	g body (Part VI,	line 1a)					. 3			14.
ა ა	4	Numb	er of inde	pendent voting	g members of	the governing	body (Part	VI, line 1b)				. 4			13.
itie	5	Total	number of	individuals er	mployed in ca	lendar year 201	8 (Part V, I	ne 2a)				. 5			125.
Activities &	6	Total	number of	volunteers (es	stimate if nece	ssary)						. 6		1	,500.
Ă	7a	Total	unrelated	business rever	nue from Part	VIII, column (C)						. 7a	1		0.
	b	Net ur	nrelated b	usiness taxabl	e income from	n Form 990-T, lii	ne 38 💶					. 7t			0.
											Prior Yea		0	urrent `	Year
đ	8	Contri	butions ar	nd grants (Part	t VIII, line 1h)					🗌	5,148,	779.		5,329	,174.
nue	9										1,	225.			0.
Revenue	10					nes 3, 4, and 7d						427.			201.
R	11					5, 6d, 8c, 9c, 10					47,	442.		71	,009.
	12					st equal Part VII					5,197,	873.		5,400	,384.
	13					lumn (A), lines						0.			0.
	14					umn (A), line 4)						0.			0.
ŝ	15					nefits (Part IX, c					3,066,	997.		3,439	,488.
Expenses	16 a	Profes	sional fur	ndraising fees (Part IX, colum	in (A), line 11e)						0.			0.
xpe	b					(D), line 25) ►									
ш	17	Other	expenses	(Part IX, colur	mn (A), lines 1	1a-11d, 11f-24e	e)				1,681,	204.		1,958	,106.
						al Part IX, colum					4,748,	201.		5,397	,594.
	19	Rever	ue less e	xpenses. Subt	ract line 18 fro	m line 12					449,	672.		2	2,790.
ces											nning of Curre	nt Year		End of Ye	ar
Net Assets or Fund Balances	20	Total a	assets (Pa	rt X, line 16)							3,679,	283.		3,830	,149.
Ass	21										370,	258.		518	3,334.
Pun Sup	22					1 from line 20.					3,309,	025.		3,311	,815.
Pa	art II	Sig	gnature E	Block											
Un	der per	nalties c	of perjury, I	declare that I h	ave examined t	his return, includ an officer) is base	ing accomp	anying sched	lules and s	tatements,	and to the be	st of my	/ knowle	dge and b	oelief, it is
tru	e, corre	l and	complete. L	Declaration of pro	eparer (other tha	an officer) is base	a on all infor	mation of wh	ich prepan	er nas any r	knowledge.				
~															
Sig	-		Signature o	of officer							Date				
Не	re														
			Type or pri	nt name and title	!										
		Print/	Type prepa	rer's name		Preparer's sign	ature		Date		Check	if	PTIN		
Paie		KELI	LY W FO	XC							self-em	-		17770	52
	parer • Only	Firm's	name 🕨	MILLER K	APLAN AR	ASE LLP					Firm's EIN	95-	20362	255	
	-					ORTH HOLLYWOOD					Phone no.	818	-769		
Ма	y the	IRS d	iscuss th	is return with	the prepare	er shown abov	/e? (see ii	nstructions)	<u></u>	<u></u>		. X	Yes	No
For	Pape	rwork	Reduction	n Act Notice, s	see the separa	ate instructions								orm 99	0 (2018)
	-			-	-										,

PROYECTO PASTORAL		
	PROYECTO	PASTORAL

_	Form 990 (2018)	Page 2
Pa	Part III Statement of Program Service Accomplishments	
		line in this Part III
1	1 Briefly describe the organization's mission:	
	SEE SCHEDULE O	
2	2 Did the organization undertake any significant program services	during the year which were not listed on the
-	prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O.	
3	3 Did the organization cease conducting, or make significant	changes in how it conducts, any program
	services?	
	If "Yes," describe these changes on Schedule O.	
4		
		quired to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service re	eported.
40	4a (Code:) (Expenses \$ 901,572. including grants	a of ¢) / Povonuo ¢)
	4a (Code:) (Expenses \$,
	650 MEN AND SENIOR WOMEN ANNUALLY. CLIENTS RE	
	MANAGEMENT, MENTAL HEALTH SERVICES AND WORKSH	
	CAPACITY TO TRANSITION INTO INDEPENDENT LIVIN	
	CAPACITY TO TRANSITION INTO INDEPENDENT LIVIN	ال .
	4b (Code:) (Expenses \$1,299,491. including grants	
	EARLY CHILDHOOD EDUCATION CENTERS PROVIDE CHI	
	SERVICES TO CLOSE TO 100 CHILDREN AGES 18 MON	
	PROYECTO PASTORAL OPERATES TWO YEAR-ROUND CEN	
	AND THE CENTRO DE ALEGRIA, AND PROVIDES RELEV	
	SENSITIVE EDUCATIONAL CURRICULUM TO CHILDREN	FROM LOW-INCOME
	LATINO FAMILIES IN THE NEIGHBORHOOD.	
4c	4c (Code:) (Expenses \$ 1,523,973. including grants	s of \$) (Revenue \$)
	PROMESA BOYLE HEIGHTS' MISSION IS TO IMPROVE	/``
	HEIGHTS AT THE INDIVIDUAL, SCHOOL, AND SYSTEM	
	MOVEMENT OF ORGANIZATIONS, STUDENTS AND FAMIL	
	CLOSE THE OPPORTUNITY GAP AND STRENGTHEN SUPP	
	FROM CRADLE THROUGH COLLEGE-AND-CAREER.	
	FROM CRADLE THROUGH COLLEGE-AND-CAREER.	
4d	4d Other program services (Describe in Schedule O.) ATTACH	IMENT 1
	(Expenses \$ 990,629. including grants of \$) (Revenue \$ 6,560.)
	4e Total program service expenses ► 4,715,665.	
JSA 8E1	8E1020 1.000	Form 990 (2018)
	5319EV F173 V 18-8	8.6F 90-7566 PAGE 3

