# 2019 Exempt Org. Return prepared for:

## FAMILY SERVICES OF TULARE COUNTY INC. 815 W. OAK VISALIA, CA 93291

M. Green and Company LLP CPAS 3900 W. CALDWELL VISALIA, CA 93277

### M. GREEN AND COMPANY LLP CPAS 3900 W. CALDWELL VISALIA, CA 93277 (559)627-3900

February 20, 2021

FAMILY SERVICES OF TULARE COUNTY INC. 815 W. OAK VISALIA, CA 93291

Dear Client:

Your 2019 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-EO - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Your 2019 California Exempt Organization Annual Information Return will be electronically filed with the State of California upon receipt of a signed Form 8453-EO. There is a balance due of \$10 payable by May 17, 2021. Mail your California payment voucher, Form 3586, on or before May 17, 2021 to:

FRANCHISE TAX BOARD P.O. BOX 942857 SACRAMENTO, CA 94257-0531

Enclosed is your California Registration/Renewal Fee Report to the Attorney General. The original should be signed at the bottom of page one. There is a fee due of \$150 payable by May 17, 2021. Make the check or money order payable to "Department of Justice" and mail your California report on or before May 17, 2021 to:

REGISTRY OF CHARITABLE TRUSTS P.O. BOX 903447 SACRAMENTO, CA 94203-4470

Please be sure to call us if you have any questions.

Xx W. White, J.

Sincerely,

KENNETH W. WHITE, JR., CPA

(Rev. January 2020)

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

OMB No. 1545-0047

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

Open to Public

A	For the	2019 calen	dar year, or tax year beg	inning 7/01	. 21	019, and endir	ng 6/30		2020
В		applicable:	С	3 ., 01	,	oro, and chan		Employer ide	, 2020 entification number
	Addr	ess change	FAMILY SERVICES	OF THEARE COL	INTV TNC		١٠		
	Nam	e change	815 W. OAK		DIVIT THE	•	F	94-289 Telephone nu	
	Initia	l return	VISALIA, CA 932	91			-		
	Final	return/terminated					-	559-73	2-1970
	$\vdash$	nded return							
		ication pending	F Name and address of princip	nal officer:				Gross receipt	
			SAME AS C ABOVE	CAITY ME	ADER		H(a) Is this a gro		1 103 1-4 10
Ī	Tax-exe	empt status:	X 501(c)(3) 501(c) (		4047(-)(1	\     F07	H(b) Are all subo If "No," attac	rdinates inclu ch a list. (see	ded? Yes No instructions)
J			W.FSTC.NET	/ (msert no.)	4947(a)(1	) or 527			
K			19.0				H(c) Group exem		
-	art I	Summar		Association Other		L Year of formati	ion: 1982	M State o	f legal domicile: CA
		riefly describ	y De the organization's mis	cion or most significa-	-415 -511				
	' =		pe the organization's mis	sion of most significan	nt activities: §	SEE PART	III LINE	1	
Governance	-								
<u> </u>	_								
Ş	2 C	heck this bo	x if the organizati	on discontinued its op	erations or d	isposed of me		32.7.7.7	
		umber of vo	ting members of the dovi	erning body (Part VI. I	line la)			1 3	
လိ	4 N	anner of the	rehenderit vottild membe	rs of the governing ha	odv (Part VI	line 1h)		A	12
Activities &	5 To	otal number	of individuals employed	in calendar vear 2019.	(Part V. line	23)		-	108
	0 10	Mai Hulliber	or volunteers (estimate r	r necessary)				-	65
⋖		ot upreleted	d business revenue from	Part VIII, column (C)	, line 12	a	85	7a	0.
_	DIV	et uniterateu	business taxable income	from Form 990-1, lin	e 39	34.41111		7b	0.
	8 C	ontributions	and grants (Part VIII Line	. 11-1			Prior	Year	Current Year
Pe	9 Pr	onram servi	and grants (Part VIII, line	*********		2,740.	5,927,998.		
Revenue	10 In	vestment in	ce revenue (Part VIII, lin come (Part VIII, column (	e ∠g)		(0.0)	48	3,962.	387,826.
æ	11 01	ther revenue	(Part VIII, column (A), I	M), IIIIeS 3, 4, and 7d,	), 255; · · · 555;	(*************************************			
	12 To	tal revenue	- add lines 8 through 11	(must equal Part VIII	, and rie).	line 10)		7,905.	-60,407.
_	13 Gr	ants and sir	nilar amounts paid (Part	, iiiie 12)	6,26	8,797.	6,255,417.		
	14 Be	enefits paid	to or for members (Part I	X column (A) line (A)					
	15 Sa	alaries, othe	r compensation, employe	e henefits (Part IV a	dumm (A) lin				
Ses	16a Pr	ofessional fi	undraising fees (Part IX,	column (A) En 11	Jiumm (A), III	ies 5-10)	3,46	7,578.	3,745,387.
Expenses									
X			ng expenses (Part IX, co			58,694.			S = 12 W   S
	17 Ot	ner expense	es (Part IX, column (A), I	nes 11a-11d, 11f-24e)	)		2,92	8,673.	2,830,589.
	18 To	itai expense	s. Add lines 13-17 (must	equal Part IX, column	1 (A), line 25)		6,39	6,251.	6,575,976.
. 0	<b>19</b> Re	evenue less	expenses. Subtract line	8 from line 12.	S 44 /727/3			7,454.	-320,559.
te or	20 To	Anl! . /F	5 LV E 460		_		Beginning of C		End of Year
Net Assets Fund Balanc	<b>20</b> To <b>21</b> To	tal liabilitica	Part X, line 16)		V-V		2,72	8,408.	3,088,177.
at A	21 10		(Part X, line 26)					1,804.	1,982,132.
		t assets or	fund balances. Subtract I	ne 21 from line 20.	e-e		1,42	6,604.	1,106,045.
_		Signature							
Unde	r penalties lete. Decla	of perjury, I dec	lare that I have examined this reter (other than officer) is based on	urn, including accompanying	schedules and sta	atements, and to th	e best of my know	ledge and be	lief, it is true, correct, and
			(out-of-diam officery is based off	an information of which prepa	arer nas any knov	vledge.			
C:~		Signature	of officer		~ "				
Sig He	III re			. TATT CO	2		Date		
1101	C		Y MEADER rint name and title	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			EXECUTIV	E DIRE	CTOR
_		Print/Type pre		Drangh & size of					
ь.	,			Prepair s signature	let	Date	Check	if	PTIN
Pai			W. WHITE, JR., CPA	KENNETH W. WHITE	, JR., CPA	- 2/24	> self-er	nployed	P00035982
	parer Only	Firm's name	M. GREEN AND COM						
US	Cilly	Firm's address	OFFI II. CHEDNEE	Firm's	Firm's EIN ▶ 94-1683129				
B. //	11. 15.	J	VISALIA, CA 932	Phone no. (FEQ) 637, 2000					
May	the IRS	discuss this	return with the preparer	shown above? (see in	nstructions).	***************************************			X Yes No
BAA	For Pa	perwork Re	duction Act Notice, see t	he senarate instruction	ne	TEE	04041 04444	CARCATA	

Form Par	The state of the property of t		289797	
	Check if Schedule O contains a response or note to any line in this Part III.			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 t	he prior		
	Form 990 or 990-EZ?		П	res X No
	if "Yes," describe these new services on Schedule O.			103 <u>M</u> 110
3	Did the organization cease conducting, or make significant changes in how it conducts, any progra	m services?		Yes X No
	if "Yes," describe these changes on Schedule O.		-	
4	Describe the organization's program service accomplishments for each of its three largest program Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allowant revenue, if any, for each program service reported.	n services, as cations to oth	measured ers, the to	by expenses. tal expenses,
4 a	(Code:) (Expenses \$ 3,406,958. including grants of \$	) (D.,,,,,,,,,	<u> </u>	
	VICTIM SERVICES & ABUSE PREVENTION	_) (Revenue	\$	63,250.)
	OUTVICED & VEDODE I VEAFULION			
41.	/O-1.			
	(Code:) (Expenses \$ 1,619,701. including grants of \$	) (Revenue	\$	75,090.)
	MENTAL HEALTH AND FAMILY SUPPORT	30		,,
400	(Code: ) (Expenses \$ 558.518 including grants of \$			
	Code:) (Expenses \$ 558,518. including grants of \$ SUPPORTIVE HOUSING	) (Revenue	\$	80.)
	POLLOKITAE UOOPING	· · – – – – – –		
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	Other program services (Describe on Schedule O.)			
	Expenses \$ including grants of \$ ) (Revenue	\$		)
	otal program service expenses ► 5,585,177.			
BAA	TEEA0102L 07/31/19		Fo	orm <b>990</b> (2019)

•	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete		Yes	No
		1	X	
3	signification required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
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.	3		X
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	4		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right part I	5		X
7		7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,'	8		X
9		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, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.			
	b Did the organization report an amount for investments — other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 a	Х	X
	c Did the organization report an amount for investments — program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		X
	d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes' complete Schodule D. Bert Y.	11 e		X
	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	11 f		X
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII.	100	v	
	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.	12a	Х	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u></u>
١	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.			
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.	14b	1	<u>х</u> х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV.	16		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 (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18	х	
19		19		
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		X
	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I; Parts I and II.	21		x
AA			_	

22	2 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,		Yes	No
	training ty, line 2. If res, complete scriedule I, Paris I and III.	. 22		X
23	and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete	23	X	
24	la 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 b Did the organization investigation investigation.			V
	<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		X
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?			
	a blut the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year?	. 240	1	
	transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I.	25a		х
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	25b		Х
26	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		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	. 27		х
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 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28a		Х
	<b>b</b> A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		Х
	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If  Yes, 'complete Schedule L, Part IV	28c		Х
29	and 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	301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
	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	24		Х
35 a	a bit the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
k	of 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 and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	Statements Regarding Other IRS Filings and Tax Compliance	+		_
	Check if Schedule O contains a response or note to any line in this Part V.		22.1.21	
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			
ВАА	TEEA0104L 07/31/19	1 c	Х	
		Form	990 (2	019)

Form 990 (2019) FAMILY SERVICES OF TULARE COUNTY INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			
	100 the calendar year ending with or within the year covered by this return.			
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
-	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
	b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O.	3 b		
4	a 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)?			
	b If 'Yes,' enter the name of the foreign country ►	4 a		X
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			14.97
5	a Was the organization a party to a prohibited tay shelter transaction at a well-resonant and Financial Accounts (FBAR).			
_	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 b		Х
_	Described the organization me Form 6000-1?	5 c		
6	a 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?	6 a		Х
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).	- 10	TO THE	
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 a		Х
	C DIG the organization sell, exchange, or otherwise dispose of tangible paragraph assessment from the transfer of the paragraph assessment to the contract of the paragraph assessment to the paragraph as a paragraph as a paragraph as a paragraph as a paragrap	7 b		
	, 5 5252,	7 c		Х
	different res, indicate the number of Forms 8282 filed during the year		II.	
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
_	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h		_
8	openioring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	- 11		
_	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		71	100
i	a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
10	bid the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		_
	Section 501(c)(7) organizations. Enter:			
- 1	a Initiation fees and capital contributions included on Part VIII, line 12			
1-1	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		110	
11	Section 501(c)(12) organizations. Enter:		3	
	a Gross income from members or shareholders			
١	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
128	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
-	of rives, enter the amount of tax-exempt interest received or accrued during the year.		11-3	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
ē	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.	100	33	W
Ł	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand		Buch	
4 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	Off Yes, has it filed a Form 720 to report these payments? If Ma I may tide any work it is a contract to the contract of the c	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration as			
		15		X
16	Is the organization an educational institution subject to the casting 4000	16		v
	If 'Yes,' complete Form 4720, Schedule O.	16	20 2	<u>X</u>
AA		100	3.00	800

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 Section A. Governing Body and Management **1 a** 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. Yes No 1 a 12 **b** Enter the number of voting members included on line 1a, above, who are independent . . . . 12 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 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 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders?.... 6 X 7 a 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?.... X 7 a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?.... 7 b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... X 8a **b** Each committee with authority to act on behalf of the governing body?..... 8 b Χ 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a 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?.... 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?.... 11 a X b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13.... Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise ..... X 12 b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done ... SEE SCHEDULE Q 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?.... X 14 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? a The organization's CEO, Executive Director, or top management official. SEE. SCHEDULE .Q ....... X 15 a X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... 16 a 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records ▶ CAITY MEADER 815 W OAK ST VISALIA CA 93291 (559) 732-1970

