#### EXTENDED TO MAY 17, 2021

(Rev. January 2020) Department of the Treasury Internal Revenue Service Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ 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. ax year beginning JUL 1 . 2019 and ending JUN 30 .

Open to Public

OMB No. 1545-0047

Inspection

A I	For the 2	2019 calendar year, or tax year beginning $$ JUL $1,2019$	JUN 30, 2020	•					
		C Name of organization	D Employer identifi						
a	Check if applicable:	- · · · · · · · · · · · · · · · · · · ·							
	Address change	PROYECTO PASTORAL							
F	Name change	Doing business as	95-32139	58					
F	Initial return	Number and street (or P.O. box if mail is not delivered to street address)  Room/s							
F	Final	135 N MISSION RD	(323)881						
_	☐return/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	4,911,655.					
	Amende			H(a) Is this a group return					
F	lreturn ☐Applica-	F Name and address of principal officer: CYNTHIA SANCHEZ	for subordinates						
	Ition pending	SAME AS C ABOVE	H(b) Are all subordinates in	·····- —					
_	Fay ayan		<del></del>	list. (see instructions)					
		www.PROYECTOPASTORAL.ORG							
			H(c) Group exemption H(c) Group exemption H(c) Group exemption H(c) H(c) H(c) H(c) H(c) H(c) H(c) H(c)						
		Summary	real of formation. ±500 N	1 State of legal doffficile. CA					
		riefly describe the organization's mission or most significant activities: SEE SCHE	יחוותי ח						
Se	<b>1</b> B	neny describe the organization's mission or most significant activities:	DODE O						
Jan	<u> </u>								
Governance	1	heck this box if the organization discontinued its operations or disposed of r	1	14					
ģ		umber of voting members of the governing body (Part VI, line 1a)		13					
∞ಶ		umber of independent voting members of the governing body (Part VI, line 1b)	·····	115					
Activities		otal number of individuals employed in calendar year 2019 (Part V, line 2a)	T	1500					
ξį		otal number of volunteers (estimate if necessary)		0.					
Ac		otal unrelated business revenue from Part VIII, column (C), line 12		0.					
	b N	et unrelated business taxable income from Form 990-T, line 39							
Revenue			Prior Year	Current Year					
		ontributions and grants (Part VIII, line 1h)	5,329,174.	4,844,151.					
		rogram service revenue (Part VIII, line 2g)	0.	42,354.					
Re		vestment income (Part VIII, column (A), lines 3, 4, and 7d)	201.	3.					
	1	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	71,009.	25,147.					
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,400,384.	4,911,655.					
	<b>13</b> G	rants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.					
		enefits paid to or for members (Part IX, column (A), line 4)	0.	0.					
es		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,439,488.	3,984,691.					
Expenses	<b>16a</b> Pi	rofessional fundraising fees (Part IX, column (A), line 11e)	0.	0.					
ď		otal fundraising expenses (Part IX, column (D), line 25)   397,732.							
ш	<b>17</b> O	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,958,106.						
	<b>18</b> To	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,397,594.	5,336,711.					
	<b>19</b> R	evenue less expenses. Subtract line 18 from line 12	2,790.	-425,056.					
Net Assets or Fund Balances			Beginning of Current Year	End of Year					
sets	<b>20</b> To	otal assets (Part X, line 16)	3,830,149.	4,012,343.					
t As	<b>21</b> To	otal liabilities (Part X, line 26)	518,334.	1,158,613.					
<u>SP</u>	<b>22</b> N	et assets or fund balances. Subtract line 21 from line 20	3,311,815.	2,853,730.					
Pá	art II	Signature Block							
		es of perjury, I declare that I have examined this return, including accompanying schedules and st	-	y knowledge and belief, it is					
true	, correct,	and complete. Declaration of preparer (other than officer) is based on all information of which prep	parer has any knowledge.						
	1	Chh		4/21					
Sig	ո   Լ	Signature of officer	Date						
Her	e l	CYNTHIA SANCHEZ, CHIEF EXECUTIVE OFFICER							
		Type or print name and title							
	F	Print/Type preparer's name Preparer's signature	Date Check	PTIN					
Paid	d N	AZANIN BENYAMINI NAZANIN BENYAMINI	05/17/21 self-employ						
Pre		irm's name SINGERLEWAK LLP	Firm's EIN ▶	95-2302617					
Use	Only F	irm's address 10960 WILSHIRE BOULEVARD, 7TH FLOOR							
		LOS ANGELES, CA 90024-3783	Phone no. (3	10) 477-3924					
May	y the IRS	6 discuss this return with the preparer shown above? (see instructions)	,	X Yes No					

	Check if Schedule O contains a response or note to any line in this Part II	I	X
1	Briefly describe the organization's mission: SEE SCHEDULE O		
2	Did the organization undertake any significant program services during the year	which were not listed on the	
_	prior Form 990 or 990-EZ?		No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it co	onducts, any program services?Yes X	No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its th		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount	of grants and allocations to others, the total expenses, and	
4a	revenue, if any, for each program service reported.  (Code: ) (Expenses \$ 1,320,410 • including grants of \$	) (Revenue \$ 29,62	7.)
та	SEE SCHEDULE O	) (nevertue s	<u>, ,</u> ,
4b	(Code:) (Expenses \$1,050,004. including grants of \$	) (Revenue \$	)
	SEE SCHEDULE O		
4c	(Code:) (Expenses \$	) (D	
40	(Code:) (Expenses \$ 991,160 including grants of \$  SEE SCHEDULE O	) (Revenue \$	,
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 1,041,844 • including grants of \$	) (Revenue \$ 12,727.)	
4e	. 4 400 410		
		Form <b>990</b>	(2019)