Part IV Checklist of Required Schedules 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A. 1 2 Is the organization required to complete Schedule C. Part I. 2 3 Did the organization angage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office PI "Yes," complete Schedule C. Part I. 3 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 5 Is the organization asciston 501(c)(6), 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 II. 5 6 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. 6 7 Did the organization metoritation of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II. 8 9 Did the organization report an amount for IN at, sime 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 21, for escrow or custodial account liability, serve asa a custodian for amounts not listed organization,	
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A. 2 Is the organization required to complete Schedule B. Schedule of Contributors (see instructions)? 2 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C. Part I. 3 3 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 I. 4 4 Did the organization ascion 501(c)(b) (Sol1(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 II. 5 6 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. 6 7 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, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability. 10 <td< th=""><th></th></td<>	
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2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 X 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 3 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have 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 98-197 II "Yes," complete Schedule C, Part II. 4 6 Did the organization as ection 501(c)(4, 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 II "Yes," complete Schedule C, Part II. 5 7 Did the organization maintain any door advised funds or any similar funds or accounts for which doors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? II "Yes," complete Schedule D, Part II. 7 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? II "Yes," complete Schedule D, Part V. 7 8 Did the organization report an amount in Part X, ine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 21, for escrow or outsodial account proarily restricted endowments. JI" "Yes," complete Schedule D, Part V. 10 10	
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 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 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 98-197 If "Yes," complete Schedule C, Part II. 5 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 "res," complete Schedule D, Part I. 6 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II. 7 8 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, ine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amount not liability or unceptets Schedule D, Part V. 9 9 Did the organization, answer to any of the following questions is "Yes," then complete Schedule D, Part V. 10 10 If the organization report an amount for investments-other securities in Part X, line 10? If "Yes," complete Sched	
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6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I. 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. 7 7 8 7 9 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II. 7 7 8 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodial for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. 9 10 11 11 12 13 14 14 14 14 14 15 16 17 11 12 13 14 14 14 15 16 17 16 17 18 18 14 15 14 15 16 17<	Х
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"Yes," complete Schedule D, Part I, 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic structures? If "Yes," complete Schedule D, Part II 7 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. 9 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10 If "Yes," complete Schedule D, Part VII. 10 11 If 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 VII. 11 2 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 VII. 11 2 Did the organization report an amount for thre assets 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 VII. 11 2 Did the organization report an amount for investments-program related in Part X, line 16? II "Yes," complete Schedule D, Part VII. 11 <t< th=""><td></td></t<>	
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 B Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>. B 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? <i>If</i> "Yes," <i>complete Schedule D, Part IV</i>. D Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>. If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VI, VII, VIII, X, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If</i> "Yes," <i>complete Schedule D, Part VI</i>. b Did the organization report an amount for investments-other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i>. c Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i>. 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? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>. 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 ancial statements for the tax year? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>. d Did the organization basin separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>. 11d <i>X</i> a Did the organization basin separate, independent audited financial s	Х
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foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	
	Х
	<u></u>
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	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	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 (see instructions).	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	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	Х
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> 20a	Х
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	
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	Х

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Page 4

Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
Ū	to defease any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
zJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h		25a		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	0.51		v
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			37
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1.	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
0.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
50	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	
Part		50		
ı arı	Check if Schedule O contains a response or note to any line in this Part V.			
			Yes	No
1 -	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		. 00	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
C		10	Х	
	reportable gaming (gambling) winnings to prize winners?	Eorm		(2018)
JSA		. 0111		(2010)

Form	990 (2018)		F	Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 125			
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 e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	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	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
	solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Х
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
-	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
2	against amounts due or received from them.).			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
-	If "Yes," complete Form 4720, Schedule O.			

Form 9	90 (2018) PROYECTO PASTORAL 95-3213	958	F	Page 6
Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,	and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			tions.
	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sect	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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			
b	committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
2	any other officer, director, trustee, or key employee have a family relationship of a business relationship with	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
3		3		х
4	supervision of officers, directors, or trustees, or key employees to a management company or other person?	4		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		x
6	Did the organization have members or stockholders?	•		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a		х
	one or more members of the governing body?	10		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b		х
~	stockholders, or persons other than the governing body?	10		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	0-	Х	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	21	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	•		х
Cast	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<u>9</u>		Λ
Secu	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Coue	.) Yes	No
		10a		X
	Did the organization have local chapters, branches, or affiliates?	TUa		21
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	106		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		x
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a		А
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40.	v	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		v	
	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		v	
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		37	
а	The organization's CEO, Executive Director, or top management official	15a	Х	v
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			37
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T	(Sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interview.	erest	policy	v, and
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and record CYNTHIA SANCHEZ, 135 N MISSION RD, LOS ANGELES, CA 90033 323-881-0027	s 🕨		

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Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co	ontra	actors								