Form	990	(2019)	FAMILY.	SERVICES	OF	TIILADE	COLIMA	TNC

94-2897970

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

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

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

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

		Т		(C	`		, ,	The direct and col	or, or trustee.	
(A) Name and title	(B) Average hours per	'	s bot di	(do rebox,	not ch , unle office r/trust		3	(D)  Reportable compensation from	(E)  Reportable compensation from	<b>(F)</b> Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	or director	Institutional trustee	Officer	Key employee	employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) CAITY MEADER	40						П			
EXECUTIVE DIR.	0	X		Х				85,507.	0.	0.
(2) STEPHANIE BURRAGE	40							00/007.	0,	0.
FORMER CFO	0						x	46,580.	0.	0
(3) ZAPPHIRE HARTLEY	40							10,300.	0.	0.
CFO	0			x				23,562.	0.	0
(4) JANEL ESPINOZA	1							23,302.	0.	0.
DIRECTOR	0	Х						0.	0.	0
(5) ALLISON MACKEY	1							0.	0.	0.
DIRECTOR	0	Х						0.	0.	^
(6) LELAND KOOTSTRA	4						7	- 0.	0.	0.
TREASURER	0	Х		Х			- 1	0.	0	
(7) RAQUEL GARCIA	4		$\neg$	21			-	0.	0.	0.
PRESIDENT		х		x				0.		•
(8) DUANE CORNETT	4	^		Λ		-	-	0.	0.	0.
VICE PRESIDENT		X		X				.		_
(9) LORI FERGUSON	1	Λ	-	^			-	0.	0.	0.
DIRECTOR		х								_
(10) LANA FAHOUM	1	Λ	-	-			-	0.	0.	0.
DIRECTOR		х								
(11) MICHAEL WALLACE	1	^	+	+		-	+	0.	0.	0.
DIRECTOR	;	х								
(12) KAREN MCVAIGH	1	^	$\dashv$	+	-		-	0.	0.	0.
DIRECTOR		., l								
(13) KATHLEEN NUNES	0 1	X	-	-	-		+	0.	. 0.	0.
DIRECTOR		v								
(14) MIKE LEONI	1	Х	+	-	-		-	0.	0.	0.
DIRECTOR	<u>-</u>	Ţ			1	- 1				
BAA		X			_			0.	0.	0.
so a	TEEA010	)/L (	7/31	/19						Form 000 (2010)

Form 990 (2019) FAMILY SERVICES OF TUL	ARE CO	JNT	ΥI	NC					94-289797	70	F	age <b>8</b>
Part VII Section A. Officers, Directors, Tr	ustees,	ney	En	npı	oye	es,	an	d Highest Com	pensated Emp	oloye	es (coi	ntinued)
(A) Name and title	Average hours per week	off	x, uni	Po check ess p	ersor direc	e than i is bot tor/trus	h an stee)	compensation from	<b>(E)</b> Reportable compensation from	Esti	(F)	mount
	(list any hours for related organiza - tions below dotted line)	or director	Institutional trustee	Officer	Key employee	employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	the	of othe pensatio organiz and relat rganizati	n from ation ed
(15) JOEANNA TODD SECRETARY (16)	4-0	х		х				0.	0.			0 .
(17)	<del> </del>											
(18)												
(19)												
(20)							-					
(21)				-			-					
(22)				-			+					
(23)			$\dashv$	1			$\dashv$					
(24)							1					
(25)							1					
1 b Subtotal		11111111	ave:				-	155,649.	0.			0.
d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited							ed m	0. 155,649. nore than \$100.000	0. 0. of reportable comp	ensatio	n	0.
from the organization • 0									or reportable compr		Yes	No
3 Did the organization list any former officer, direction on line 1a? If 'Yes,' complete Schedule J for suc	ii iiiaiviauz	₹ <i>l.</i>	• • • •			• • • •				3	X	
For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual			nper 0? /	nsati f 'Ye	on a	and o	othe elete	r compensation fro Schedule J for	om			
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes	) compone	otio.	n fro hedu	m a	ny ι for	inrela	ated	organization or in	dividual	5		X X
1 Complete this table for your five highest compen	cated inde	nand	ant			1	1 2					
compensation from the organization. Report compens  (A)  Name and business addr	sauon ioi u	ne ca	lend	ar ye	ear e	ndin	g wit	th or within the orga ( <b>B)</b> Description of	nization's tax year.	(Compe	C)	
							1	2030 Iption of	00141062	ompe	1158(10)	
							+					
Total number of independent contractors (including beginning)	ut not limite	ed to	thos	e lis	ted a	above	e) wh	no received more th	an			
\$100,000 of compensation from the organization	0										Min.	
	TE	EA010	JRL (	7//31/	19					Form	990 (2	2019)

	_	Check if Schedi	lle C	contains	a res	ponse or note to an	y line in this Part VI	<u>II</u> .		000
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1 7	a Federated campai			1 a			Toveride		512-514
Gra	l	<b>b</b> Membership dues.			1 b					
Am Am	9	Fundraising events			1 c					
調点	1 9	d Related organizati			1 d					
ans,	1	<ul> <li>Government grants (cor</li> <li>All other contributions,</li> </ul>	ntribut oifto	tions)	1 e	5,443,096.				
Contributions, Gifts, Grants and Other Similar Amounts	╽ .	similar amounts not inc	luded	above	1 f	370,766.				
<b>E</b> 0	١	Noncash contributions i lines 1a-1f	nclud	ed in	1 g	2,954.				
a Co	ŀ	Total. Add lines 1a	1-1f.			2,954.	5,927,998.			
						Business Code	3, 321, 330.			
5	2 a	COUNSELING :	FEE	S		624100	328, 485.	328,485.		
æ	l b	RENTAL INCO	ME			624200	59,341.	59,341.		
vice	c						03/011.	33,341.		
Ser	C									
ᇤ	e									<b> </b>
Program Service Revenue	f	All other program :								
<u>~</u>	g	Total. Add lines 2a	-2f.				387,826.		-,11 1, 1 , 1	
	3	Investment income (	inclu	ıding divide	nds, i	nterest, and				
	_	other similar amou								
	4	Income from invest								
	5	Royalties		(i) Re						
	6 2	Gross rents	6a	(I) Re	31	(ii) Personal				i i i i i i i i
		Less: rental expenses	6b			-				
		Rental income or (loss)			_					
		Net rental income		occ)		<b>&gt;</b>				
			) (10	(i) Securi		(ii) Other				
	/ a	Gross amount from sales of assets		(i) docum		(ii) Other				
	1.	other than inventory	7a							
	Q	Less: cost or other basis and sales expenses	7b							
	С	Gain or (loss)	7c							
1	d	Net gain or (loss)								
une		Gross income from funda (not including \$	raisin	g events .14 .136			AUBREUN			
Other Reven		of contributions reported	on li	ne 1c).						
Œ		See Part IV, line 18			8	47,754.				
훈		Less: direct expens			81					
δ	С	Net income or (loss	) fro	m fundrais	ing e	events	-70,070.			-17,834.
	9 a	Gross income from gamin	ng act	tivities.			ers biernin			
		See Part IV, line 19			98					
- 1		Less: direct expens			91					
		Net income or (loss			activ	ities				
Γ	0 a	Gross sales of inventory, returns and allowances	less.		10.					
	h	Less: cost of goods	solo	4	101					
- 1		Net income or (loss			1 7 7					
<b>(0</b>	_	11001110 01 (1055	, 110	iii saies Ol	mive.	Business Code				
ğ "i	1 a	OTHER REVENU	E			624100	0.662	0.662		
Miscellaneous Revenue	b		<del>-</del>			074100	9,663.	9,663.		
2 8 E	С									
2 & S	d	All other revenue	<del>-</del>							
Σ	е	Total. Add lines 11a	1-11c	1	L		0.662			
1	2	Total revenue. See	instr	uctions	NITCH.	S SERVICION SONS	9,663. 6,255,417.	207 400		
BAA			_				0,255,417.	397,489.	0.	-17,834. Form <b>990</b> (2019)

## 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 response or note to any line in this Part IX.

	Check if Schedule O contains a re				
Do r 6b, 7	not include amounts reported on lines 75, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B</b> ) Program service expenses	. <b>(C)</b> Management and general expenses	<b>(D)</b> 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 5	Benefits paid to or for members	169,324.	143,502.	21,835.	3,987.
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.	0.	0.	0.
7	Other salaries and wages	3, 291, 324.	2,815,810.	451,101.	24,413.
8	Pension plan accruals and contributions	3, 231, 324.	2,010,010.	101,101.	21,120,
	(include section 401(k) and 403(b) employer contributions)	27,497.	23, 978.	3,095.	424.
9	Other employee benefits		500 100	05.050	1 776
10	Payroll taxes	257,242.	220,407.	35,059.	1,776.
	Fees for services (nonemployees):				
	Management.				
	Legal	41 100	۵۵ ۲۵۲	14 565	
	Accounting	41,130.	26,565.	14,565.	
	Lobbying Professional fundraising services. See Part IV, line 17.				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column				
_	(A) amount, list line 11g expenses on Schedule O.).	2,557.		2,557.	
	Advertising and promotion	4,762.	894.	3,868.	0.615
13	Office expenses	762,608.	587,243.	165,748.	9,617.
14	Information technology.				
15	Royalties	000 505	0.4.6 0.01	FO. 21.6	1 200
16	Occupancy	300,507.	246,991.	52,316.	1,200.
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	128,518.	113,650.	13,161.	1,707.
20	Interest	13,184.	18.	13,166.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	68,090.	61,431.	4,853.	1,806.
23	Insurance	525,065.	460,947.	59,882.	4,236.
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 O.)				
	CLIENT ASSISTANCE	477,458.	477,458.		
	b UTILITIES & TELEPHONE	251,933.	203,721.	48,212.	
	REPAIRS & MAINTENANCE	93,343.	76,633.	15,781.	929.
	d EDUCATION MATERIALS	50,798.	48,488.		2,310.
	e All other expenses	110,636.	77,441.	26,906.	6,289.
25	Total functional expenses. Add lines 1 through 24e	6,575,976.	5,585,177.	932,105.	58,694.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here  if following SOP 98-2 (ASC 958-720)				
BA			21/10		Form <b>990</b> (2019)

Part X Balance Sheet

_		Check it Schedule O contains a response or note t	to any line	e in this Part X	::::		
					(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing	s			1	
	2	Savings and temporary cash investments		21555 · · · · · · · · · · · · · · · · · ·	520,594.	2	734,994
H	3	Pledges and grants receivable, net		2222111111183330000000	715,248.		882,899
II.	4	Accounts receivable, net		XXXXX	60,210.	4	65,857
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantia controlled entity or family member of any of these pe	ner officer	r, director, utor, or 35%			03,037
	6	Loans and other receivables from other disqualified p	ersons (a	as defined under		5	
	7	section 4958(f)(1)), and persons described in section	4958(c)(3	3)(B)		6	
ø	-	Notes and loans receivable, net				7	
ě	8	Inventories for sale or use	111130000000	nor		8	
Assets	9	Prepaid expenses and deferred charges			14,466.	9	15,062
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10 a	2,072,346.			13,002
	t	Less: accumulated depreciation	10b	696, 652	1,417,890.	10 c	1,375,694.
-	11	Investments – publicly traded securities		030,032.	1,417,030.	11	1,375,694.
	12	Investments - other securities. See Part IV, line 11.		entertaine and		12	
- 1	13	Investments - program-related. See Part IV, line 11.	7100000000	201020000		13	
1	14	Intangible assets	44.000000000000000000000000000000000000		14		
-	15	Other assets. See Part IV, line 11.	0-0907-00-0			15	10.671
	16	Total assets. Add lines 1 through 15 (must equal line	33)		2 700 400		13,671.
					2,728,408.	16	3,088,177.
	17	Accounts payable and accrued expenses.		990	241,881.	17	249,066.
	18	Grants payable			,0021	18	247,000.
	19	Deferred revenue	20,154.	19			
	20	Tax-exempt bond liabilities				20	
2	21	Escrow or custodial account liability. Complete Part IV	V of Sche	edule D		21	
Papilles	22	Loans and other payables to any current or former off key employee, creator or founder, substantial contribu controlled entity or family member of any of these per	icer, direction, or 35	ctor, trustee,			
1	23	Secured mortgages and notes payable to unrelated th	ird partic		1 000	22	
1	24	Unsecured notes and loans payable to unrelated third	nartice	3	1,039,769.	23	1,733,066.
	25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24). Comp	s to relate olete Part	ed third parties,		24	
	26	Total liabilities. Add lines 17 through 25.			1,301,804.	26	1 000 100
2		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	<b>×</b> X		1,301,804.		1,982,132.
	27	Net assets without donor restrictions			1,342,732.	27	070 710
	28	Net assets with donor restrictions	83,872.	28	879,719.		
		Organizations that do not follow FASB ASC 958, checand complete lines 29 through 33.	k here ►		03,072.	20	226, 326.
		Capital stock or trust principal, or current funds				20	Eur Pennet
	30	Paid-in or capital surplus, or land, building, or equipme	ent fund			29	
	31	Retained earnings, endowment, accumulated income,	or other f	funds		30	
	32	Total net assets or fund balances	o. omici i	unus.	1 400 500	31	
	33	Total liabilities and net assets/fund balances		Control of the contro		32	1,106,045.
				5644435084	2,728,408.	33	3,088,177.