			Yes	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		х	
2	If "Yes," complete Schedule A	2	X	
2		2	22	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	۱		Х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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			Х
_	Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e	Х	- 22
f		Tie	25	
'	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			,,
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			٦,
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	۱		v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	X

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# Form 990 (2019) PROYECTO PASTORAL Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	00	1.55	Х
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
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			
		23		х
24 2	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
ZTU	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 to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			₩.
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		x
28	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," complete Schedule L, Part III	21		21
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
-	"Yes, " complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			х
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
34	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	334		<del></del>
-	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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
4 -	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
1a b		_		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c	Х	
	∪ 1			

# Form 990 (2019) PROYECTO PASTORAL Part 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 115							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2b	Х					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	)							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account	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 A	ccounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	5b		Х				
С	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e 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 contribut	ions 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 \ service \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ goods \ good$	vices provided to the payor?	7a		X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required							
	to file Form 8282?		7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			Х				
е	7 7 171								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	act?	7f		Х				
g									
h									
8	,								
	sponsoring organization have excess business holdings at any time during the year?								
9	Sponsoring organizations maintaining donor advised funds.								
а			9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b						
10	Section 501(c)(7) organizations. Enter:	1							
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:	11a							
a		118							
D	Gross income from other sources (Do not net amounts due or paid to other sources against	146							
10-	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b	12a						
		12b	ıza						
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120							
	Is the organization licensed to issue qualified health plans in more than one state?		13a						
а	Note: See the instructions for additional information the organization must report on Schedule O.		IJa						
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
b	organization is licensed to issue qualified health plans	13b							
С	Enter the amount of reserves on hand	13c							
14a		100	14a		Х				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune								
. •	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 investmen	t income?	16		Х				
	If "Yes," complete Form 4720, Schedule O.								
				~~~					

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

	Check if Schedule O contains a response or note to any line in this Part VI						
Sec	tion A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year						
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent 1b 13						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other						
	officer, director, trustee, or key employee?	2		X			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision						
	of officers, directors, trustees, or key employees to a management company or other person?	3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X			
6	Did the organization have members or stockholders?	6		X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or						
	more members of the governing body?	7a		X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or						
	persons other than the governing body?	7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
а	The governing body?	8a	Х				
b	Each committee with authority to act on behalf of the governing body?	8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the						
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)						
			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		X			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		Х				
12a							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe						
	in Schedule O how this was done	12c	X				
13	Did the organization have a written whistleblower policy?	13	X				
14	Did the organization have a written document retention and destruction policy?	14	X				
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				
	The organization's CEO, Executive Director, or top management official	15a	Х	37			
b	Other officers or key employees of the organization	15b		Х			
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v			
	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	401					
800	exempt status with respect to such arrangements?	16b					
	tion C. Disclosure						
17 10	List the states with which a copy of this Form 990 is required to be filed CA  Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A. if applicable), 990, and 990 T (Section 501(c))3	e onl	) ava:	able			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply.	is Utily	j avall	aule			
	Own website Another's website X Upon request Other (explain on Schedule O)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d fina-	ncial				
13	statements available to the public during the tax year.	u midi	icial				
20	State the name, address, and telephone number of the person who possesses the organization's books and records						
0	CYNTHIA SANCHEZ - (323)881-0018						
	135 N MISSION RD, LOS ANGELES, CA 90033						

932006 01-20-20

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)		(C) Position					(D)	(E)	(F)	
Name and title	Average		not cl	heck	more	than		Reportable	Reportable	Estimated	
	hours per week		, unles cer an					compensation from	compensation from related	amount of other	
	(list any	ector						the	organizations	compensation	
	hours for	or dire	ep.			ated		organization	(W-2/1099-MISC)	from the	
	related organizations	ustee	Institutional trustee		e e	suadı		(W-2/1099-MISC)		organization and related	
	below	dual tr	tional	L	nploy	st con				organizations	
	line)	Individual trustee or director	Institu	Officer	Key employee	Highest compensated employee	Former				
(1) BRIAN ALBERT	2.00										
CHAIR		Х		Х				0.	0.	0	
(2) ROB SMITH	2.00										
TREASURER		Х		Х				0.	0.	0	
(3) FANNY ARROYO OLIVEIRA	2.00										
SECRETARY		Х		X				0.	0.	0	
(4) REY RODRIGUEZ	2.00	١							_		
PAST CHAIR	2 00	Х						0.	0.	0	
(5) ROSA CAMPOS	2.00	Į.,							_	_	
EMERITUS	2.00	Х						0.	0.	0	
(6) RITA CHAIREZ DIRECTOR AT LARGE	2.00	X						0.	0.	0	
(7) TED GABRIELLI, S.J.	2.00	^	$\vdash$					0.	0.	0	
DIRECTOR AT LARGE	2.00	x						0.	0.	0	
(8) GREG BOYLE, S.J.	2.00								•		
EMERITUS		X						0.	0.	0	
(9) KATEY HERMAN	2.00							-	-	-	
DIRECTOR AT LARGE		Х						0.	0.	0	
(10) VINCE LAWLER	2.00										
DIRECTOR AT LARGE		Х						0.	0.	0	
(11) ESPERANZA VASQUEZ	2.00										
EMERITUS		Х						0.	0.	0	
(12) LILIA ACOSTA	2.00								_		
DIRECTOR AT LARGE		Х						0.	0.	0	
(13) YVONNE VELAZCO	2.00	١							_		
DIRECTOR AT LARGE	40.00	Х						0.	0.	0	
(14) CYNTHIA SANCHEZ	40.00	Į.,		77				116 620	_	_	
CHIEF EXECUTIVE OFFICER		Х	$\vdash$	Х		-		116,639.	0.	0	
		+									
		$\vdash$	$\vdash$								
		1									
			$\Box$								
		1			1	l					