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	not ch unles	s pe	ition more erson	e than c is both or/trust Highest compensated	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)FANNY ARROYO OLIVEIRA	2.00									
SECRETARY	0.	x		Х				0.	0.	0.
(2)FR. TED GABRIELLI, S.J.	2.00								0.	
DIRECTOR AT LARGE	0.	x						0.	0.	0.
(3)KATEY HERMAN	2.00									
DIRECTOR AT LARGE	0.	x						0.	0.	0.
(4)ROSA CAMPOS	2.00									
DIRECTOR AT LARGE	0.	х						0.	0.	0.
(5)LILIA ACOSTA	2.00									
DIRECTOR AT LARGE	0.	x						0.	0.	0.
(6)REY RODRIGUEZ	2.00									
PAST CHAIR	0.	X						0.	0.	0.
(7) ^{RITA CHAIREZ}	2.00									
DIRECTOR AT LARGE	0.	Х						0.	0.	0.
(8) ESPERANZA VASQUEZ	2.00									
DIRECTOR AT LARGE	0.	Х						0.	0.	0.
(9) ^{BRIAN} ALBERT	2.00									
CHAIRPERSON	0.	Х		Х				0.	0.	0.
(10) ^{ROB} SMITH	2.00									
TREASURER	0.	Х		Х				0.	0.	0.
(11)VINCENT LAWLER	2.00									
DIRECTOR AT LARGE	0.	Х						0.	0.	0.
(12)CYNTHIA SANCHEZ	40.00									
EXECUTIVE DIRECTOR	0.	Х		Х				103,568.	0.	0.
(13)YVONNE VELAZCO	2.00									
DIRECTOR AT LARGE	0.	Х						0.	0.	0.
(14)FR. GREG BOYLE, S.J.	2.00									
DIRECTOR AT LARGE	0.	X						0.	0.	0.

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Form 990 (2018)													Page 8
Part VII Section A. Officers, Directors, Tr	ustees, Ke	ey En	nplo			and H	lig		ed Employe	es (c	ontinue		
(A) Name and title	(B) Average hours per week (list any hours for	Average hours per week (list any hours for Position Reportable compensation from Reportable compensation from Average hours per meek (list any hours for (do not check more than one box, unless person is both an officer and a director/trustee) Reportable compensation from Reportable compensation from						n from	other				
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-N		orga and	om the anization d related unization	ł
15) ROSE ANN DJELMANE	2.00	-								0			0
PAST DIRECTOR AT LARGE	0.	X						0.		0.			0.
		-											
		-											
		-											
		_											
		_											
		-											
		-											
	.+	-											
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	Section A							103,568. 0. 103,568.		0. 0. 0.			0. 0. 0.
2 Total number of individuals (including but not reportable compensation from the organizatio	limited to t	hose					o re	eceived more than	\$100,000 of				-
			_									Yes	No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched											3		X
4 For any individual listed on line 1a, is the organization and related organizations gr individual	eater than	ı \$15	50,00	00?	' If	"Yes	,"	complete Schedu	sation from the station from the state of th	the uch	4		X
5 Did any person listed on line 1a receive or for services rendered to the organization? <i>If "</i> Y	accrue co	mpen	satio	on f	from	n any	un	related organizati			5		Х
Section B. Independent Contractors													
 Complete this table for your five highest con compensation from the organization. Report of year. 													
(A) Name and business ad	dress							(B) Description of se	ervices	С	(C) ompens	ation	
ATTACHMENT 2													
							<u> </u>						

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 2

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	rt VII		FASIONAL			JJ J <u>Z</u> IJ	Page 3
		Check if Schedule O contains a res	sponse or note to an	v line in this Part VI			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns	a				
Contributions, Gifts, Grants and Other Similar Amounts	b		b				
à G Ang	c		c 26,900.				
Gift lar	d		d				
ini, s	e		e 2,504,355.				
er S	f	All other contributions, gifts, grants,					
ţ		and similar amounts not included above . 1	f 2,797,919.				
d ti	a	Noncash contributions included in lines 1a-1f: \$					
	h h	Total. Add lines 1a-1f		5,329,174.			
Program Service Revenue			Business Code				
ven	2a						
Re	b						
vice	c						
Ser	d						
Ē							
gra	f	All other program service revenue	_				
Pro	g	Total. Add lines 2a-2f		0.			
	3	Investment income (including div					
		and other similar amounts)		201.	201.		
	4	Income from investment of tax-exempt b		0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents					
		Less: rental expenses					
	b	Rental income or (loss)					
	c d	Net rental income or (loss)		0.			
	7a	Gross amount from sales of (i) Securitie					
	1	assets other than inventory					
	L .	Less: cost or other basis					
	b						
		and sales expenses					
	-	Gain or (loss)		0.			
anı	8a	Gross income from fundraising					
ver		events (not including \$					
Å		of contributions reported on line 1c).	a 0.				
Other Revenue		See Part IV, line 18	a				
õ	b c	Less: direct expenses Net income or (loss) from fundraising ever	D	0.			
	9a	Gross income from gaming activities. See Part IV, line 19	a 0.				
	b c	Less: direct expenses		0.			
	10a	Gross sales of inventory, less returns and allowances					
	b c	Less: cost of goods sold Net income or (loss) from sales of inventor	Ŋ	0.			
	ل	Miscellaneous Revenue	Business Code	0.			
	<u> </u>	MISCELLANEOUS	900099	71,009.	71,009.		
	11a			/⊥,009.	11,009.		
	b						
	C .						
	d	All other revenue		71,009.			
	12	Total. Add lines 11a-11d			71 210		
	12	Total revenue. See instructions.	🏴	5,400,384.	71,210.		