-	m 990 (2019) FAMILY SERVICES OF TULARE COUNTY INC. 94	-2897970	)	Р	age <b>12</b>
Га	111111111111111111111111111111111111111				
	Check if Schedule O contains a response or note to any line in this Part XI	100 10000			
1	rotal revenue (must equal Part VIII, column (A), line 12)	1 1			417.
2	Total expenses (must equal Part IX, column (A), line 25).	2			976.
3	Revenue less expenses. Subtract line 2 from line 1	3			559.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)).	4			604.
5	Net unrealized gains (losses) on investments	-	- /	20,	004.
6	bollated 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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Bort V. line 30)		_	_	0.
D.	Column (B))	10	1.1	06,0	045.
Pai	T XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII.				
	The second secon	CORPORADO		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			res	NO
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			Ų.	
2 a	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 review separate basis, consolidated basis, or both:	ed on a	20		A
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 ь	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separabasis, consolidated basis, or both:	ate	20	A	
	X Separate basis		100		

2 c

Χ

Х

Х 3 b

Form 990 (2019)

c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?....

If the organization changed either its oversight process or selection process during the tax year, explain

3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

**b** If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

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on Schedule O.

BAA

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number FAMILY SERVICES OF TULARE COUNTY INC. 94-2897970 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. 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 4 name, city, and state: 5 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). 7 Х 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.) 8 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: 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.) 10 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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. 12 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having 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. **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, 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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations.... g Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (iv) Is the organization listed (v) Amount of monetary (vi) Amount of other support (see instructions) support (see instructions) in your governing document? Yes No (A) (B) (C) (D) **(E)** 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.)

Sect	ion A. Public Support						
	ndar year (or fiscal year nning in) ►	(a) 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	( <b>d)</b> 2018	<b>(e)</b> 2019	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	4,224,669.	4,885,209.	6,188,406.	6,264,456.	6,304,237.	27,866,977.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
	The value of services or facilities furnished by a governmental unit to the organization without charge	>					0.
4	Total. Add lines 1 through 3.	4,224,669.	4,885,209.	6,188,406.	6,264,456.	6,304,237.	27,866,977.
	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)						0.
6	Public support. Subtract line 5 from line 4						27,866,977.
Sect	tion B. Total Support			4.1			
	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
7	Amounts from line 4	4,224,669.	4,885,209.	6,188,406.	6,264,456.	6,304,237.	27,866,977.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0.
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.) SEE PART VI	57,134.	44,661.	60,033.	84,689.	69,004.	315,521.
11	Total support. Add lines 7 through 10						28,182,498.
12	Gross receipts from related activ	vities, etc. (see in	structions)				0.
13	First five years. If the Form 990 is organization, check this box and	for the organization	n's first, second, th	nird, fourth, or fifth	tax year as a secti	on 501(c)(3)	<u> </u>
Sec	tion C. Computation of Pu	iblic Sunnort F	Percentane				
14	Public support percentage for 2	019 (line 6, colum	n (f) divided by li	ne 11, column (f)	)	14	
	Public support percentage from					-	98.75%
16a	<b>33-1/3% support test—2019.</b> If and <b>stop here.</b> The organization	the organization d n qualifies as a pu	lid not check the blicly supported o	box on line 13, ar organization	nd line 14 is 33-1/	3% or more, chec	k this box
b	33-1/3% support test—2018. If to and stop here. The organization	he organization di n qualifies as a pu	d not check a bo ablicly supported	x on line 13 or 16 organization	a, and line 15 is 3	33-1/3% or more,	check this box
17a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'fact	meets the 'facts-	and-circumstance	es' test, check this	s box and <b>stop he</b>	i <b>re.</b> Explain in Pai	t VI how
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and organization meets the 'facts-and organization's meets the 'facts-and organi	neets the 'facts- nd-circumstances'	and-circumstance test. The organiz	es' test, check this ation qualifies as	s box and <b>stop he</b> a publicly suppor	r <b>e.</b> Explain in Par ted organization .	t VI how the ▶
18	Private foundation. If the organ	ization did not che	eck a box on line	13, 16a, 16b, 17a			
-					_	1 1 1 A 7 P C	00 or 000-E7) 2010

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.)