Pa	rt VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	(do box offic	not c , unle	Pos heck ss pe	c) ition more rson		one h an	( <b>D)</b> Reportable compensation from	(E) Reportable compensatio from related	n		(F) stimate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization: (W-2/1099-MIS		fr org an	npensa rom the ganizat d relat anizati	e ion ed
1b	Subtotal	l		<u> </u>			<u> </u>	<b></b>	116,639.		0.			0.
	Total from continuation sheets to Part V								0.		0.			0.
d	Total (add lines 1b and 1c)							<b></b>	116,639.		0.			0.
2	Total number of individuals (including but r	ot limited to th	ose	liste	ed al	bove	e) wl	ho r	eceived more than \$100	0,000 of reportabl	е			
	compensation from the organization													
_											г		Yes	No
3	Did the organization list any <b>former</b> officer,	•		кеу е	emp	loye	e, o	r hig	phest compensated emp	oloyee on				Х
4	line 1a? If "Yes," complete Schedule J for s								har companation from			3		
4	For any individual listed on line 1a, is the su and related organizations greater than \$15	•							•	•		4		Х
5	Did any person listed on line 1a receive or											_		
Ū	rendered to the organization? If "Yes," com	•				•			od organization of mark	14441 101 001 11000		5		Х
Sec	tion B. Independent Contractors	,												
1	Complete this table for your five highest co	•	•							•	pensa	ation 1	from	
	(A)	ano calonidal y	cai t	oriul	ig v	VILII	J1 VV	10 111	(B)	your.		((	 C)	
	Name and business	address							Description of s	services	C		(C) mpensation	
PE	RY CONSULTING GROUP, L													
65	20 PLATT AVE #548, WES'	r HILLS	, (	CA	91	13	07	k	CONSULTANT			10	2,0	00.

(A)
Name and business address

PERY CONSULTING GROUP, LLC
6520 PLATT AVE #548, WEST HILLS, CA 91307

CONSULTANT

102,000

2 Total number of independent contractors (including but not limited to those listed above) who received more than

Form **990** (2019)

\$100,000 of compensation from the organization

Pa	rt \	/	Statement of Revenue					
			Check if Schedule O contains a response	or note to any li	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue		( <b>D)</b> Revenue excluded from tax under sections 512 - 514
ervice Contributions, Gifts, Grants and Other Similar Amounts		b c d e f	All other contributions, gifts, grants, and	366,726. 477,425. 4,630. Business Code 900099 900099	29,627. 12,727.	29,627. 12,727.		
Program Service Revenue		c d e f	All other program service revenue					
		g	Total. Add lines 2a-2f	<b>)</b>	42,354.			
	3 4 5		Investment income (including dividends, intered other similar amounts)  Income from investment of tax-exempt bond properties  (i) Real	proceeds >	3.			3.
	6	b c	Gross rents 6a Less: rental expenses 6b Rental income or (loss) 6c	(II) Personal				
ø	7	а	Net rental income or (loss)  Gross amount from sales of assets other than inventory Less: cost or other basis  (i) Securities 7a	(ii) Other				
Other Revenue	8	d	and sales expenses 7b Gain or (loss) 7c Net gain or (loss) Gross income from fundraising events (not	<u> </u>				
O			including \$ of contributions reported on line 1c). See  Part IV, line 18 8a  Less: direct expenses 8b					
	9	a b	Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19 Less: direct expenses  9a 9b					
	10	а	Net income or (loss) from gaming activities  Gross sales of inventory, less returns and allowances	110.				110
		С	Net income or (loss) from sales of inventory	<b>)</b>	110.			110.
aneous	11	a b	OTHER INCOME	Business Code 900099	25,037.			25,037.
Miscellaneous Revenue		c d	All other revenue		25,037.			
	12		Total Add lines 11a-11d	·····	4 911 655.	42.354.	0.	25.150.

#### Part IX | Statement of Functional Expenses

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

	Check if Schedule O contains a respon	se or note to any line in (A)	this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	122 560	CO 100	40.000	22 200
	trustees, and key employees	133,560.	60,102.	40,068.	33,390
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	2 041 000	0.004.006	005 061	00 105
7	Other salaries and wages	3,241,902.	2,934,736.	225,061.	82,105
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	260 450	204 604	00 454	10 100
9	Other employee benefits	362,478.	321,604.	28,471.	12,403
10	Payroll taxes	246,751.	218,927.	19,381.	8,443
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	33,000.		33,000.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	664,856.	396,287.	11,824.	256,745.
12	Advertising and promotion				
13	Office expenses	46,926.	19,753.	26,004.	1,169
14	Information technology				
15	Royalties				
16	Occupancy	12,209.	10,311.	1,887.	11.
17	Travel	1,956.	1,008.	803.	145.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,795.	2,986.	2,379.	430
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	86,642.	43,054.	43,588.	
23	Insurance	47,934.	20,177.	26,563.	1,194
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM ACTIVITIES/SUPP	141,311.	137,907.	3,382.	22.
b	REPAIRS AND MAINTENANCE	118,359.	103,634.	14,725.	0.
С	UTILITIES	68,710.	58,032.	10,619.	59.
d	TELECOMMUNICATIONS	51,320.	43,344.	7,932.	44.
e		73,002.	31,556.	39,874.	1,572
25	Total functional expenses. Add lines 1 through 24e	5,336,711.	4,403,418.	535,561.	397,732
26	Joint costs. Complete this line only if the organization			,	,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here X if following SOP 98-2 (ASC 958-720)				
	- 10000 ming 661 50 2 (not 500 720)				Earm <b>991</b> (2010