Form 990 (2018)

Form **990** (2018)

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Page **9**

PROYECTO PASTORAL

Section 501(c)(3) and 501(c)(4) organizations mu				
Check if Schedule O contains a resp		e in this Part IX		<u> </u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21	0.			
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	120,260.	30,065.	54,117.	36,078
6 Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	2,745,937.	2,630,163.	119,729.	-3,955
8 Pension plan accruals and contributions (include		Т	T	
section 401(k) and 403(b) employer contributions)	0.			
9 Other employee benefits	332,269.	331,156.	-1,447.	2,560
0 Payroll taxes	241,022.	240,215.	-1,049.	1,85
1 Fees for services (non-employees):				
a Management	0.			
b Legal	0.			
c Accounting	32,000.	22,048.	9,181.	77
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column				
(A) amount, list line 11g expenses on Schedule O.)	720,973.	496,762.	206,844.	17,36
Advertising and promotion	0.			
3 Office expenses	52,060.	32,514.	19,301.	245
4 Information technology	0.			
5 Royalties	0.			
6 Occupancy	20,339.	19,239.	1,100.	
7 Travel	9,067.	7,068.	1,861.	138
8 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	0.			
9 Conferences, conventions, and meetings	0.			
· · · · ·	6,748.	388.	6,360.	
20 Interest 21 Payments to affiliates	0.		.,	
•	75,205.	67,870.	7,335.	
	37,872.	27,069.	10,803.	
23 Insurance		2170051	20,0001	
4 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				
line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O.)				
aREPAIRS AND MAINTENANCE	232,031.	191,469.	40,559.	
bPROGRAM ACTIVITIES/SUPPLIES	673,926.	566,301.	72,218.	35,407
cEVENTS/FUNDRAISING	9,089.		3,226.	5,863
dALL OTHER EXPENSES	88,796.	53,338.	34,250.	1,208
м			51,250.	1,200
e All other expenses	5,397,594.	4,715,665.	584,388.	97,542
 5 Total functional expenses. Add lines 1 through 24e 16 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and 	5,521,524.	ч, /15,005.	.000, דטכ	57,34.
fundraising solicitation. Check here 🕨 🔀 if following SOP 98-2 (ASC 958-720)	0			

following SOP 98-2 (ASC 958-720)

0

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		PROYECTO PASTORAL			95-	3213958
	n 990 (,				Page 11
Pa	rt X	Balance Sheet				
		Check if Schedule O contains a response or note	to any line in this Pa	art X		
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		539,824.	1	343,546.
	2	Savings and temporary cash investments		251,212.	2	388.
	3	Pledges and grants receivable, net		1,536,577.	3	2,126,875.
	4	Accounts receivable, net		476,836.	4	418,101.
	5	Loans and other receivables from current and former				
		trustees, key employees, and highest compen				
				0.	5	0
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as 4958(f)(1)), persons described in section 4958(c)(3)(B), and c and sponsoring organizations of section 501(c)(9) voluntary e errorizations (non-instructions). Complete Dart II of Schedule L	ontributing employers mployees' beneficiary	0.	6	0
its	7	organizations (see instructions). Complete Part II of Schedule L		0.	7	0
Assets	7	Notes and loans receivable, net		0.	8	0
◄	8	Inventories for sale or use Prepaid expenses and deferred charges		15,688.	0 9	62,449
	9			15,000.	9	02,119
	IVa	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a	3,383,317.			
	h	Less: accumulated depreciation	2,504,527.	859,146.	100	878,790
	11			0.000	11	0
	12	Investments - publicly traded securities Investments - other securities. See Part IV, line 11	•••••	-	12	0
	13	Investments - program-related. See Part IV, line 11	•••••		13	0
	14		0.	14	0	
	15	Intangible assets Other assets. See Part IV, line 11	•••••	0.	14	0
	16	Total assets. Add lines 1 through 15 (must equal line 34	· · · · · · · · · · · · · · · ·	3,679,283.	16	3,830,149
_	17	Accounts payable and accrued expenses		370,258.	17	518,334
	18			0.	18	0
	10	Grants payable			19	0
	20	Deferred revenue			20	0
	20	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV o	f Schedule D		21	0
s	22	Loans and other payables to current and former		21	-	
itie		trustees, key employees, highest compensated				
Liabilities		disqualified persons. Complete Part II of Schedule L		0.	22	0
Ë	23	Secured mortgages and notes payable to unrelated third		0.	23	0
	24	Unsecured notes and loans payable to unrelated third pa	arties	0.	24	0
	25	Other liabilities (including federal income tax, payabl				
		parties, and other liabilities not included on lines 17-24				
		of Schedule D	<i>'</i>	0.	25	0
	26	Total liabilities. Add lines 17 through 25		370,258.	26	518,334.
s		Organizations that follow SFAS 117 (ASC 958), check complete lines 27 through 29, and lines 33 and 34.				
ğ	27			1,591,827.	27	1,170,608.
ala	28	Unrestricted net assets Temporarily restricted net assets	•••••	1,717,198.	28	2,141,207.
а р	29	Permanently restricted net assets		0.	29	0.
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check complete lines 30 through 34.			20	
s	30	Capital stock or trust principal, or current funds			30	
Assets	31	Paid-in or capital surplus, or land, building, or equipmen	t fund		31	
As	32	Retained earnings, endowment, accumulated income, c	r other funds		32	
Net	33	Total net assets or fund balances		3,309,025.	33	3,311,815.
-	34	Total liabilities and net assets/fund balances	•••••	3,679,283.	34	3,830,149.
	v 7			-, -, -, 200.	UT	- 000

Form 9	90 (2018)			Pa	age 12
Part	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	5,	400,	384.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,	397,	
3	Revenue less expenses. Subtract line 2 from line 1	3			790.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,	309,	
5	Net unrealized gains (losses) on investments	5			0.
6	Donated services and use of facilities	6			0.
7	Investment expenses	7			0.
8	Prior period adjustments	8			0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	3,	311,	815.
Part					
	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," e	xplain	in		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?				X
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled	or		
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			v	
b	Were the organization's financial statements audited by an independent accountant?			X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ed on	a		
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	•		x	
	of the audit, review, or compilation of its financial statements and selection of an independent acc				
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	in		
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	forth			x
_	the Single Audit Act and OMB Circular A-133?	• • •	<u>3a</u>	-	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	0			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	aits.	3b	000	