Calendary set (of fiscal year beginning in) P  I Giffs, grants, contributions, set of the control of the contro		tion A. Public Support						
any funds a grainsts,  Gross receipts from amissions, performed, or facilities turnished in any activity that is related to the organization's tax-exempt purpose.  3 Gross receipts from activities turnished in any activity that is related to the organization's tax-exempt purpose.  3 Gross receipts from activities or business under section 513.  4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.  5 Tacilities furnished by a governmental unit to the organization without charge organization organization organization without charge organization, and the provided in the state of the state of the sta	alend 1	ar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
2 Gross receipts from admissions, merchandiss sold or services performed, or facilities that are not an unrelated trade or business under section 513.  4 Tax revenues levied for the organization's benefit at are not an unrelated trade or business under section 513.  5 The value of separated on the organization's benefit and its behalt.  5 The value of separated on the separated on its behalt is behalt.  7 A Amounts included on lines 1, disquisities of the organization and to the separated on th	'	and membership fees received. (Do not include any 'unusual grants')						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
that are not an unrelated trade or business under section 513.  1 Tax revenues leved for the organization's benefit and on the business that the organization's benefit and on the business that the organization without charge.  5 The value of services or 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.  9 Amounts included on lines 2 and 3 received from other than exceed the greater of \$5.00 or 1% of the amount on line 13 for the year.  c Add lines 7a and 7b.  8 Public support (Subtract line 7c from line 6).  Section B. Total Support.  alendar year (or fiscal year beginning in) > (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019  9 Amounts from line 6.  10a fross linone from interest dividents, payments received on scurilies loars, payments received on the sale of payments received	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						
4. Tax revenues levied for the organization is benefit and either paid to or expended on its behalf in the value of services or government of the paid to or expended on its behalf in the value of services or government of the organization without charge.  7. The value of services or government of the programment of the programment of the organization without charge.  8. Total, add lines 1 through 5.  7. Announts included on lines 1, 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.  8. Public support, Subtract line 7. From line 6.  9. Announts included on lines 2 and 3 received from other than 2 from line 6.  9. Announts from line 6.  10. Action B. Total Support  10. Cection B. Total Support  10. Section B. Total Support  10. Constitution of lines of the service of the service of the service of the service of securities loses, rents, regalities, and income from similar sources.  10. In received on securities loses, rents, regalities, and income from similar sources.  11. Net income from unelabid usiness adulties and service of the		that are not an unrelated trade						
5 The value of services or facilities trainshed by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7 A Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from disqualified persons c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6) 9 Amounts included on lines 2 and 3 received from disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6) 9 Amounts from line 6 10 Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 11 Add income from unrelated business arbitishes included in line 10b, whether or not the business is regularly carried on 12 Other income, (Substant in Part VI.). 13 Total support. (Add lines 9, 10c, 11, and 12c). 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  2ction C. Computation of Public Support Percentage 15 Public support percentage from 2018 Schedule A, Part III, line 15		organization's benefit and either paid to or expended on						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.  c Add lines 7a and 7b	5	The value of services or facilities furnished by a governmental unit to the organization without charge						
and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.  C Add lines 7a and 7b  8 Public support. (Subtract line 7c from line 6.).  9 Amounts from line 6.  10a Gross income from interest, dividends, payments received on securities leans, refts, royalbes, and income from similar sources.  b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  c Add lines 10a and 10b.  1 Net income from unrelated business acquired after June 30, 1975.  c Add lines 10a and 10b.  1 Net income from unrelated business acquired after June 30, 1975.  c Add lines 10a and 10b.  1 Net income from unrelated business acquired after June 30, 1975.  c Add lines 10a and 10b.  1 Striptive years, If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) and 10b.  1 Total support. (Add lines 9, 10c, 11, and 12).  1 Total support. (Add lines 9, 10c, 11, and 12).  1 First five years, If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) arganization, check this box and stop here.  ection C. Computation of Investment Income Percentage  7 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)).  1 Total support percentage from 2018 Schedule A, Part III, line 15.  1 Received D. Computation of Investment Income Percentage  7 Investment income percentage from 2018 Schedule A, Part III, line 17.  1 In the support percentage from 2018 Schedule A, Part III, line 17.  1 In the support percentage from 2018 Schedule A, Part III, line 17.  1 In the support percentage from 2018 Schedule A, Part III, line 17.  1 In the support percentage from 2018 Schedule A, Part III, line 17.  1 In the support percentage from 2018 Schedule A, Part III, line 17.  1 In the support percentage from 2018 Schedule A, Part III, line 17.  2 In the support percentage from 2018 Schedule A, Part III, line 17.	7a	Amounts included on lines 1, 2, and 3 received from						
8 Public support. (Subtract line 7c from line 6.).  Section B. Total Support  alendar year (or fiscal year beginning in) 9 (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019  9 Amounts from line 6.  10a Gross income from interest, dividends, payments received on securities loans, rents, royalites, and income from similar sources.  b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c  c Add lines 10a and 10b.  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  12 Other income. Do not include again or loss from the sale of capital assets (Explain in Part VI.).  13 Total support. (Add lines 9, 10c, 11, and 12.).  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) ection C. Computation of Public Support Percentage  15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)).  15 Public support percentage from 2018 Schedule A, Part III, line 15.  16 Public support percentage from 2018 Schedule A, Part III, line 15.  17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)).  18 Investment income percentage from 2018 Schedule A, Part III, line 15.  19 33-1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization in line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization control organization organization control organization contro	1	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						
Action B. Total Support alendar year (or fiscal year beginning in)   9 Amounts from line 6	C	Add lines 7a and 7b						
Amounts from line 6.  Amounts from line 6.  Amounts from line 6.  Ca) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019  Amounts from line 6.  Ca) 2017 (d) 2018 (e) 2019  Amounts from line 6.  Ca) 2017 (d) 2018 (e) 2019  Amounts from line 6.  Ca) 2017 (d) 2018 (e) 2019  Amounts from line 6.  Ca) 2017 (d) 2018 (e) 2019  Amounts from line 6.  Ca) 2017 (d) 2018 (e) 2019  Amounts from line 6.  Ca) 2017 (d) 2018 (e) 2019  Amounts from line 6.  Ca) 2017 (d) 2018 (e) 2019  Amounts from line 6.  Ca) 2017 (d) 2018 (e) 2019  Amounts from line 6.  Ca) 2017 (d) 2018 (e) 2019  Amounts from line 6.  Ca) 2017 (d) 2018 (e) 2019  Amounts from line 6.  Ca) 2017 (d) 2018 (e) 2019  Amounts from line 6.  Ca) 2017 (d) 2018 (e) 2019  Amounts from line 6.  Ca) 2017 (d) 2018 (e) 2019  Amounts from line 6.  Ca) 2017 (d) 2018 (e) 2019  Amounts from line 6.  Ca) 2017 (d) 2018 (e) 2019  Amounts from line 6.  Ca) 2018 (e) 2019  Amounts from line 6.  Ca) 2017 (d) 2018 (e) 2019  Amounts from line 6.  Ca) 2018 (e) 2019  Amounts from line 6.  Ca) 2017 (d) 2018 (e) 2019  Amounts from line 6.  Ca) 2018 (e) 2019  Amounts from line 6.  Ca) 2019 (line 8. 2019  Amounts from line 6.  Ca) 2019 (line 8. 2019  Amounts from line 6.  Ca) 2019 (line 8. 2019  Amounts from line 6.  Ca) 2019 (line 8. 2019  Amounts from line 6.  Ca) 2019 (line 8. 2019  Amounts from line 6.  Ca) 2019 (line 8. 2019  Amounts from line 6.  Ca) 2019 (line 8. 2019  Amounts from line 18.  Amounts from line 18.  Ca) 2018 (line 8. 2018  Amounts from line 18.  Ca) 2018 (line 18. 2018  Amounts from line 18.  Ca) 2019 (line 8. 2019  Amounts from line 18.  Ca) 2019 (line 8. 2019  Amounts from line 18.  Ca) 2019 (line 8. 2019  Amounts from line 18.  Ca) 2019 (line 8. 2019  Amounts from line 18.  Ca) 2019 (line 8. 2019  Amounts from line 18.  Ca) 2019 (line 8. 2019  Amounts from line 18.  Ca) 2019 (line 8. 2019  Amounts from line 18.  Ca) 2019 (line 8. 2019  Amounts from line 18.  Ca) 2019 (line 8. 2019  Amounts from line 18.  Ca) 2019 (line 9.  Ca) 2019 (line 8.  Ca) 2017 (line 18.  Ca) 2017 (line 18		/c from line 6.)						
9 Amounts from line 6.  10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.  b Unrelated business taxable income (less section 51) taxes) from businesses acquired after June 30, 1975.  c Add lines 10a and 10b.  11 Net income from unrelated business activities into included in line 10b, whether or not the business is regularly carried on.  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  13 Total support. (Add lines 9, 10c, 11, and 12.).  4 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) ecction C. Computation of Public Support Percentage  15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)).  16 Public support percentage from 2018 Schedule A, Part III, line 15.  17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)).  18 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)).  19 a 33-1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.								
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c Add lines 10a and 10b	0a (	cross income from interest, dividends, bayments received on securities loans, ents, royalties, and income from imilar sources						
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.)	c / 1 N a	Add lines 10a and 10blet income from unrelated business ctivities not included in line 10b, whether or not the business is						
10c, 11, and 12.)  First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  ection C. Computation of Public Support Percentage    Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)).    Public support percentage from 2018 Schedule A, Part III, line 15.    Public support percentage from 2018 Schedule A, Part III, line 15.    Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)).    Investment income percentage from 2018 Schedule A, Part III, line 17.    Investment income percentage from 2018 Schedule A, Part III, line 17.    Investment income percentage from 2018 Schedule A, Part III, line 17.    Investment income percentage from 2018 Schedule A, Part III, line 17.    Investment income percentage from 2018 Schedule A, Part III, line 17.    Investment income percentage from 2018 Schedule A, Part III, line 17.    Investment income percentage from 2018 Schedule A, Part III, line 17.    Investment income percentage from 2018 Schedule A, Part III, line 17.    Investment income percentage from 2018 Schedule A, Part III, line 17.    Investment income percentage from 2018 Schedule A, Part III, line 17.    Investment income percentage from 2018 Schedule A, Part III, line 17.    Investment income percentage from 2018 Schedule A, Part III, line 17.    Investment income percentage from 2018 Schedule A, Part III, line 17.    Investment income percentage from 2018 Schedule A, Part III, line 17.    Investment income percentage from 2018 Schedule A, Part III, line 17.    Investment income percentage from 2018 Schedule A, Part III, line 17.    Investment income percentage from 2018 Schedule A, Part III, line 17.    Investment income percentage from 2018 Schedule A, Part III, line 17.    Investment income percentage from 2018 Schedule A, Part III, line 17.    Investment income percentage from 2018 Schedule A, Part III, line 18.    Investme	2 (	Other income. Do not include lain or loss from the sale of apital assets (Explain in						
ection C. Computation of Public Support Percentage  5 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	3 <b>1</b> 1	otal support. (Add lines 9, 0c, 11, and 12.)						
Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)).  Public support percentage from 2018 Schedule A, Part III, line 15  Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)).  Investment income percentage from 2018 Schedule A, Part III, line 17.  Investment income percentage from 2018 Schedule A, Part III, line 17.  Investment income percentage from 2018 Schedule A, Part III, line 17.  Investment income percentage from 2018 Schedule A, Part III, line 17.  Investment income percentage from 2018 Schedule A, Part III, line 17.  Investment income percentage from 2018 Schedule A, Part III, line 17.  Investment income percentage from 2018 Schedule A, Part III, line 17.  Investment income percentage from 2018 Schedule A, Part III, line 17.  Investment income percentage from 2018 Schedule A, Part III, line 17.  Investment income percentage from 2018 Schedule A, Part III, line 17.  Investment income percentage from 2018 Schedule A, Part III, line 17.  Investment income percentage from 2018 Schedule A, Part III, line 17.  Investment income percentage from 2018 Schedule A, Part III, line 17.  Investment income percentage from 2018 Schedule A, Part III, line 17.  Investment income percentage from 2018 Schedule A, Part III, line 17.  Investment income percentage from 2018 Schedule A, Part III, line 17.  Investment income percentage from 2018 Schedule A, Part III, line 17.  Investment income percentage from 2018 Schedule A, Part III, line 17.  Investment income percentage from 2018 Schedule A, Part III, line 17.  Investment income percentage from 2018 Schedule A, Part III, line 17.  Investment income percentage from 2018 Schedule A, Part III, line 17.  Investment income percentage from 2018 Schedule A, Part III, line 17.  Investment income percentage from 2018 Schedule A, Part III, line 17.  Investment income percentage from 2018 Schedule A, Part III, line 17.  Investment income percentage from 2018 Schedule A, Part III, line 17.  Investment income p	4 F	irst five years. If the Form 990 is rganization, check this box and	s for the organiza stop here	tion's first, second	d, third, fourth, or	fifth tax year as a	a section 501(c)(3)	
Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)).  Public support percentage from 2018 Schedule A, Part III, line 15.  Pection D. Computation of Investment Income Percentage  Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)).  Investment income percentage from 2018 Schedule A, Part III, line 17.  Investment income percentage from 2018 Schedule A, Part III, line 17.  Investment income percentage from 2018 Schedule A, Part III, line 17.  Investment income percentage from 2018 Schedule A, Part III, line 17.  Investment income percentage from 2018 Schedule A, Part III, line 17.  Investment income percentage from 2018 Schedule A, Part III, line 17.  Investment income percentage from 2018 Schedule A, Part III, line 17.  Investment income percentage for 2019 (line 10c, column (f)).  Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)).  Investment income percentage from 2018 Schedule A, Part III, line 17.  Investment income percentage from 2018 Schedule A, Part III, line 17.  Investment income percentage from 2018 Schedule A, Part III, line 17.  Investment income percentage from 2018 Schedule A, Part III, line 17.  Investment income percentage from 2018 Schedule A, Part III, line 17.  Investment income percentage from 2018 Schedule A, Part III, line 17.  Investment income percentage from 2018 Schedule A, Part III, line 17.  Investment income percentage from 2018 Schedule A, Part III, line 17.  Investment income percentage from 2018 Schedule A, Part III, line 17.  Investment income percentage from 2018 Schedule A, Part III, line 17.  Investment income percentage from 2019 (line 10c, column (f), divided by line 13, column (f)).  Investment income percentage from 2019 (line 10c, column (f), divided by line 13, column (f).	Cu	on C. Computation of Pub	DIIC Support Po	ercentage				22
Public support percentage from 2018 Schedule A, Part III, line 15	5 F	ublic support percentage for 201	19 (line 8, column	(f), divided by lin	e 13, column (f)).	New	15	%
Processing D. Computation of Investment Income Percentage  Newstment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	5 F	ublic support percentage from 2	2018 Schedule A,	Part III, line 15			16	%
<ul> <li>33-1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.</li> <li>b 33-1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1 line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.</li> </ul>	CU	on D. Computation of Inve	estment Incom	ne Percentage				
<ul> <li>33-1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.</li> <li>b 33-1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1 line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.</li> </ul>	7 Ir	nvestment income percentage fo	or <b>2019</b> (line 10c,	column (f), divided	d by line 13, colur	mn (f))	17	%
<ul> <li>33-1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.</li> <li>b 33-1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.</li> </ul>	S II	nvestment income percentage fro	om <b>2018</b> Scheduk	e A, Part III, line 1	17		18	2
line 18 is not more than 33-1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization.	<b>∂a 3</b> is	<b>3-1/3% support tests–2019.</b> If the not more than 33-1/3%, check to	ne organization di this box and <b>stop</b>	d not check the be here. The organize	ox on line 14, and	l line 15 is more t	han 33-1/3%, and	line 17
Frivate foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	li.	ne 18 is not more than 33-1/3%,	ne organization die check this box ai	d not check a box nd <b>stop here.</b> The	on line 14 or line	19a, and line 16	is more than 33-1/	3%, and
AA TEE 000001 07/00/10		ivate roundation. If the organiza	ation did not chec	k a box on line 14	4, 19a, or 19b, ch	eck this box and s	see instructions	∴►

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

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2		2		
3	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.			ra i
i	<b>b</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 <b>Part VI</b> when and how the organization made the determination.	3a		
(	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 <b>Part VI</b> what controls the organization put in place to ensure such use.	3b 3c		N a
4:	a 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.	4a		
	b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	181	
•	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 <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5	a 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 <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
t	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
	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? <i>If 'Yes,' provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8	ni a i	
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 <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in <b>Part VI</b> .	9b		-01
	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 <b>Part VI</b> .	9c	NA S	
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below.	10a		
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.)	10b		

	nedule A (Form 990 or 990-EZ) 2019 FAMILY SERVICES OF TULARE COUNTY INC. 94-28979  IFT IV Supporting Organizations (continued)	70	F	⊃age
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		163	NO
	a 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?	11.		
	<b>b</b> A family member of a person described in (a) above?	11a		
	c 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.	11b		
Se	ction B. Type I Supporting Organizations	TIC		
_			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 <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	103	
2	that operated, supervised, or controlled the supported organization other than the supported organization(s) benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
1	M		Yes	No
1	of each of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	FE	
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in <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	3		_
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	1 1			
Ь				
c				
	: Lagranization supported a governmental entity. Describe in Part VI how you supported a government entity (see i	nstructi	ons).	
2	Activities Test. Answer (a) and (b) below.	Г	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in <b>Part VI identify those supported organizations and explain</b> 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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
BAA	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	8 70	III.

Part V Type III Non-Functionally Integrated 509(a)			
1 Check here if the organization satisfied the Integral Part instructions. All other Type III non-functionally integrated	Test as a qualifying trust on I supporting organizations n	Nov. 20, 1970 (explainust complete Sections	n in Part VI). <b>See</b> s A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
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 connected income or for management, conservation, or maintenance of production of income (see instructions)	lection of gross		
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 Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (se tax year or assets held for part of year):	e instructions for short		
a Average monthly value of securities	18		
<b>b</b> Average monthly cash balances	11		
c Fair market value of other non-exempt-use assets	10		
d Total (add lines 1a, 1b, and 1c)	10		
e Discount claimed for blockage or other factors (explain in detail in Part VI):	8		
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 see instructions).	greater amount,		
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		
ection C — Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Col	umn 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		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as (see instructions).	a non-functionally integrate	d Type III supporting o	rganization
BAA			

Schedule A (Form 990 or 990-EZ) 2019

	rt V   Type III Non-Functionally Integrated 509(a)(3) S	upporting Organiza	ations (continued)	
	tion D — Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pu			
	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organization	ns,	
_ 3	the same expenses paid to decomplish exempt purposes of s	upported organizations		
_ 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.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organizati in <b>Part VI</b> ). See instructions.	ion is responsive (provide	details	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sec	tion 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 (reasonable cause required – explain in Part VI). See instructions.			EN Y GALLE
	Excess distributions carryover, if any, to 2019	ASSET LEVEL DESCRIPTION		
	From 2014			
	From 2015			
	From 2016			
d	From 2017			
	From 2018			
	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)			E THE SUPPLIES
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
	Distributions for 2019 from Section D, line 7:			
	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			1 - 2 - 5 - 1
	Breakdown of line 7:			
a	Excess from 2015			
	Excess from 2016			
	Excess from 2017.			
d	Excess from 2018			
e	Excess from 2019			
2 / /				

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 FAMILY SERVICES OF TULARE COUNTY INC.