Par	τχ	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			343,546.	1	1,479,790
	2	Savings and temporary cash investments			388.	2	10,343
	3	Pledges and grants receivable, net		2,126,875.	3	1,672,881	
	4	Accounts receivable, net	418,101.	4	0		
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	contributor, or 35%				
		controlled entity or family member of any of the	se pers	ons		5	
	6	Loans and other receivables from other disqual					
		under section 4958(f)(1)), and persons describe	d in sec	ction 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			62,449.	9	57,180
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	3,383,317.			
	b	Less: accumulated depreciation		2,591,168.	878,790.	10c	792,149
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			2 020 140	15	4 010 242
	16	Total assets. Add lines 1 through 15 (must equ			3,830,149.	16	4,012,343
	17	Accounts payable and accrued expenses		518,334.	17	477,222	
	18	Grants payable		18	20 202		
	19	Deferred revenue				19	32,323
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
Liabilities	22	Loans and other payables to any current or forr					
		trustee, key employee, creator or founder, subs				20	
Lia	00	controlled entity or family member of any of the				22	
	23	Secured mortgages and notes payable to unrel				23	648,700
	24	Unsecured notes and loans payable to unrelate				24	040,700
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on lines					
		of Schedule D	5 17-24,	. Complete Part A	0.	25	368
	26	Total liabilities. Add lines 17 through 25			518,334.	26	1,158,613
	20	Organizations that follow FASB ASC 958, che			323,3321	20	2/200/020
Ses		and complete lines 27, 28, 32, and 33.					
au	27	Net assets without donor restrictions			1,170,608.	27	1,065,090
Ва	28	Net assets with donor restrictions			2,141,207.	28	1,788,640
ם		Organizations that do not follow FASB ASC 9					
로		and complete lines 29 through 33.	ŕ	,			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
Set	30	Paid-in or capital surplus, or land, building, or ed				30	
As	31	Retained earnings, endowment, accumulated in				31	
Se	32	Total net assets or fund balances		3,311,815.	32	2,853,730	
	33	Total liabilities and net assets/fund balances .			3,830,149.	33	4,012,343

Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI					X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,91					
2	Total expenses (must equal Part IX, column (A), line 25)	2	5	,33					
3	Revenue less expenses. Subtract line 2 from line 1	3		-42	•				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))								
5									
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-3	3,0	29.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	2	,85	3,7	30.			
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
					Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?			2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	5,						
	consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	<u>,</u>						
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule	Ο.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	ıdit						
	Act and OMB Circular A-133?			За	X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	ıdit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	X				

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** Name of the organization PROYECTO PASTORAL 95-3213958 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% 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 33 1/3% 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3,495,558.	4,108,029.	5,148,779.	5,329,174.	4,844,151.	22,925,691.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	3,495,558.	4,108,029.	5,148,779.	5,329,174.	4,844,151.	22,925,691.
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)						3,121,754.
	Public support. Subtract line 5 from line 4.						19,803,937.
	ction B. Total Support	1				· · · · · · · · · · · · · · · · · · ·	
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	3,495,558.	4,108,029.	5,148,779.	5,329,174.	4,844,151.	22,925,691.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	0.51	F.C.2	407	201	ر ا	2 144
	and income from similar sources	951.	562.	427.	201.	3.	2,144.
9	Net income from unrelated business						
	activities, whether or not the					110	110
	business is regularly carried on					110.	110.
10	Other income. Do not include gain						
	or loss from the sale of capital	61,187.	72 511	47,442.	71,009.	25,037.	278,186.
	assets (Explain in Part VI.)	01,107.	73,311.	4/,442.	11,009.	25,057.	
11	***	-1- (!1	\			40	23,206,131. <b>99,737.</b>
12	Gross receipts from related activities,					12	33,131.
13	First five years. If the Form 990 is for	· ·	s first, second, thir	a, fourth, or fifth ta	ix year as a sectio	n 50 i (c)(3)	ightharpoonup
Sec	organization, check this box and storection C. Computation of Publ		rcentage				
	Public support percentage for 2019 (			olumn (fl)		14	85.34 %
15	Public support percentage from 2018					15	84.42 %
	33 1/3% support test - 2019. If the o					· · · · · · · · · · · · · · · · · · ·	
	<b>stop here.</b> The organization qualifies	· ·		,		,	► X
b	33 1/3% support test - 2018. If the o						······································
_	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	•					*
	meets the "facts-and-circumstances"			-	· · · · · · · · · · · · · · · · · · ·	-	
h	10% -facts-and-circumstances tes						
~	more, and if the organization meets the	-					
	organization meets the "facts-and-circ		•				
18	Private foundation. If the organization		· ·	•	,		s