SCHEDU	LE	A
(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 G

		venue Service		Go to www.irs.go	v/Form990 for instruction	ons and t	he latest i	nformation.	Inspection
Nam	e of th	e organization	•					Employer identif	ication number
PR	OYEC	TO PASTOR						95-32139	
	rt I				organizations must o			,	S.
The			•		is: (For lines 1 through	-			
1					tion of churches desc				
2					. (Attach Schedule E	-			
3		•			rganization described		. ,		
4			-	-	conjunction with a hos	spital de	scribed ir	section 170(b)(1)(A	(III). Enter the
F		hospital's nam	, ,				d ar ana	roted by a gaugerore	ental unit described in
5		-	-	Complete Part II.)	a college of universit	y owne	a or ope	rated by a governme	ental unit described in
6		•		• •	rnmental unit describe	d in sec	tion 170(b)(1)(A)(y)	
7				•			•		om the general public
•		-		(1)(A)(vi). (Compl		pport ii	om a go		oni the general public
8					b)(1)(A)(vi). (Complete	e Part II.)			
9		-			ed in section 170(b)(1			in coniunction with a	land-grant college
		-			griculture (see instruct		-	-	
		university:				,			Ū
10 11		An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4).							
12	\square	An organizatio	on organized a	and operated exclu	usively for the benefit	of, to p	erform th	e functions of, or to	carry out the purposes
		of one or mor	re publicly su	pported organizati	ons described in sec	ion 509	(a)(1) or	section 509(a)(2).	See section 509(a)(3).
		Check the box	in lines 12a t	hrough 12d that d	escribes the type of s	upportin	g organiz	ation and complete li	nes 12e, 12f, and 12g.
а		🗌 Type I. A ຣເ	upporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supporte	ed organizatio	on(s) the power to	regularly appoint or e	lect a m	ajority of	the directors or truste	ees of the
		_ supporting c	organization.	You must complet	e Part IV, Sections A	and B.			
b					ed or controlled in co				
			-		organization vested in	the sam	e person	is that control or mar	hage the supported
	_		· /	•	, Sections A and C.				
С				- · ·	ng organization opera				lly integrated with,
		- ··	0		ns). You must comple		•	• •	to de anno dimetica (a)
d		••	•	• ·	porting organization o				• • • • •
			-		nization generally mus complete Part IV, Sect	-		-	u an allentiveness
е					a written determinatio				II Type III
U			-		ionally integrated sup				
f	Ent						organizat		
g				•	orted organization(s).				
	(i) Na	ame of supported of	organization	(ii) EIN	(iii) Type of organization	• •	organization	(v) Amount of monetary	(vi) Amount of
					(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
						Yes	No	includencito)	
(A)									
(B)									
(C)									
(D)									
(D)									
(E)									
	- •								
Tota	al								
For	Paperv	work Reduction A	ct Notice, see th	e Instructions for Form	990 or 990-EZ.			Schedule A	A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018

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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,794,867.	3,495,558.	4,108,029.	5,148,779.	5,329,174.	20,876,407.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	2,794,867.	3,495,558.	4,108,029.	5,148,779.	5,329,174.	20,876,407.
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)						3,004,606.
6	Public support. Subtract line 5 from line 4						17,871,801.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	2,794,867.	3,495,558.	4,108,029.	5,148,779.	5,329,174.	20,876,407.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,229.	951.	562.	427.	201.	3,370.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <u>ATCH 1</u>	38,249.	61,187.	73,511.	47,442.	71,009.	291,398.
11	Total support. Add lines 7 through 10						21,171,175.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	6,061.
13	First five years. If the Form 990 is for organization, check this box and stop here.	<u> </u>	<u></u>				
Sec	tion C. Computation of Public Sup	port Percenta	ge			I I	
14	Public support percentage for 2018 (lin		•			14	84.42%
15	Public support percentage from 2017						87.22 %
16a	331/3% support test - 2018. If the org box and stop here. The organization qu						
b	331/3% support test - 2017. If the org	anization did no	ot check a box o	n line 13 or 16	a, and line 15 is	s 331/3 % or mo	re, check
	this box and stop here. The organization	on qualifies as a	publicly suppor	ted organizatior	ı		▶ 🗌
17a	10%-facts-and-circumstances test - 2	018. If the org	anization did no	ot check a box	on line 13, 16a	a, or 16b, and li	ne 14 is
	10% or more, and if the organization	meets the "fac	cts-and-circumsta	ances" test, che	eck this box ar	nd stop here. E	xplain in
	Part VI how the organization meets the	he "facts-and-c	ircumstances" te	est. The organiz	ation qualifies	as a publicly s	upported
	organization						▶ 🗌
b	10%-facts-and-circumstances test - 2	2017. If the org	anization did no	ot check a box	on line 13, 16	a, 16b, or 17a,	and line
	15 is 10% or more, and if the orga	nization meets	the "facts-and	-circumstances"	test, check th	his box and st	op here.
	Explain in Part VI how the organization	on meets the "	facts-and-circum	stances" test.	The organizatio	on qualifies as a	publicly
	supported organization						▶∟
18	Private foundation. If the organization	did not check a	a box on line 13,	16a, 16b, 17a,	or 17b, check	this box and see	·
	instructions						<u> ► ∟</u>