94-2897970

Page 8

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.)

#### PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE		2019		2018	_	2017	_	2016	 2015
OTHER REVENUE	AL \$	69,004. 69,004.	\$ \$	84,689. 84,689.	\$	60,033. 60,033.	\$ \$	44,661. 44,661.	\$ 57,134. 57,134.

#### Schedule B

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

Department of the Treasury Internal Revenue Service Name of the organization

#### **Schedule of Contributors**

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

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

OMB No. 1545-0047

2019

Employer identification number

FAMILY	Y SERVICES OF	TULARE COUNTY INC.	94-2897970
	tion type (check one)		
Filers of:		Section:	
Form 990	or 990-EZ	X 501(c)( 3 ) (enter number) organization	
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	on
Form 990	)-PF	527 political organization	
		501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated as a private foundation	
		501(c)(3) taxable private foundation	
		red by the <b>General Rule</b> or a <b>Special Rule.</b> , (8), or (10) organization can check boxes for both the General Rule and a S	pecial Rule. See instructions.
General	Rule		
		ing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totalir one contributor. Complete Parts I and II. See instructions for determining a contribu	
Special I	Rules		
X	under sections 509(a) received from any o	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line contributor, during the year, total contributions of the greater of (1) \$5,000 line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.	e 13, 16a, or 16b, and that
	during the year, tota	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receil contributions of more than \$1,000 exclusively for religious, charitable, scient prevention of cruelty to children or animals. Complete Parts I, II, and III.	eived from any one contributor, ific, literary, or educational
	during the year, con \$1,000. If this box is charitable, etc., purp	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that recentributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such considerable, enter here the total contributions that were received during the year cose. Don't complete any of the parts unless the <b>General Rule</b> applies to this exively religious, charitable, etc., contributions totaling \$5,000 or more during the	tributions totaled more than r for an <i>exclusively</i> religious, organization because

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

Name-of organization

Employer identification number

FAMILY SERVICES OF TULARE COUNTY INC. 94-2897970 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (b) Name, address, and ZIP + 4 (a) No. (d) Type of contribution (c) Total contributions 1\_\_ CALIFORNIA OFFICE OF EMERGENCY SERV Person X **Payroll** 3650 SCHRIEVER AVE 2,125,526 Noncash (Complete Part II for MATHER, CA 95655 noncash contributions.) (a) No. (b) Name, address, and ZIP + 4 (c) Total contributions (d)
Type of contribution 2\_\_ TULARE COUNTY HEALTH AND HUMAN SERV Person **Payroll** 5957 SOUTH MOONEY BLVD 1,133,804. Noncash VISALIA, CA 93277 (Complete Part II for noncash contributions.) (a) No. (b) Name, address, and ZIP + 4 (c) Total (d) Type of contribution contributions 3\_\_ TULARE COUNTY SHERIFF'S DEPARTMENT Person X **Payroll** 36168 ROAD 112 234,050. Noncash VISALIA, CA 93291 (Complete Part II for noncash contributions.) (a) No. (b) Name, address, and ZIP + 4 (c) Total (d) Type of contribution contributions 4\_\_\_ CITY OF TULARE Person Х **Payroll** 411 EAST KERN AVE 153,365. Noncash (Complete Part II for TULARE, CA 93274 noncash contributions.) (a) No. (b) Name, address, and ZIP + 4 (c) Total contributions (d) Type of contribution 5\_\_ FIRST 5 OF TULARE COUNTY Person Χ Payroll 200 N SANTA FE ST 358,405. Noncash VISALIA, CA 93292 (Complete Part II for noncash contributions.) (a) No. (b) Name, address, and ZIP + 4 (c) Total (d) Type of contribution contributions CA DEPARTMENT OF PUBLIC HEALTH Person X **Payroll** PO\_BOX\_997420, MS\_8307 166,899 Noncash SACRAMENTO, CA 95899-7420 (Complete Part II for noncash contributions.)

Schedule	R	(Form	990	990.F7	or 990-PF)	(2010)
Concadio	ם	(i viiii	220,	33U-L.Z.	01 990-PF1	1/01/91

2 Page **2** 

Name⇔f organization

FAMILY SERVICES OF TULARE COUNTY INC.

Employer identification number 94-2897970

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) No. (b) Name, address, and ZIP + 4 (c) Total (d) Type of contribution contributions 7\_\_ DEPARTMENT OF HOUSING & COMM DEVELO Person X **Payroll** PO BOX 952050 161,875. Noncash (Complete Part II for SACRAMENTO, CA 94252 noncash contributions.) (a) No. (b) Name, address, and ZIP + 4 (c) Total (d) Type of contribution contributions 8\_\_ CITY OF VISALIA Person X **Payroll** 707 W ACEQUIA AVE 165,681. Noncash (Complete Part II for VISALIA, CA 93291 noncash contributions.) (a) No. (b) Name, address, and ZIP + 4 (c) Total (d)
Type of contribution contributions 9\_\_ DEPARTMENT OF JUSTICE Person |X|**Payroll** 2550 MARIPOSA MALL #5090 224,433. Noncash FRESNO, CA 93271 (Complete Part II for noncash contributions.) (a) No. (b) Name, address, and ZIP + 4 (c) Total (d) Type of contribution contributions Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) No. (b) (c) Total (d) Type of contribution Name, address, and ZIP + 4 contributions Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) No. (b) (c) Total contributions (d) Type of contribution Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions.)

Name of organization

1

FAMILY SERVICES OF TULARE COUNTY INC.

Employer identification number 94-2897970

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date receive
N/A			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
63 No.		======================================	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No.	(b)  Description of noncash property given	\$\$ (c)	(d) Date received
Part I		(C) FMV (or estimate) (See instructions.)	Date received
		ss	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of organization

Part III	Exclusively	v rel	igious, c	paritable	etc
FAMILY	SERVICES	OF	TULARE	COUNTY	INC.

1 1 Pa

Ш	Evolusive handlists 1 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8),
	or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and
	the fell wild the columns (a) through (e) and
	the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc.
	contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)
	Use duplicate copies of Part III if additional space is producted. See instructions.)
_	Use duplicate copies of Part III if additional space is needed.

	a september of the first the first additional	i space is needed.	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
		(e)	
	Transferee's name, addre	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee
			transfer to transfere
	=		
(a)	(b)	(2)	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(-)	
	Transferee's name, addres	(e) Transfer of gift ss. and ZIP + 4	Deletionship of turners
		55, and 211 1 4	Relationship of transferor to transferee
-			
(a)	(h)		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(0)	
	Transferee's name, addres	(e) Transfer of gift s and ZIP + 4	Pološiovekia of Land
		3, and 2n +4	Relationship of transferor to transferee
-			
(3)	(1)		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	,		+
	Transference name addition	(e) Transfer of gift	
	Transferee's name, address	s, and ZIP + 4	Relationship of transferor to transferee
F			

#### SCHEDULĘ D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

2019

Open to Public Inspection

FAMILY SERVICES OF TULARE COUNTY INC. 94-2897970 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year..... Aggregate value of contributions to (during year) Aggregate value at end of year..... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?..... Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?.... No Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of a historically important land area Preservation of land for public use (for example, recreation or education) Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements..... 2 a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a).... d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register..... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear < Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?..... No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?..... In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1..... (ii) Assets included in Form 990, Part X..... ÞŚ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1..... **b** Assets included in Form 990, Part X.....

Schedule D (Form 990) 2019 FAMI Part III Organizations Mainta	LY SERVICES	OF TULARE O	COUNTY INC.	94-289	97970 Page 2
3 Using the organization's acquisition					
D B L				1.50	30110011011
<b>a</b> Public exhibition <b>b</b> Scholarly research		<b>⊢</b> 1 .	or exchange program		
c Preservation for future gene	rations	e Othe	r		
Provide a description of the organi. Part XIII.		and explain how the	y further the organization	's exempt purpose in	
5 During the year, did the organize to be sold to raise funds rather t	ation solicit or rec	eive donations of a	rt, historical treasures,	or other similar assets	□vaa □u.
Part IV   Escrow and Custodia	al Arrangemen	<b>ts.</b> Complete if	the organization ar	swered 'Ves' on Fo	Yes No
line 9, or reported an	amount on Fo	rm 990, Part X,	line 21.	iswored 165 office	1111 990, Fait IV,
1 a Is the organization an agent, tru on Form 990, Part X?	stee, custodian or	other intermediary	for contributions or oth	ner assets not included	Yes No
<b>b</b> If 'Yes,' explain the arrangemen	t in Part XIII and	complete the follow	ring table:	345034000	
<b>c</b> Beginning balance				1.	Amount
<b>d</b> Additions during the year				1 c	
e Distributions during the year				1e	
f Ending balance			v	1f	
2a Did the organization include an a	amount on Form 9	90, Part X, line 21.	for escrow or custodial	Laccount liability?	Yes No
<b>b</b> If 'Yes,' explain the arrangement	t in Part XIII. Che	k here if the expla	nation has been provide	ed on Part XIII	les   No
			provide	ou our are will	
Part V Endowment Funds. C	complete if the	organization ar	nswered 'Yes' on Fo	orm 990 Part IV Jir	ne 10
	(a) Current year	(b) Prior yea	r (c) Two years back	k (d) Three years back	(e) Four years back
1 a Beginning of year balance				(a) the june much	(b) I but your buck
<b>b</b> Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
<b>g</b> End of year balance					
<ol><li>Provide the estimated percentage</li></ol>	e of the current ye	ear end balance (lir	ne 1g. column (a)) held	as:	
a Board designated or quasi-endowm	ent.►	8	io igi colariii (a)) ficia	as.	
<b>b</b> Permanent endowment ▶	0/0	<del></del>			
c Term endowment ►	%				
The percentages on lines 2a, 2b, ar	nd 2c should equal	100%.			
<b>3a</b> Are there endowment funds not in the organization by:	he possession of th	e organization that a	are held and administered	for the	[ <u>v</u> ] <u>v</u>
(i) Unrelated organizations					Yes No
(ii) Related organizations					3a(i)
<b>b</b> If 'Yes' on line 3a(ii), are the rela	ted organizations	listed as required of	on Schedule R2	30.000	3a(ii)
4 Describe in Part XIII the intended	uses of the organ	nization's endowme	ent funds		3b
Part VI Land, Buildings, and I	Equipment.		Tit Tarias.		
Complete if the organi	zation answere	ed 'Yes' on Forr	n 990 Part IV line	11a See Form 990	) Part Y line 10
Description of property		ost or other basis	(b) Cost or other	(c) Accumulated	(d) Book value
1-1-1		(investment)	basis (other)	depreciation	(a) Dook value
1 a Land			313, 945.		313,945.
<b>b</b> Buildings.			1,359,372.	455, 966.	903,406.
c Leasehold improvements			221,377.	106,390.	114,987.
d Equipment			168,364.	125,008.	43,356.
e Other.			9,288.	0 200	0.
Total. Add lines 1a through 1e. (Column	n (d) must equal l	orm 990, Part X, c	column (B), line 10c.)	· · · · · · · · · · · · · · · · · · ·	1,375,694.
BAA				Schedu	le D (Form 990) 2019