Schedule A (Form 990 or 990-EZ) 2019

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

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

Se	ction A. Public Support	ciow, picase com	pioto i dit ii.j				
	endar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
	Gifts, grants, contributions, and	, ,	` ,	, ,	<u> </u>	, ,	` ` `
	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						
2	Gross receipts from activities that						
3	are not an unrelated trade or bus- iness under section 513						
4							
7	ization's benefit and either paid to or expended on its behalf						
5							
J	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	A Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ı	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
<u>Se</u>	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
	Amounts from line 6  a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>		
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	zation,
_	check this box and stop here						<b>&gt;</b>
	ction C. Computation of Publ						
	Public support percentage for 2019 (I			column (f))		15	%
	Public support percentage from 2018					16	%
Se	ction D. Computation of Inves						
17	. 3						%
18	1 3					18	%
19	a 33 1/3% support tests - 2019. If the						17 is not
ŀ	more than 33 1/3%, check this box at 33 1/3% support tests - 2018. If the						▶ ☐ and
•	line 18 is not more than 33 1/3%, che	•			•		
20	Private foundation. If the organization						

### 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.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	За		
	3b		
	SD		
	3с		
	4a		
	4a		
	4b		
	4c		
	5a		
-	5b		
	5c		
	6		
	7		
	•		
	8		
	9a		
	9b		
	ฮม		
	9с		
	10a		
	401		
	10b		

Pa	rt IV Supporting Organizations (continued)			
	, e e (continuos)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			<u> </u>
	<u> </u>		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			1.10
-	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			<u> </u>
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	110
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	etion D. All Type III Supporting Organizations	<del></del>		<u> </u>
	usin 2.7 m 1,5pc m supporting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			110
-	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
Ŭ	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			l
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions			
а	The organization satisfied the Activities Test. Complete line 2 below.	-,-		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below</i> .			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	struction:	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
_	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	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> .	За		
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 <b>Part VI</b> the role played by the organization in this regard.	3b		

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970 (explain in	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	y integra	ated Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

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

Schedule A (Form 990 or 990-EZ) 2019

	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.)												
SCHE	DUI	LE A	,	PART	II,	LINE	10,	EXPLAN	NATION	FOR	OTHER	INCOME:	
OTHE	R :	INCO	ME										
2015	Al	MOUN	т:	\$	61,	187.							
2016	Al	MOUN	т:	\$	73,	511.							
2017	Al	MOUN	т:	\$	47,	442.							
2018	Al	MOUN	т:	\$	71,	009.							
2019	Al	MOUN	т:	\$	25,	037.							

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,

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

PROYECTO PASTORAL

**Employer identification number** 95-3213958

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other	Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	-		
		(a) Donor advise	d funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	$\operatorname{Did}$ the organization inform all donors and donor advisors in			
	are the organization's property, subject to the organization's			
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for a	ny other purpose c	
Da	impermissible private benefit?			
Par		-		art IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	` · · · · · · · · · · · · · · · · · · ·	7	
	Preservation of land for public use (for example, recrea	ation or education)	7	historically important land area
	Protection of natural habitat		□ Preservation of a	certified historic structure
_	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contrib	oution in the form o	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			
b	Total acreage restricted by conservation easements			
	Number of conservation easements on a certified historic str			
d	Number of conservation easements included in (c) acquired			l l
_	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or	terminated by the	organization during the tax
	year •			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe			
	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, a	na enforcing conse	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and or	oforcina consonvati	on accoments during the year
′	\$\\$\$ \$\$	ulling of violations, and el	Horcing Conservati	on easements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requiremen	nts of section 170/h	a)(4)(B)(i)
·	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservati			
Ŭ	balance sheet, and include, if applicable, the text of the footi		•	
	organization's accounting for conservation easements.	note to the organization	o manoral otatomor	The trial describes trie
Par	t III Organizations Maintaining Collections o	f Art, Historical Tr	easures, or Otl	her Similar Assets.
	Complete if the organization answered "Yes" on Form	-	·	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its rev	enue statement an	nd balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, educatior	, or research in fur	therance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that de	scribes these items	S.
b	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:	, ,		,
	(i) Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$
				<b>.</b> .
2	If the organization received or held works of art, historical tre			
	the following amounts required to be reported under FASB A			
а	Revenue included on Form 990, Part VIII, line 1	-		• \$
b	Assets included in Form 990, Part X			> \$

932051 10-02-19

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

Schedule D (Form 990) 2019

Pai	rt III   Organizations Maintaining C	collections of A	rt, Hist	torical Tr	easures, c	or Oth	er Sin	nilar Asse	<b>ts</b> (continue	ed)
3	Using the organization's acquisition, accessi	on, and other record	ds, checl	k any of the	following tha	t make s	significa	ant use of its		
	collection items (check all that apply):									
а	Public exhibition	d	, <u> </u>	Loan or exc	hange progra	am				
b	Scholarly research	е	, [	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	he organizati	on's exe	empt pu	rpose in Par	t XIII.	
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical trea	sures, or oth	er simila	r asset	s		
	to be sold to raise funds rather than to be ma								Yes	No
Pai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pal		ete if the	organizatio	n answered '	"Yes" or	Form	990, Part IV,	line 9, or	
	Is the organization an agent, trustee, custodi		diary for	contribution	ns or other as	sets not	t includ	ed		
	on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIII									
	, 1	·	3						Amount	
С	Beginning balance						10	;		
	Additions during the year							t l		
	Distributions during the year							,		
	Ending balance							F		
	Did the organization include an amount on Fe								Yes	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	xplanatio	n has been	provided on	Part XIII	l		[	
Pai	rt V Endowment Funds. Complete i	f the organization ar	nswered	"Yes" on Fo	orm 990, Part	t IV, line	10.			
	·	(a) Current year	<b>(b)</b> P	rior year	(c) Two year	rs back	(d) Thre	ee years back	(e) Four ye	ars back
1a	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end baland	ce (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment >	%								
С	Term endowment >	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	ınd administe	ered for t	he orga	anization		
	by:								Ye	es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza								3b	
4	Describe in Part XIII the intended uses of the		owment t	funds.						
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	T T			i	), Part X	, line 10	) <u>.                                    </u>		
	Description of property	(a) Cost or o		. ,	or other	٠,	ccumu		(d) Book v	alue
		basis (investr	ment)		(other)	de	preciati	on		
	Land				1,032.			01.4	281,	032.
	Buildings				0,531.	1,	<u>/45,</u>	214.		317.
	Leasehold improvements				5,151.		<u>4/3,</u>	628.		523.
	Equipment				6,963.	•		758.		205.
	Other				9,640.		99,	568.		072.
Total	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colun	nn (B), line 1	10c.)			🕨 📗	792,	149.