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support			•	•		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business						
••	activities not included in line 10b,						
	whether or not the business is regularly						
40	carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
13	(Explain in Part VI.) Total support. (Add lines 9, 10c, 11,						+
15	and 12.)						
14	First five years. If the Form 990 is f	or the organiza	tion's first spec	nd third fourth	or fifth tax y	l Par as a section	 501(c)(3)
.4	organization, check this box and stop here .	-					
Sec	tion C. Computation of Public Sup					<u></u>	
15	Public support percentage for 2018 (line 8)		0	(f))		. 15	%
16	Public support percentage from 2017 Sche	.,	•			16	%
	tion D. Computation of Investmen					10	/0
<u>3ec</u> 17	Investment income percentage for 2018 (lin			13 column (f))		17	%
	Investment income percentage for 2018 (in						%%
18						18	
198	331/3% support tests - 2018. If the org	-					
L	17 is not more than 331/3%, check th						
a	331/3% support tests - 2017. If the orga						
20	line 18 is not more than 331/3%, check Private foundation If the organization						
20 JSA	Private foundation. If the organization	ulu not check	a bux un line	14, 19a, 01 191			990 or 990-EZ) 2018
21 1 0	00				•		

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

95-3213958

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "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 disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10 a** 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.)

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Schedu	le A (Form 990 or 990-EZ) 2018			Page 5
Part	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		
	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		
Secti	on 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		
Secti	on 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		
Secti	on D. All Type III Supporting Organizations			
1 2	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? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1	Yes	No
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's</i>			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see		-	
			Yes	
2	Activities Test. Answer (a) and (b) below.			
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? <i>If "Yes," then in Part VI identify those supported organizations and explain</i> 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? <i>If</i> "Yes," <i>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.</i>	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? <i>Provide details in Part VI.</i>	3a		

3b

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.

Schedule A (Form 990 or 990-EZ) 2018

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chedule A (Form 990 or 990-EZ) 2018			Pa
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	anization	S	
1 Check here if the organization satisfied the Integral Part Test as a qualify	•		· ·
instructions. All other Type III non-functionally integrated supporting orga	nizations r	nust complete Sectio	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Ye (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in 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		
Section 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

6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).

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) 2018

5

6

Schedule A (Form 990 or 990-EZ) 2018

Page 7

	V Type III Non-Functionally Integrated 509(a)(3) ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		eurione rour
2	Amounts paid to perform activity that directly furthers exer	ed		
-	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
U	(provide details in Part VI). See instructions.	the organization is resp	013100	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
10			<i>(</i> m)	(III)
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
-	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
a b	Excess from 2015			
	Excess from 2016			
<u>ح</u>				
d	Excess from 2017			
е	Excess from 2018			A (Form 990 or 990-EZ) 2

Page 8

Schedule A (Form 990 or 990-EZ) 2018

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

SCHEDULE A, PART II -	OTHER INCOME	C			ATTACHMENT 1	
DESCRIPTION	2014	2015	2016	2017	2018	TOTAL
MISCELLANEOUS INCOME	38,249.	61,187.	73,511.	47,442.	71,009.	291,398.
TOTALS	38,249.	61,187.	73,511.	47,442.	71,009.	291,398.

PAGE 21

SCHEE	DULE D	
(Form	990)	

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

PROYECTO	PASTORAI

	artment of the Treasury mal Revenue Service	► Go to www.irs.gov	Form990 for instructions and the latest inform	mation. Inspe	ection
-	e of the organization			Employer identification num	
PR	OYECTO PASTOR	AL.		95-3213958	
_			ised Funds or Other Similar Funds or		
		-	"Yes" on Form 990, Part IV, line 6.		
		<u> </u>	(a) Donor advised funds	(b) Funds and other ac	counts
1	Total number at e	nd of year			
2		of contributions to (during year)			
3		of grants from (during year)			
4		at end of year			
5		-	advisors in writing that the assets held	in donor advised	
•	-		e organization's exclusive legal control?		es No
6			and donor advisors in writing that grant f		
-	-	-	fit of the donor or donor advisor, or for a		
	-				es 🗌 No
Pa		tion Easements.			
			"Yes" on Form 990, Part IV, line 7.		
1	Purpose(s) of con	servation easements held by the	e organization (check all that apply).		
	Preservatio	n of land for public use (e.g., rec	reation or education) Preservation	of a historically important	land area
	Protection of	of natural habitat	Preservation	of a certified historic struc	ture
	Preservatio	n of open space			
2	Complete lines 2a	through 2d if the organization h	eld a qualified conservation contribution ir	the form of a conservatio	n
	easement on the	last day of the tax year.		Held at the End of t	he Tax Year
а	Total number of c	onservation easements		2a	
b	Total acreage res	tricted by conservation easements	3	2b	
С	Number of conser	vation easements on a certified	historic structure included in (a)	2c	
d	Number of conse	rvation easements included in (c	c) acquired after 7/25/06, and not on a		
	historic structure I	isted in the National Register		2d	
3	Number of conse	rvation easements modified, trar	nsferred, released, extinguished, or termin	nated by the organization	during the
	tax year 🕨				
4	Number of states	where property subject to conse	rvation easement is located ►		
5	-		garding the periodic monitoring, inspect	_	
			sements it holds?		
6	Staff and volunteer	hours devoted to monitoring, inspec	ting, handling of violations, and enforcing cor	servation easements during	the year
	▶				
7	Amount of expens	ses incurred in monitoring, inspec	ting, handling of violations, and enforcing c	onservation easements du	ring the year
_	►\$				
8		-	2(d) above satisfy the requirements of sect		Π
~					es 📖 No
9		u	conservation easements in its revenue an of the footnote to the organization's financ	•	as the
		counting for conservation easeme			
Pa		-	of Art, Historical Treasures, or Othe	r Similar Assets.	
			"Yes" on Form 990, Part IV, line 8.		
1a	· · ·	¥		revenue statement and h	alance sheet
ıa	public service, pro	ovide, in Part XIII, the text of the fo	FAS 116 (ASC 958), not to report in its ar assets held for public exhibition, edu potnote to its financial statements that des	scribes these items.	
b	works of art, hist		SFAS 116 (ASC 958), to report in its r ar assets held for public exhibition, edu ing to these items:		
				▶ \$	
2			rt, historical treasures, or other similar		
	-		FAS 116 (ASC 958) relating to these item		
а	-				

b Assets included in Form 990, Part X....