TEEA3302L 8/22/19

Part VII	Investments - Other Sec	urities.		N/A	
	Complete if the organization	on answered	'Yes' on Form 99	D, Part IV, line 11b. See Form	990, Part X, line 12.
	iption of security or category (including nat	me of security)	(b) Book value	(c) Method of valuation: Cost or end-	
	al derivatives				
	held equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
(l)					
Total. (Colum	n (b) must equal Form 990, Part X, column	(B) line 12 )			
Part VIII	Investments - Program R	elated		N/A	
	Complete if the organization	n answered	'Yes' on Form 990	), Part IV, line 11c. See Form S	990. Part X. line 13
	(a) Description of investment		(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
(1)					The second secon
(2)	_				
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
	n (b) must equal Form 990, Part X, column	(B) line 13 ) ►			
	Other Assets.	27 1110 1017	N/A		
	Complete if the organization	n answered	'Yes' on Form 990	, Part IV, line 11d. See Form 9	990, Part X, line 15.
- 415		(a) Des	cription		(b) Book value
(1)					
(2)					
(3)					
(4)					
(6)					
(7)					
(8)					
(9)					
(10)					
Total, (Colu	umn (b) must equal Form 990. Pa	rt X. column (R.	) line 15 )		
Part X	Other Liabilities.	rt xt, colamin (b)	7 mie 13.j		
· dicx	Complete if the organization answer	ered 'Yes' on Fo	rm 990. Part IV. line 11	e or 11f. See Form 990, Part X, line 25	
1.		(a) Descrip	tion of liability	5 5 555 F 555, F F. 7, III. 25	(b) Book value
	al income taxes				(b) Book value
(2)			- E		
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)	415				
TOTAL (Column	(b) must equal Form 990, Part X, column (	B) line 25.)		<u> </u>	
LIABIlity for i	uncertain tax positions. In Part XIII, provide	the text of the foot	note to the organization's finance	ancial statements that reports the organization's	liability for uncertain
	iuel rasid aso 740. Check here it the text (	or the foothote has b	een provided in Part XIII	the content of the co	

Part XI Reconciliation of Revenue per Audited Financial Staten	nents With Rev	enue per Re	turn.	
Complete if the organization answered 'Yes' on Form 99	0, Part IV, line	12a.		
1 Total revenue, gains, and other support per audited financial statements.			1	6,522,166.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				0,022,2001
a Net unrealized gains (losses) on investments.	2a			
<b>b</b> Donated services and use of facilities		148,925.		
		110,525.		
c Recoveries of prior year grants d Other (Describe in Part XIII.) SEE PART XIII	2 d	117,824.		
e Add lines 2a through 2d.			2 e	266,749.
3 Subtract line 2e from line 1.	(X		3	6,255,417.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	I I	110000000000000000000000000000000000000	3	0,233,417.
a Investment expenses not included on Form 990, Part VIII, line 7b.	4 a			
<b>b</b> Other (Describe in Part XIII.)				
c Add lines 4a and 4b			4 -	
			4 c	C 055 415
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1			5	6,255,417.
Part XII Reconciliation of Expenses per Audited Financial State			łeturn.	1
Complete if the organization answered 'Yes' on Form 990				
1 Total expenses and losses per audited financial statements			1	6,842,725.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a Donated services and use of facilities	2 a	148,925.		
<b>b</b> Prior year adjustments	2 b		3703	
c Other losses	2 c			
d Other (Describe in Part XIII.) SEE PART XIII	2 d	117,824.	-	
e Add lines 2a through 2d.			2 e	266,749.
3 Subtract line 2e from line 1.			3	6,575,976.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	T I			0,070,070.
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a			
<b>b</b> Other (Describe in Part XIII.)	4 b			
c Add lines 4a and 4b	000000000000000000000000000000000000000		4 c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)		5	6,575,976.
Part XIII Supplemental Information.				
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also SCHEDULE D, PART XI, LINE 2D OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON		1b and 2b; Part to provide any	V, additiona	al information.
DIRECT EXPENSES FOR FUNDRAISING EVENTS	Condens · · · · · · · · · · · · · · · · · · ·	TOTA	\$ \$	117, 824. 117, 824.
SCHEDULE D, PART XII, LINE 2D OTHER EXPENSES AND LOSSES PER AUDITED F/S				
DIRECT EXPENSES FOR FUNDRAISING EVENTS		TOTA	\$ \$	117,824. 117,824.

#### SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

Name of the organization FAMILY SERVICES OF TULARE COUNTY INC.

Employer identification number 94-2897970

Par	Fundraising Activities. Comple	te if the organiz	ation answ	vered 'Yes'	on Form 990 Part IV lin	o 17	
	Form 990-EZ filers are not re	equired to comp	olete this i	part.			
1	Indicate whether the organization	raised funds th	rough any				
a				е	X Solicitation of non-	government grants	
b		S		f	X Solicitation of gove	ernment grants	
С				g	X Special fundraising	events	
d	IX In-person solicitations					,	
2 a	Did the organization have a written o	r oral agreemen	t with anv	individual (	including officers directo	re truetone or kou	
	Did the organization have a written o employees listed in Form 990, Par	t VII) or entity	in connec	tion with p	rofessional fundraising	services?	Yes X No
b	olf 'Yes,' list the 10 highest paid incompensated at least \$5,000 by the	dividuals or ent	ities (func	draisers) pu	rsuant to agreements	under which the fundra	iser is to be
	tompensated at least \$5,000 by the	e organization					
(i)	Name and address of individual	CHN A self- in	(iii) Did	l fundraiser	(h) Cross resolute	(v) Amount paid to	(vi) Amount paid to
	or entity (fundraiser)	(ii) Activity	I have custo	ody or control tributions?	(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(or retained by)
			-	100000151		column (i)	organization
-			Yes	No			
1							
2							
_							
_							
3							
J				1 1			
4		,					
7							
5							
J							
6							
7							
-							
8							
9							
10							
Fotal.	The second secon	252	.,,,,,,,	*::*:*:*:*:*			0
3 [	List all states in which the organization	n is registered o	r licensed	to solicit co	ntributions or has been n	otified it is exempt from	0.
(	or licensing.					K is oxompt nom	, agiati ditori
-			<b></b>				
-							
-							
-							

Schedule	G (Form 990 or	990-EZ) 2019	FAMILY	SERVICES	OF	TULARE	COUNT	Y TNC.		94-289797	7.0	Pa
Part II	Fundraising more than \$1 List events w	Events. Cor 15,000 of fur	mplete if ndraising	the organiz	atior ribut	n answere	'zaY' he	on Form	aan E	Part IV line 1	0 0	

R			(a) Event #1  GUEST CHEF FUN  (event type)	(b) Event #2 FLOWER SALES F	(c) Other events	(d) Total events (add column (a) through column (c))
REVENUE	1	Gross receipts.		(event type)	(total number)	
Ü	2	Less: Contributions		53,308.	51,492.	161,890.
	3	Gross income (line 1 minus line 2)	3.7030.	17,831.	39,215.	114,136.
-			7	35,477.	12,277.	47,754.
	4	Cash prizes				
Þ	5	Noncash prizes				1
RECT	6	Rent/facility costs.				
- 1	7	Food and beverages				
X P	8	Entertainment				
EXPENSES	9	Other direct expenses.	10,513.	42,798.	24,305.	77,616.
	10	Direct expense summary. Add lines 4 thr	ough 9 in column (d)			77,616.
Dar	11	Net income summary. Subtract line 10 fro	om line 3, column (d)			-20.002
ı aı	· rii	<b>Gaming.</b> Complete if the organiza \$15,000 on Form 990-EZ, line 6a.	tion answered 'Yes	s' on Form 990, Par	t IV, line 19, or rep	orted more than
REVENUE			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
Ē	1	Gross revenue.				
_ E	2	Cash prizes				
D I RECT	3	Noncash prizes				
TES	4	Rent/facility costs				
	5	Other direct expenses.				
	6	Volunteer labor	Yes%	Yes %	Yes%	
	7	Direct expense summary. Add lines 2 thro	ough 5 in column (d)		encentral and and a second	
	8	Net gaming income summary. Subtract lin	ne 7 from line 1, columr	ı (d)		
а	Is the	r the state(s) in which the organization core organization licensed to conduct gaming o,' explain:	activities in each of the	s: ese states?		
10 a b	Were	any of the organization's gaming licenses				

ocn	eaule	Grown 990 or 990-EZ) 2019 FAMILY SERVICES OF TULARE COUNTY INC.	1-2897970	Page 3
		the organization conduct gaming activities with nonmembers?	annimia Y	es No
12	is the	organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to nister charitable gaming?	Y	es No
13	Indica	ate the percentage of gaming activity conducted in:		
	a The	organization's facility	120	0
1	An o	utside facility	13a	<u>%</u>
14	Enter	the name and address of the person who prepares the organization's gaming/special events books and records:	13b	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	Name	e <b>*</b>		
	Addre			
15 a	Does	the organization have a contract with a third party from whom the organization receives gaming revenue		_
ı	olf 'Ye	s, enter the amount of garning revenue received by the organization	?:	Yes No
	of ga	ming revenue retained by the third party > \$	e amount	
(	: If 'Ye	s,' enter name and address of the third party:		
	Name	; <b>-</b>		
	Addre			
16	Gami	ng manager information:		
	Name	, <b>-</b> 		
	Gami	ng manager compensation > \$		
	Descr	iption of services provided	<b></b>	
	_ D	irector/officer Employee Independent contractor		
17	Mand	atory distributions:		
	Sidio	organization required under state law to make charitable distributions from the gaming proceeds to retain the gaming license?		res □No
b	Enter	the amount of distributions required under state law to be distributed to other exempt organizations or spent in th	e	
Day	organ	ization's own exempt activities during the tax year ► \$		
rar	t IV	<b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, coluand Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any information. See instructions.	mns (iii) ar additional	nd (v);

#### SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

FAMILY SERVICES OF TULARE COUNTY INC.

Employer identification number

94-2897970

Pai	t I Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
ı	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain	1 b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/ Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract	113		
	Independent compensation consultant Compensation survey or study	- 74	114	
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
	a Receive a severance payment or change-of-control payment?	4 a		Х
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4 b		X
(	Participate in, or receive payment from, an equity-based compensation arrangement?	4 c		X
	If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
	The organization?	5 a		Х
ł	Any related organization?	5 b	31 2	Х
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
ā	The organization?	6 a		Х
	Any related organization?	6 b		X
	If 'Yes' on line 6a or 6b, describe in Part III.	1539	- 3	8 8
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If 'Yes,' describe in Part III.	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)?  If 'Yes,' describe in Part III.	8		X
9	If 'Yes' on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations			

94-2897970

FAMILY SERVICES OF TULARE COUNTY INC.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Schedule J (Form 990) 2019

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown	Breakdown of W-2 and/or 1099-MISC compensation	3 compensation	(C) Retirement	(D) Nontaxable	(E) Total of	(F) Compensation
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	and other deferred compensation	benefits	columns(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
STEDUANTE BIIRRAGE	(i) 46,580.		0.		0	46,580.	0   0
	] 	0	0				
	(i)				           		Î   1   1   1   1   1   1   1   1   1
2	<b>(E)</b>						
		1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1		         	1	
2				1	           	1 1 1 1 1 1 1	 
4	(ii)						
	()	             	1 1 1 1 1 1		1 1 1	1 1 1 1 1 1 1	1 1 1 1 1 1
വ							
	€		1 1 1 1 1	1 1 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1
9	(E)						
	(e)	1 1 1	1 1 1 1		1 1 1 1 1 1	1 1 1 1 1 1 1	
7							
	(6)	 	1 1 1 1 1 1	1 1 1 1	1 1 1 1 1	1 1 1 1 1 1	1 1 1 1 1 1
ω							
	(e)	 	1 1 1 1 1 1	1 1 1 1	1 1 1 1 1		
ത							
	6	             	         	1 1 1 1 1	1 1 1 1		
10							
	()		 				
11	<b>(</b>						
	0	1 1 1 1 1			1 1 1 1 1	1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
12	(E)						
	(0)	1 1 1 1 1 1	1 1 1 1 1 1				.
13	<b>a</b>						
	(0)	1 1 1 1 1					1 1 1 1 1 1
14	0						
	(0)	1 1 1 1	1 1 1 1	1	1 1 1 1 1		
15	<b>(E)</b>						
	(0)	1 1 1 1 1					
16	(1)					1.1.0	VE-2000 2010
BAA		TEEA4102L 8/2/19	<b>5</b>			Schedule	Schedule J (rofili 990) 2013

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2019

### **SCHEDULE M** (Form 990)

### **Noncash Contributions**

OMB No. 1545-0047

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

2019

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

FAMILY SERVICES OF TULARE COUNTY INC. Part I Types of Property

Employer identification number

94-2897970

		Check if applicable	Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Metho noncash	<b>(d</b> od of d contrib	eterm	ining 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								
15	Real estate - Residential.							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► (VOLUNTEER WAGES )			140 005		_		
26	Other► ()			148,925.			_	
27	Other • ()							
28	Other ( )							
29	Number of Forms 8283 received by the organization du organization completed Form 8283, Part IV, Donee	ring the tax y Acknowledge	rear for contributions for gement	which the	29			
	<b>-</b>						Yes	No
30a	During the year, did the organization receive by contrib it must hold for at least three years from the date of the exempt numbers for the entire holding period?	of the initial o	contribution, and which	vicalt required to be use	ed			
h	for exempt purposes for the entire holding period?. If 'Yes,' describe the arrangement in Part II.				0.0000000000000000000000000000000000000	30 a		X
		سندسس المطالب				III.		9,71
32a	Does the organization have a gift acceptance policy.  Does the organization hire or use third parties or re	elated organi	zations to solicit, proce	ess, or sell	s?	31		X
	noncash contributions?					32 a		X
33	If 'Yes,' describe in Part II.  If the organization didn't report an amount in colum describe in Part II.	n (c) for a ty	ype of property for which	ch column (a) is checke	ed,			
BAA	For Paperwork Reduction Act Notice, see the Instr	uctions for	Form 990		Cohadula	BA (C:		0) 0040

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.