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 PROYECTO PA	STORAL	95-	3213958 Page
Part VII Investments - Other Securities.			90
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-o	f-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-c	f-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
(a) I	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	÷ 15.)	<b>&gt;</b>	
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	(In) De alcorator
1. (a) Description of liability			(b) Book value
(1) Federal income taxes (2) CDE RESERVE LIABILITY			260
<del>/</del>			368
(3)			

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	CDE RESERVE LIABILITY	368.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	368.

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

Schedule D (Form 990) 2019

Sche	dule D (Fo	orm 990) 2019	PROYECTO	PASTORA	L			95-3	3213958	Page 4
Par	t XI R	leconciliation o	f Revenue pe	er Audited Fir	nancial Stateme	nts With	Revenue per R	eturn	1.	
	С	omplete if the organ	ization answered	"Yes" on Form 9	990, Part IV, line 12a.					
1	Total rev	enue, gains, and oth	ner support per au	udited financial st	tatements			1	4,953,	055
2	Amounts	s included on line 1 k	out not on Form 9	90, Part VIII, line	12:					
а	Net unre	alized gains (losses)	on investments			2a				
b							41,400.			
С										
d										
е								2e	41,	400
3		•						3	4,911,	655
4		s included on Form 9								
а				,	7b	4a				
b										
						-		4c		0 .
5					Part I, line 12.)			5	4,911,	655
					inancial Statem					
			-		990, Part IV, line 12a.					
1								1	5,378,	111
		s included on line 1 b						•	3,3,0,	
2						2a	41,400.			
a							41,400.			
b										
C										
d						-			11	400
								2e	5,336,	400
3								3	3,336,	/ 1 1
4		s included on Form 9		•		1.1				
а					7b					
b						4b				•
								4c	<u> </u>	0
				t equal Form 990	), Part I, line 18.)			5	5,336,	711
		Supplemental In								
Provi	de the de	scriptions required f	or Part II, lines 3,	5, and 9; Part III,	, lines 1a and 4; Part	IV, lines 1b a	and 2b; Part V, line	4; Part	X, line 2; Part >	<i,< td=""></i,<>
lines	2d and 4b	o; and Part XII, lines	2d and 4b. Also	complete this par	t to provide any add	itional inform	ation.			
PAF	RT X,	LINE 2:								
ACC	COUNT	ING PRINCI	PLES GENE	RALLY AC	CEPTED IN '	THE UN	ITED STATE	S O	F AMERIC	CA
REÇ	QUIRE	MANAGEMEN'	T TO EVAL	UATE TAX	POSITIONS	TAKEN	BY PROYEC	TO Z	AND	
REC	COGNI	ZE A TAX L	IABILITY	IF PROYE	CTO HAS TA	KEN A '	TAX POSITI	ON S	THAT MOF	RE
LIF	KELY '	THAN NOT W	TOM CLUC	BE SUSTA	INED UPON	EXAMIN	ATION BY A	TA	X	
נעב	THORI	TY. PROYEC	TO IS SUE	BJECT TO	ROUTINE AU	DITS B	Y TAXING J	URIS	SDICTION	ıs.
										·~ ,
нои	VEVER	THERE AR	E CURRENT	ווא סא עוי	DITS FOR A	XAT YN	PERTODS T	N PI	ROGRESS	
		,		1,0 110	ZIID I OIL M	.,		-, -1		•

## SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

PROYECTO PASTORAL

**Employer identification number** 95-3213958

FORM 990, PART I, LINE I, DESCRIPTION OF ORGANIZATION MISSION: PROYECTO'S MISSION IS TO EMPOWER THE ECONOMICALLY AND POLITICALLY DISENFRANCHISED COMMUNITY OF BOYLE HEIGHTS THROUGH GRASSROOTS PROJECTS IN EDUCATION, LEADERSHIP, AND SERVICE. OUR VISION IS THAT RESIDENTS CONTINUALLY ADDRESS EVOLVING CHALLENGES IN THE COMMUNITY, AND THAT BOYLE HEIGHTS SERVES AS A MODEL FOR OTHER COMMUNITIES TO PARTICIPATE IN THEIR OWN SOCIAL TRANSFORMATION. PROYECTO WAS FOUNDED IN 1986 BY FATHER GREG BOYLE AND BY COMMUNITY RESIDENTS IN RESPONSE TO PERVASIVE POVERTY AND GANG VIOLENCE, LOW EDUCATIONAL ATTAINMENT OF CHILDREN AND YOUTH, AND LIMITED ECONOMIC AND CIVIC ENGAGEMENT OPPORTUNITIES FOR COMMUNITY MEMBERS. TODAY, PROYECTO UTILIZES A NETWORK OF 1,500 VOLUNTEERS AND APPROXIMATELY 85 STAFF TO CARRY OUT THE WORK OF ITS PROGRAMS IN SERVICE TO THE COMMUNITY, SERVING MORE THAN 6,000 RESIDENTS ANNUALLY, 100% OF WHICH ARE LOW-INCOME AND UNDERSERVED, ACROSS FIVE MAJOR INITIATIVES: 1) EARLY CHILDHOOD EDUCATION CENTERS; 2) THE GUADALUPE HOMELESS PROJECT; IMPACTO YOUTH DEVELOPMENT PROGRAMMING; 4) COMUNIDAD EN MOVIMIENTO CIVIC ENGAGEMENT INITIATIVE; AND 5) BY SERVING AS THE BACKBONE ORGANIZATION TO THE PROMESA BOYLE HEIGHTS COLLABORATIVE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