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

▶ \$

Schedule D (Form 990) 2018

OMB No. 1545-0047

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Sche	dule D (Form 990) 2018								Page	2
Ра	rt III Organizations Maintaining	g Collections of	f Art, Histo	rical Trea	asures,	or Other	Similar Asset	s (continu		
3	Using the organization's acquisition,	accession, and	other recor	ds, check	any of	the follow	ing that are a	significant	use of it	s
	collection items (check all that apply)									
а	Public exhibition		d	Loan o	r exchan	ge progra	ms			
b	Scholarly research		e	Other		0 1 0				
С	Preservation for future generat	ions								-
4	Provide a description of the organiz		s and expl	ain how th	nev furth	er the or	nanization's exe	empt nurno	se in Pa	rt
•	XIII.				loy raran		gamzation o ok	mpt puipe		
5	During the year, did the organization	solicit or rocoivo	donations o	fart histo	rical trac		othor similar			
3	assets to be sold to raise funds rather							. Yes		lo
Po	rt IV Escrow and Custodial Arra		taineu as pa		iyanizati			. 105		0
Га	Complete if the organization		oe" on For	m 000 P/	ort IV/ liv		oported an am	ount on E	- rm	
	990, Part X, line 21.			III 990, Fa	art iv, m	16 9, 01 1	eponeu an an		JIII	
4.										
1 a	Is the organization an agent, trustee,								— .	
	included on Form 990, Part X?							Yes		lo
b	If "Yes," explain the arrangement in F	Part XIII and com	plete the to	llowing tabl	e:	-				
							Amo	ount		
С	Beginning balance					C				
d	Additions during the year					d				
е	Distributions during the year					е				
f	Ending balance					f				
2a	Did the organization include an amou									lo
b	If "Yes," explain the arrangement in F	Part XIII. Check h	nere if the e	xplanation l	has been	provided	on Part XIII			
Pa	rt V Endowment Funds.									
	Complete if the organization	on answered "Y	es" on For	m 990, Pa	art IV, lii	ne 10.				
		(a) Current year	(b) Pric	r year	(c) Two y	ears back	(d) Three years ba	ack (e) Fou	r years bacl	k
1a	Beginning of year balance									
b	Contributions									
	Net investment earnings, gains,									
С	and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
,	1 5									—
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of	•	end balanc	e (line 1g, d	column (a	a)) held as	:			
a L	Board designated or quasi-endowmer		70							
b	Permanent endowment	%								
С	Temporarily restricted endowment									
•	The percentages on lines 2a, 2b, and			1			to the second form the s			
3a	Are there endowment funds not in the	e possession of t	ine organiza	ation that a	are neid a	and admir	listered for the	l	Yes No	_
	organization by:								165 14	_
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related	0	•					3b		
4	Describe in Part XIII the intended use									
Pa	rt VI Land, Buildings, and Equip Complete if the organization	on answered "Y	es" on Fo	m 990 P	art IV li	ne 11a 9	See Form 990	Part X lir	<u>م</u> 10	
	Description of property		or other basis	(b) Cost or			cumulated	(d) Book va		
			stment)	(oth	ner)	depr	eciation	.,		
1a	Land				81,032				81,032	
b	Buildings				90,531		18,571.		71,960	_
С	Leasehold improvements				95,151		64,356.		30,795	
d	Equipment	[3.	96,963	. 2	27,634.	1	69,329).
е	Other			1	19,640		93,966.		25,674	ŧ.
	I. Add lines 1a through 1e. (Column (c		rm 990, Part	X, column	(B), line	10c.)_		8	78,790	J.

Schedule D (Form 990) 2018

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 marke	
(1) Financi	al derivatives			
	/-held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11c. See Form 990, I	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuatio Cost or end-of-year marke	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. Complete if the organization answered	"Voo" on Form 000	Port IV line 11d See Form 000	Dort V line 15
			, Fait IV, line TTu. See Form 990,	
(4)	(a) Des	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5) (6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) li	ine 15.)		
Part X	Other Liabilities. Complete if the organization answered			990, Part X,
	line 25.			
l .	(a) Description of liability	(b) Book valu	e	
. ,	ral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►
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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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PROYECTO	PASTORAL
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Schedu	le D (Form 990) 2018		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	5,441,784.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities 2b 41,400.		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	41,400.
3	Subtract line 2e from line 1	3	5,400,384.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	5,400,384.
Part		ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	5,438,994.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
с	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	41,400.
3	Subtract line 2e from line 1	3	5,397,594.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	5,397,594.
	XIII Supplemental Information.		
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part VI, lines 2d and 4b, Alag complete this part to provide any additional information of the second		
z; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation.	

SEE PAGE 5

Part XIII Supplemental Information (continued)

PART X, LINE 2:

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY PROYECTO AND RECOGNIZE A TAX LIABILITY IF PROYECTO HAS TAKEN A TAX POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY A TAX AUTHORITY. PROYECTO IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.