2019

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

FAMILY SERVICES OF TULARE COUNTY INC

Employer identification number 94-2897970

#### FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

THE MISSION OF FAMILY SERVICES IS TO HELP CHILDREN, ADULTS, AND FAMILIES THROUGHOUT TULARE COUNTY HEAL FROM VIOLENCE AND THRIVE IN HEALTHY RELATIONSHIPS. FAMILY SERVICES WILL ACCOMPLISH THIS MISSION THROUGH DIRECT SERVICES, ADVOCACY, COUNSELING, EDUCATION AND TRAINING TO BREAK THE CYCLE OF VIOLENCE, ENCOURAGE SELF-RELIANCE AND PROMOTE HEALTHY DECISION-MAKING AMONG ALL PEOPLE OF ALL INCOMES AND NATIONALITIES. FAMILY SERVICES WILL STRESS PROFESSIONALISM, RESPECTFUL PARTNERSHIP WITH CLIENTS, ETHICAL CONDUCT, CULTURAL COMPETENCY, AND COLLABORATION WITH OTHER AGENCIES.

#### FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE FORM 990 IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS BEFORE FILING.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

WRITTEN DISCLOSURES OF ANY CONFLICT OF INTEREST ARE REQUIRED ANNUALLY. NO NEW

CONTRACTS WILL BE ENTERED INTO WHERE CONFLICT OF INTEREST HAS BEEN IDENTIFIED.

EMPLOYEES AND BOARD MEMBERS WILL NOT BE INCLUDED IN THE DECISION MAKING PROCESS FOR

TRANSACTIONS FOR EXISTING OR UNAVOIDABLE CONTRACTS IN WHICH THEY HAVE AN INTEREST.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

SALARY SCHEDULE IS COMPARABLE TO OTHER AGENCIES OF SIMILAR TYPE AND SIZE. INITIAL

SALARIES AND RAISES ARE DECIDED AND APPROVED BY THE BOARD OF DIRECTORS AND EXECUTIVE

DIRECTOR. THE EXECUTIVE DIRECTOR'S SALARY IS APPROVED BY THE BOARD OF DIRECTORS AND

RAISES ARE APPROVED BY THE BOARD OF DIRECTORS AFTER EVALUATIONS.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

AVAILABLE UPON REQUEST

TAXABLE YEAR

·2019

### California Exempt Organization Annual Information Return

F	OF	RM

0 1 1 1/	0010					
	ear 2019 or fiscal year beginning (mm/dd/yyyy) 7/01/2019 , and ending	(mm/dd/yyyy) 6/30	/202	O · California corporation number		
	SERVICES OF TULARE COUNTY INC.		- 4	•		
Additional info	rmation. See instructions.			1134564 EIN		
			11	94-2897970		
	(suite or room)			PMB no.		
815 W.	OAK	State		Zip code		
VISALI.		CA		93291		
Foreign countr	y name	Foreign province/state/county		oreign postal code		
		R&TC Section 23701d, has th paged in political activities?	е			
	See instructions			Yes X No		
	on 494/(a)(1) trust. pages			100 = 100		
	ormation Return? issolved Surrendered (Withdrawn) Merged/Reorganized K Is the organizati	on exempt under R&TC Section	n 2370	1g? Yes X No		
	If "Yes." enter the	e aross receipts from				
E Check ac	counting method:	rces				
1 []		s a public charity exempt unde 3701d and meets the filing fee				
	eturn filed? 1 • 990T 2 • 990-PF 3 • Sch H (990) exception, check	box. No filing fee is required				
	ner 990 series MI Is the organizati	on a Limited Liability Compan	y?	···· Yes X No		
G is this a	group filing? See instructions • Yes 🗷 No N Did the organiza	tion file Form 100 or Form 109	9 to rep	oort		
<b>H</b> Is this or						
If "Yes," \		on under audit by the IRS or her year?	nas the	IRS Yes X No		
		1023/1024 pending?				
Did the o	rganization have any changes to its guidelines Date filed with li	-		Yes No		
not repor	ted to the FTB? See instructions					
Part I	Complete Part I unless not required to file this form. See General Information					
	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8.	638 <b></b> 2000 200 2000 200 <b>.</b>	1	445,243.		
Receipts	2 Gross dues and assessments from members and affiliates		2			
and	<b>3</b> Gross contributions, gifts, grants, and similar amounts received	3	5,927,998.			
Revenues	4 Total gross receipts for filing requirement test. Add line 1 through line 3.					
	This line must be completed. If the result is less than \$50,000, see Gene  5 Cost of goods sold.	eral Information B.	4	6,373,241.		
	5 Cost of goods sold					
	7 Total costs. Add line 5 and line 6		7			
	Total gross income. Subtract line 7 from line 4	104500000000000000000000000000000000000	8	6 272 241		
<b>-</b>	Total expenses and disbursements. From Side 2, Part II, line 18		9	6,373,241. 6,693,800.		
Expenses	10 Excess of receipts over expenses and disbursements. Subtract line 9 from	m line 8	10	-320,559.		
	11 Total payments.		11	320,333.		
	12 Use tax. See General Information K	•	12			
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from li		13			
Filing	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line	e 12 🎳	14			
Fee	15 Filing fee \$10 or \$25. See General Information F		15	10.		
	16 Penalties and Interest. See General Information J		16			
	17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result		17	10.		
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which	and statements, and to the best	of my	knowledge and belief, it is true,		
Here	Signature Title	Date		Telephone		
	of officer EXECUTIVE DIRECT		5	59-732-1970		
Paid	Preparer's signature KENNETH W. WHITE, JR. CPA	Check if self-	] [	PTIN		
Paid Preparer's	M CREEN AND COMPANY TAR CRAC	21 employed	J P	00035982 Firm's FEIN		
Use Only	(or yours, if		$\dashv$			
	self-employed) and address VISALIA, CA 93277		9	4-1683129 Telephone		
		- 1	559) 627-3900			
	May the FTB discuss this return with the preparer shown above? See instruction	ons.	•	X Yes No		

## Part II

FAMILY SERVICES OF TULARE COUNTY INC.

Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.

							4	
		1	Gross sales or receipts from all				1	
		2	Interest				2	
Recei	nte	3	Dividends				3	
from		4	Gross rents			4		
Other Source		5	Gross royalties		5			
Sourc	es	6	Gross amount received from sa	le of assets (See Instruction	ons)	magamentessa 🔍	6	
		7	Other income. Attach schedule Total gross sales or receipts from other	7	445,243.			
		8		445,243.				
		9	Contributions, gifts, grants, and similar				9	
		10	Disbursements to or for member				10	
		11	Compensation of officers, direct	tors, and trustees. Attach	11	169,324.		
_	[	12	Other salaries and wages				12	3,291,324.
Experand	nses	13	Interest				13	13,184.
Disbu	ırse-	14	Taxes	14	257,242.			
ment	5	15	Rents				15	300,507.
		16	Depreciation and depletion (Sec	16	68,090.			
		17	Other Expenses and Disbursem	ients. Attach schedule	SEE ST	ATEMENT 2	17	2,594,129.
		18	Total expenses and disbursements. Add	l line 9 through line 17. Enter here	e and on Page 1, Part I, line	9	18	6,693,800.
Sch	edule	L	Balance Sheet	Beginning of t	axable year	End	of taxab	le year
Asse				(a)	(b)	(c)		(d)
1					520,594.	Y.L. E.Y.E. UI	•	734,994.
2	Net acc	ounts	receivable	ALL CHILDREN	775,458.			948,756.
3	Net notes receivable							
4			······································					
5			state government obligations					
6	Investments in other bonds							
7			in stock					
8	Mortga	ge Ioa	ns					
9			nents. Attach schedule					
10 a	Deprec	eciable assets						
b	Less a	ccumu	lated depreciation.	628,562.	1,103,945.	696,6	52.	1,061,749.
					313,945.		•	313,945.
12	Other a	issets.	. Attach schedule	3	14,466.			28,733.
13					2,728,408.			3,088,177.
			net worth		E E Ly La Landy I		100	212.255
14			/able		241,881.			249,066.
15			s, gifts, or grants payable				-	
16			otes payable				-	1 500 055
17	-		ayable		1,039,769.		•	1,733,066.
18			ies. Attach schedule		20,154.			1 105 045
19			or principal fund		1,426,604.			1,106,045.
20		I-in or capital surplus. Attach reconciliation						
21			nings or income fund		2,728,408.			3,088,177.
22			ties and net worth					3,000,217.
5cn	edul	e IVI-	Do not complete this schedule	of the amount on Schedule	Teturn L. line 13. column (d), is	s less than \$50,000	)	
1	Mot in	nama i		-320,559.		books this year not inc		Market William
	1 Net income per books			• 520,555.	<b>→</b>	ch schedule	-	
3				•	8 Deductions in this		10,0	R STYLEND RE
_			recorded on books this year.		against book incom	ne this year.		HE LINE THE PARTY
•	Attach schedule							
5			corded on books this year not deducted			nd line 8	50.625	
	in this	returi	n. Attach schedule.	•	10 Net income per			
6	Total.	Add li	ne 1 through line 5	-320,559.	Subtract line 9	from line 6	6000	-320,559.

#### Schedule B

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

Department of the Treasury Internal Revenue Service Name of the organization

#### CALIFORNIA COPY Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

FAMILY SERVICES OF TULARE COUNTY INC 94-2897970 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)( 3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year. Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or

990-PF), but it must answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF,

Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

FAMILY SERVICES OF TULARE COUNTY INC.

Employer identification number 94-2897970

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
1	CALIFORNIA OFFICE OF EMERGENCY SERV  3650 SCHRIEVER AVE  MATHER, CA 95655	\$2,125,526.	Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No. ———	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
2	TULARE COUNTY HEALTH AND HUMAN SERV  5957 SOUTH MOONEY BLVD  VISALIA, CA 93277	\$1,133,804.	Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
3	TULARE COUNTY SHERIFF'S DEPARTMENT  36168 ROAD 112  VISALIA, CA 93291	\$234,050.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
4	CITY OF TULARE  411 EAST KERN AVE  TULARE, CA 93274	\$ <u>153,365.</u>	Person X Payroll Noncash  (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
5	FIRST 5 OF TULARE COUNTY  200 N SANTA FE ST  VISALIA, CA 93292	\$358,405.	Person X  Payroll  Noncash  (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
	CA DEPARTMENT OF PUBLIC HEALTH PO BOX 997420, MS 8307 SACRAMENTO, CA 95899-7420	\$166,899.	Person X Payroll Complete Part II for noncash contributions.)					
BAA								

Schedule B (Form 990, 990-EZ, or 990-PF) (2019	Schedule	В	(Form	990.	990-EZ.	or 990-PF)	(2019)
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Name\*of organization

2

2 Page **2** 

FAMILY SERVICES OF TULARE COUNTY INC.