ECECS

EARLY CHILDHOOD EDUCATION CENTERS (ECECS) - PROYECTO PROVIDES

HIGH-QUALITY, PRE-K CURRICULUM, TO 100 CHILDREN AGES 18 MONTHS TO 5

YEARS THROUGH TWO ECECS IN BOYLE HEIGHTS. OUR CENTERS OFFER A NURTURING

ENVIRONMENT THAT FOCUSES ON SOCIAL AND COGNITIVE DEVELOPMENT SO THAT

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

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

932211 09-06-19

Name of the organization

**Employer identification number** 

PROYECTO PASTORAL

95-3213958

CHILDREN RECEIVE THE BEST START TO THEIR EDUCATION AT A CRUCIAL AGE OF

DEVELOPMENT. WE HAVE FOUND THROUGH ANECDOTAL EVIDENCE THAT AFTER TWO

YEARS OF OUR PRESCHOOL PROGRAM, CHILDREN ARE READY NOT FOR KINDERGARTEN

BUT FOR FIRST GRADE. EACH OF THE ECECS IMPLEMENTS MONTHLY WORKSHOPS

WITH PARENTS TO ENGAGE THEM IN DIRECT PARTICIPATION IN THEIR CHILD'S

EDUCATION; INVESTS IN CONTINUOUS PROFESSIONAL DEVELOPMENT FOR TEACHERS;

AND USES INNOVATIVE TECHNOLOGY TO TRACK AND EVALUATE STUDENT PROGRESS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

**PROMESA** 

PROMESA BOYLE HEIGHTS (PROMESA) FORMED IN 2010 AS A COMMUNITY-WIDE COLLABORATIVE OF 30+ PARTNERS UNITED IN THEIR MISSION TO IMPROVE EDUCATION AND WELLNESS OUTCOMES IN BOYLE HEIGHTS, FOR WHICH PROYECTO IS THE BACKBONE ORGANIZATION. PROMESA SEEKS TO IMPLEMENT CHANGE AT THREE LEVELS - THE INDIVIDUAL, SCHOOL AND SYSTEMS LEVEL - THROUGH AN INNOVATIVE COLLECTIVE IMPACT MODEL. PROMESA IS ACHIEVING ITS VISION THROUGH A COMBINATION OF COMMUNITY ORGANIZING, PARENT AND STUDENT LEADERSHIP DEVELOPMENT, AND COMMUNITY-SCHOOL TRANSFORMATION EFFORTS THAT INCLUDE MULTI-TIERED STUDENT SUPPORTS AND SCHOOL-WIDE INITIATIVES ADDRESSING ACADEMIC, WELLNESS, AND COLLEGE AND CAREER READINESS AND SUCCESS. AS A RESULT OF PROMESA'S STRATEGIES AT MENDEZ HIGH SCHOOL SINCE 2012, GRADUATION RATES INCREASED FROM 34% IN 2011 TO 89% IN 2019; AT ROOSEVELT HIGH SCHOOL, GRADUATION RATES HAVE RISEN FROM 33% IN 2011 TO 71.9% IN 2019. IN ADDITION TO SCHOOL TRANSFORMATION, PROMESA BUILDS RESIDENT LEADERSHIP CAPACITY IN KEY AREAS INCLUDING WELLNESS, EDUCATION JUSTICE, IMMIGRANT RIGHTS, AND ENVIRONMENTAL JUSTICE.

Name of the organization PROYECTO PASTORAL Employer identification number 95-3213958

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

GHP

THE GUADALUPE HOMELESS PROJECT (GHP) HAS SERVED THE BOYLE HEIGHTS

COMMUNITY FOR 32 YEARS THROUGH TWO EMERGENCY SHELTERS, SERVING 250 MEN

AGED 18 AND UP, AND 15 SENIOR AGED WOMEN (AGE 55+). WE OFFER 1) NIGHTLY

SHELTER AND HOT MEALS 2) STRATEGIC WRAPAROUND SUPPORTS (INCLUDING

HEALTH CARE REFERRALS, ACCESS TO MENTAL HEALTH SERVICES, JOB-SKILLS

DEVELOPMENT, AND FINANCIAL EDUCATION), AND 3) INDIVIDUALIZED CASE

MANAGEMENT, SO THAT CLIENTS CAN INCREASE THEIR INCOME AND TRANSITION

INTO PERMANENT HOUSING. IN 2019, AN INCREDIBLE 39% OF RESIDENTS

TRANSITIONED INTO PERMANENT HOUSING, THE SECOND HIGHEST TRANSITION RATE

ACROSS ALL OF THE LOS ANGELES HOMELESS SERVICES AUTHORITY PROVIDERS.