Schedule D (Form 990) 2018

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

2018 Open to Public Inspection

Name of the organization						
PROYECTO	PASTORAL					

Employer identification number 95-3213958

Par	t Types of Property				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household				
-	goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC,				
	or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation				
	contribution - Historic				
	structures				
14	Qualified conservation				
	contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial		12.	41,400.	MARKET VALUE
17	Real estate - Other				
18	Collectibles				
19	Food inventory		43,800.	64,824.	MARKET VALUE
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ►()				
26	Other ►()				
27	Other ►()				
28	Other ►()				
29	Number of Forms 8283 received	by the ora	anization during the tax v	ear for contributions for	
	which the organization completed I				29
	с .	·			Yes No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I, line	s 1 through
	28, that it must hold for at least t	hree years f	rom the date of the initial	contribution, and which is	sn't required
	to be used for exempt purposes for	-			
b	If "Yes," describe the arrangement				
31	Does the organization have a		tance policy that require	es the review of any	nonstandard
	contributions?				
32a	Does the organization hire or use				
	contributions?	-	-		
b	If "Yes," describe in Part II.				
	If the organization didn't report an	amount in c	olumn (c) for a type of pro	perty for which column (a)	is checked,
	describe in Part II.				
For P	aperwork Reduction Act Notice, see the Inst	ructions for Fo	rm 990.		Schedule M (Form 990) 2018

95-3213958

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.



Department of the Treasury Internal Revenue Service Name of the organization PROYECTO PASTORAL

Employer identification number

PART I AND PART III, LINE 1 - ORGANIZATION'S MISSION: PROYECTO PASTORAL IS A NON-PROFIT COMMUNITY BASED ORGANIZATION THAT WORKS WITH THE BOYLE HEIGHTS COMMUNITY THROUGH GRASSROOTS PROJECTS IN EDUCATION, LEADERSHIP AND SERVICE TO OTHERS. OUR MAIN PROJECTS INCLUDE EARLY CHILDHOOD EDUCATION CENTERS, YOUTH DEVELOPMENT PROGRAMS, A HOMELESS SHELTER, CIVIC ENGAGEMENT PROGRAMS, AND THE BACKBONE FOR A COLLECTIVE IMPACT INITIATIVE, PROMESA BOYLE HEIGHTS.

PART VI, LINE 11B:

THE ANNUAL TAX RETURNS ARE PREPARED BY OUR CERTIFIED PUBLIC ACCOUNTANTS MILLER KAPLAN ARASE LLP. THE DRAFTS ARE THEN REVIEWED BY THE CEO AND THE FINANCE DIRECTOR AND THE FINAL DRAFT IS PROVIDED TO ALL BOARD MEMBERS PRIOR TO FILING.

PART VI, LINE 12:

THE EXECUTIVE DIRECTOR'S APPROVAL IS REQUIRED FOR ALL OUTSIDE ACTIVITIES RELATED TO THE PROGRAM AND FUNCTIONS OF PROYECTO PASTORAL TO ASCERTAIN THAT THERE IS NO CONFLICT INVOLVED.

NO EMPLOYEE OR MEMBER OF THE BOARD OF DIRECTORS SHALL HAVE DIRECT OR INDIRECT PERSONAL INTEREST IN THE BUSINESS OF ANY SUPPLIER, COMPETITOR OR SIGNIFICANT CUSTOMER OR ACCEPT ANY SALARY, FEE, COMMISSION OR OTHER COMPENSATION FROM THEM. IN ADDITION, NO EMPLOYEE OR BOARD MEMBER SHALL USE ANY PROYECTO PASTORAL ASSETS, RESOURCES OR ANY CONFIDENTIAL OR INSIDE INFORMATION WITH RESPECT TO PROYECTO PASTORAL FOR THE PERSONAL OR FINANCIAL GAIN OF THE EMPLOYEE OR ANY OTHER PERSON OR INTEREST OTHER THAN THOSE OF PROYECTO PASTORAL. MATTERS REGARDING CONFLICT OF INTEREST ARE DISCUSSED AT BOARD OF DIRECTORS MEETINGS.

PART VI, LINE 15A:

A COMMITTEE OF THE BOARD OF DIRECTORS DETERMINES THE COMPENSATION OF THE ORGANIZATION'S CEO BY RESEARCHING THE COMPENSATION OF EXECUTIVE LEADERSHIP FROM ORGANIZATIONS OF A SIMILAR SIZE AND SCOPE TO PROYECTO PASTORAL. THE COMPENSATION DELIBERATIONS AND DECISIONS ARE MADE IN WRITING AND ARE RETAINED IN THE RECORDS OF THE COMMITTEE.

PART VI, LINE 19:

THE ANNUAL INFORMATION RETURN, GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST. THE ANNUAL INFORMATION RETURN IS ALSO POSTED ON THE AGENCY'S WEBSITE.

FORM 990, PART III, LINE 4D - OTHER P	ROGRAM SERVICES	=	ATTACHMENT 1	
DESCRIPTION	G	RANTS	EXPENSES	REVENUE
REC. CENTER REGISTRATION				6,560.
COMMUNITY IN ACTION			99,778.	
ІМРАСТО			890,851.	
·	TOTALS		990,629.	6,560.

Schedule O (Form 990 or 990-EZ) 2018	Page 2
Name of the organization	Employer identification number
PROYECTO PASTORAL	95-3213958
	ATTACHMENT 2

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
PERY CONSULTING GROUP 6520 PLATT AVE #548 WEST HILLS, CA 91307	CONSULTANT	60,000.
INNER STRUGGLE 3467 WHITTIER BLVD LOS ANGELES, CA 90023	CONSULTANT	118,587.