GHP OPERATES WITH THE UNDERSTANDING THAT ALL HUMANS DESERVE TO BE

TREATED AND LIVE IN DIGNITY, AND THAT OUR CLIENTS HONOR US WITH THEIR

PRESENCE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

IMPACTO YOUTH DEVELOPMENT

IMPACTO PROVIDES IN-SCHOOL ACADEMIC CASE MANAGEMENT, SUMMER CAMP, AND

AFTER-SCHOOL ENRICHMENT, ARTS, SPORTS AND RECREATION PROGRAMS FOR 800

YOUTH AGES 5-18 ACROSS FIVE SITES. AT IMPACTO, YOUTH ARE PART OF A

SAFE, SUPPORTIVE, AND ENGAGING ENVIRONMENT WHERE THEY CAN PLAY, LEARN,

AND GROW UNTIL THEY GRADUATE FROM HIGH SCHOOL. IN ADDITION TO

AFTER-SCHOOL ACADEMIC AND EXTRA-CURRICULAR ENRICHMENT, IMPACTO'S

ACADEMIC CASE MANAGEMENT (ACM) PROGRAM TARGETS HIGH SCHOOL STUDENTS AT

HIGH-RISK OF DROPPING OUT FOR INTENSIVE ACADEMIC AND SOCIO-EMOTIONAL

932212 09-06-19

Name of the organization

**Employer identification number** 

PROYECTO PASTORAL 95-3213958

SUPPORTS. OF THE 67 ACM SENIORS LAST YEAR, WHO WERE NOT ON TRACK TO

GRADUATE, AN INCREDIBLE 83% GRADUATED ON TIME. IMPACTO'S LONG-TERM

GOALS ARE THAT BOYLE HEIGHTS YOUTH: 1) GRADUATE HIGH SCHOOL 2) BEGIN

COLLEGE AND/OR ARE CAREER READY 3) BUILD A FOUNDATION FOR WORKFORCE

COMUNIDAD EN MOVIMIENTO (CEM)

SUCCESS, AND 4) ARE PHYSICALLY AND MENTALLY HEALTHY.

CEM IS A COMMUNITY ORGANIZING INITIATIVE THAT STRIVES TO ENGAGE AND
EMPOWER BOYLE HEIGHTS RESIDENTS TO BE LEADERS AND ADVOCATES FOR THEIR

COMMUNITY. CEM FOCUSES ON FOUR CENTRAL ISSUE AREAS RECOGNIZED BY THE

COMMUNITY AS PRIORITY: 1) SECURITY AND SAFETY, INCLUDING TRAFFIC

SAFETY; 2) LAND USE OF HOUSING AND PARKS, AIMED AT PROTECTING THE

COMMUNITY FROM THE DETRIMENTAL EFFECTS OF GENTRIFICATION; 3)

IMMIGRATION; AND 4) ENGAGING MORE COMMUNITY RESIDENTS AND BUILDING A

BROAD, ACTIVE BASE.

FORM 990, PART VI, SECTION B, LINE 11B:

EXPENSES \$ 1,041,844. INCLUDING GRANTS OF \$ 0.

THE ANNUAL TAX RETURNS ARE PREPARED BY OUR OUTSIDE ACCOUNTANTS. 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.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CEO'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

REVENUE \$ 12,727.

Name of the organization **Employer identification number** PROYECTO PASTORAL 95-3213958 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 OF INTEREST OTHER THAN THOSE OF PROYECTO PASTORAL. MATTERS REGARDING CONFLICT OF INTEREST ARE DISCUSSED AT BOARD OF DIRECTORS MEETINGS. FORM 990, PART VI, SECTION B, LINE 15A: THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS DETERMINES THE COMPENSATION OF THE ORGANIZATION'S CEO/EXECUTIVE DIRECTOR EVERY 2 YEARS 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 SHARED WITH THE CEO/EXECUTIVE DIRECTOR. FORM 990, PART VI, SECTION C, 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 IX, LINE 11G, OTHER FEES: OTHER FEES: PROGRAM SERVICE EXPENSES 1,242. MANAGEMENT AND GENERAL EXPENSES 140. FUNDRAISING EXPENSES 805. TOTAL EXPENSES 2,187. CONSULTANTS: PROGRAM SERVICE EXPENSES 364,316.

Name of the organization  PROYECTO PASTORAL	Employer identification number 95-3213958
MANAGEMENT AND GENERAL EXPENSES	8,208.
FUNDRAISING EXPENSES	236,032.
TOTAL EXPENSES	608,556.
TRANSLATION SERVICES:	
PROGRAM SERVICE EXPENSES	2,549.
MANAGEMENT AND GENERAL EXPENSES	288.
FUNDRAISING EXPENSES	1,651.
TOTAL EXPENSES	4,488.
EVALUATION:	
PROGRAM SERVICE EXPENSES	18,058.
MANAGEMENT AND GENERAL EXPENSES	2,043.
FUNDRAISING EXPENSES	11,699.
TOTAL EXPENSES	31,800.
FUNDRAISING EXPENSE:	
PROGRAM SERVICE EXPENSES	10,122.
MANAGEMENT AND GENERAL EXPENSES	1,145.
FUNDRAISING EXPENSES	6,558.
TOTAL EXPENSES	17,825.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	664,856.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
LOSS ON UNCOLLECTABLE PROMISES TO GIVE	-33,029.