Employer identification number 94-2897970

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	DEPARTMENT OF HOUSING & COMM DEVELO PO BOX 952050	\$161,875.	Person X Payroll Noncash
	SACRAMENTO, CA 94252-2050		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	CITY OF VISALIA		Person X
	707 W ACEQUIA AVE	\$165,681.	Payroll Noncash
	VISALIA, CA 93291	_	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	DEPARTMENT_OF_JUSTICE		Person X Payroll
	2550 MARIPOSA MALL #5090	\$224,433.	Noncash
	FRESNO, CA 93271		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

FAMILY SERVICES OF TULARE COUNTY INC.

Employer identification number

94-	-28	97	9	7	0
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Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional sp	pace is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) - Date received
	N/A	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	<b>-</b>
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
BAA	Sche	dule B (Form 990, 990-EZ	or 990-PF) (2019)

	3 (Form 990, 990-EZ, or 990-PF) (2019)		1 1 Page 4			
Name-of organ	SERVICES OF TULARE COUNTY I	NC.	Employer identification number			
Part III	Exclusively religious, charitable, e or (10) that total more than \$1,000 for the following line entry. For organizations contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	ompleting Part III, enter the total Empleting Part III, enter the total Enter this information once S	nizations described in section 501(c)(7), (8), outor. Complete columns (a) through (e) and			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	N/A					
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	Purpose of gift Use of gift		(d) Description of how gift is held			
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) (c) Use of gift		(d) Description of how gift is held			
	Transferee's name, address	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) (c) Use of gift		(d) Description of how gift is held			
-	Transferee's name, address	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee			
		T				

## **Corporation Depreciation and Amortization**

	ich to Form 100 or Fo	rm 100W. <b>FOR</b>	М 199								
Corpo	oration name								Califo	rnia corpora	ation number
	MILY SERVICES								113	4564	
Par		xpense Certain Pro	perty Under IRC S	Section 179	)						
1	Maximum deduction	under IRC Section	n 179 for California		10.000		10010000		CERTAINSTONI.	1	\$25,000
2	lotal cost of IRC Se	ection 179 property	placed in service.							2	
3	Threshold cost of IF	RC Section 179 pro	perty before reduct	ion in limita	ation		Sonone			3	\$200,000
4	Reduction in limitati	on. Subtract line 3	from line 2. If zero	or less, e	nter -0-,		. maray			4	
6	Dollar limitation for								1011111.	5	
	(a)	Description of property		(b) Cost	(business	use only)	(c	) Elected	cost		
_											
7	midda proporty (orot	cted IRC Section 17	<sup>79</sup> cost)		· Bagge	7					
8	Total elected cost of	FIRC Section 179 p	roperty. Add amou	ınts in colu	ımn (c),	line 6 and li	ine 7	anne.		8	
10	Tentative deduction.	. Enter the smaller	of line 5 or line 8.				6	e nime		9	
11	Carryover of disallow Business income lin	ved deduction from	prior taxable year	S,,					¥201es	10	
12	IRC Section 179 exp	nense deduction A	dd line 9 and line 1	income (n	ioi iess i	nan zero) o	r line :	D. 31133333 1	***	11	
13	Carryover of disallov	ved deduction to 20	020 Add line 9 and	io, bui do i 1 line 10 le	oc line 1	nore man	112 I		***********	12	
Par	t II Depreciation a	nd Election of Additi	ional First Year Den	reciation De	eduction	Under R&TO	Section 13	on 2/13/			Let all Marketine
14	(a)	(b)	(c)	(d)		(e)	7				4.5
	Description	Date acquired	Cost or	Depreci		Depreciation	Life	f) e or	Depreci	<b>g)</b> ation for	(h) Additional first
	of property	(mm/dd/yyyy)	other basis	allowe		method	ra			year	year
				allowab earlier							depreciation
TUI	LARE SHELTER	10/31/1995	18,498.		,			0			
LAI	ND OT	7/22/1985	15,000.					0			
BEI	LLA OAKS LAND	9/09/2009	118,000.					0			
	LARE SHELTER	10/31/1995	73,993.	43	,783.	S/L		40		1,850.	
BU:	LLDING -VISAL	7/22/1985	69,500.		,088.	S/L		40		1,738.	
	Add the amounts in							- 10		1,/30.	
	\$2,000. See instruct	ions for line 14, col	umn (h). The total	or column	(n) may	not exceed		15	-	3,090.	
Par	t III Summary		(.)				eseren.	15	- 01	5,030.	
16	Total: If the corporat	tion is electing:								T	
	IRC Section 179 exp	ense, add the amo	unt on line 12 and	line 15, co	lumn (g)	or					
	Additional first year Depreciation (if no e	lection is made), e	nter the amount fro	ob, add the	e amoun	ts on line 1:	b, colu	mns (g	g) and (h)	or 16	
17	Total depreciation cl	aimed for federal p	urposes from fede	ral Form 45	562 line	22				17	
18	Depreciation adjustm	nent. If line 17 is ar	eater than line 16.	enter the o	differenc	e here and	on For	m 100	or	17	
	Form 100W, Side 1, Form 100W, Side 2,	line b. It line 17 is	less than line 16 a	enter the di	Haranca	here and o	n Earn	n 100 /			
	state adjustments or	Form 100 or Form	ia depreciation am i 100W. no adiustm	nent is nece	used to d essarv )	letermine n	et inco	me be	tore	. 18	
Pari	t IV Amortization				occury i/			(3(63)		. 10	
19	(a)	(b)	(c)		(0	)	(e	)	(f)		(g)
	Description	Date acquired	d Cost or		Amorti	zation	R&1	TC	Period	or	Amortization
	of property	(mm/dd/yyyy)	) other bas		owed or in earlie	allowable	Sect (see ii		percenta	age	for this year
						· you.o	(000 11	1507		_	
										_	
										-	
										-	
								-		_	
20	Total. Add the amou	nts in column (a)	2222 2011 P	2						20	
21	Total amortization cla	aimed for federal n	urnoses from feder	ral Form 45	62 line	44		(9)306	********	21	
										21	<u></u>
	Amortization adjustm Form 100W, Side 1,	line 6. If line 21 is	less than line 20, e	enter the di	amerence fference	tiere and o	o⊓ ⊧or n Form	าก 100 า 100 ก	or		
	Form 100W, Side 2,	line 12				*********		5555 - F		22	

## **Corporation Depreciation and Amortization**

3885

4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0.  5 Dollar limitation for taxable years. Subtract line 4 from line 1. If zero or less, enter -0.  6 (a) Description of property (b) Cost (business use only) (c) Elected cost  7 Listed property (elected IRC Section 179 cost).  7 Listed property (elected IRC Section 179 property. Add amounts in column (c), line 6 and line 7.  8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.  8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.  8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.  8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.  8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.  8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.  8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.  8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.  8 Total elected cost of IRC Section 179 property. Add income line 10, line 5.  10 Line 11.  11 Line 12.  12 IRC Section 179 expense deduction. Add line 9 and line 10, less line 12.  13 Carryover of disallowed deduction to 2020. Add line 9 and line 10, less line 12.  13 Carryover of disallowed deduction to 2020. Add line 9 and line 10, less line 12.  14 (a) (b) (c) (c) (d)  15 Description of deduction and Election of Additional First Year Depreciation Deduction Under RRTC Section 24356  14 (a) (b) (c) (d) (e) (d)  15 Depreciation and Election of Additional First Year Depreciation of rate visual environment of this year visual envir		ich to Form 100 or Fo	rm 100W. <b>FOR</b>	М 199						
Part II Depreciation and Election To Expense Certain Property Under IRC Section 179  1 Maximum deduction under IRC Section 179 property placed in service.  2 Total cost of IRC Section 179 property placed in service.  3 Threshold cost of IRC Section 179 property placed in service.  4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0.  4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0.  5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0.  7 Listed property (elected IRC Section 179 property. Add amounts in column (c), line 6 and line 7.  8 Tentative deduction. Enter the smaller of line 5 or line 8.  9 Tentative deduction. Enter the smaller of business income (not less than zero) or line 5.  11 Business income invitation. Enter the smaller of business income (not less than zero) or line 5.  12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.  13 Carryover of disallowed deduction and per and line 10, but do not enter more than line 11.  14 Copy (2014) One of part of the smaller of line 5 or line 9 and line 10, but do not enter more than line 11.  15 Part II Depreciation and Election of One of Cost or (10 per line) of property (10	Corp	oration name	_					Califo	rnia corp	poration number
1 Maximum deduction under IRC Section 179 for California. 2 Total cost or IRC Section 179 property placed in service. 3 Threshold cost or IRC Section 179 property before reduction in limitation. 4 Reduction in limitation Statistical rise of from line 2. If zero or less, enter -0. 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0. 6 (a) Description of property (elected IRC Section 179 property). 7 Listed property (elected IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 9 Total elected cost of IRC Section 179 property. Add amounts in column (c) line 5 in line 11. 9 Liste of disalleved deduction. Line 11. 1	FA				1.00			113	4564	ł
2   1   1   2   2   3   3   5   200,00			xpense Certain Pro	perty Under IRC S	Section 179			-		
2   2   3   3   5200,00    3   3   5200,00    3   3   5200,00    4   Reduction in limitation. Subtract line 3 from line 2, if zero or less, enter -0;   4   5   5   5   6   6   (a) Description of property   (b) Cost (cusiness us only)   (c) Eleded cost   RC Section 179 property   (b) Cost (cusiness us only)   (c) Eleded cost   7   2   2   2   2   2   2   2   2   2		Maximum deduction	under IRC Section	n 179 for California			00000		1	\$25,000
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Social content of the property   Color of the proper		Paduation in Emit-ti	C Section 179 prop	perty before reduct	ion in limitation. 🚋		9998	000000000000000000000000000000000000000	3	\$200,000
Caryover of disallowed deduction from prior taxable years   10   11   12   13   15   15   15   15   15   15   15		Dollar limitation for	on. Suptract line 3	from line 2. If zero	or less, enter -0-		5555		4	
7 Listed property (elected IRC Section 179 post).  8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 5 and line 7  8 Tentative deduction. Enter the smaller of line 5 or line 8.  9 Tentative deduction. Enter the smaller of line 5 or line 8.  10 Carryover of disallowed deduction from prior taxable years.  11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.  11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.  11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.  11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.  11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.  11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.  11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.  11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.  11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.  11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.  11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.  12 Business income limitation to 2020. Add line 9 and line 10, business income (not less than zero) or line 5.  12 Business income limitation. Enter the smaller of business income line 10.  12 Business income limitation line 9 and line 10, business income line 10.  13 Business income limitation line 10 and line 9 and line 10, business income line 15, column (n) or l	_	Dollar littlitation for	Description of present	act line 4 from line					5	
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8   Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.	7	Listed property (elec	ted IBC Section 1	70 0051)						
9   10   Carryover of disallowed deduction from prior taxable years.   10   11   12   12   13   13   12   13   13		Total elected cost of	IRC Section 179 r	roperty Add amou	into in column (c)	lina Caral II	7		-	
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Il Business income limitation. Enter the smaller of business income (not less than zero) or line 5	10	Carryover of disallov	ved deduction from	prior taxable vear	ς		55,000	(1753)3533	10	
Part	11	Business income lim	nitation. Enter the s	smaller of business	income (not less t	han zero) o	r line 5	755555555	11	
Carryover of disallowed deduction to 2020. Add line 9 and line 10, less line 12		IRC Section 179 exp	ense deduction. A	dd line 9 and line 1	0, but do not enter	more than	line 11.		-	
14 (a) (b) Description of property Date acquired nor property Date acquired nor property of the basis Description of property of the basis Description allowed or allowed in earlier years depreciation for this year depreciation for this year of the basis Description allowed in earlier years depreciation for this year depreciation for this year of this year depreciation for this year depreciation for this year of this year depreciation for allowed in earlier years.  BUILDING-VISALI 7/31/1988 46,365. 35,930. 8/L 40 1,159.  TULARE SHEITER 6/30/2007 386,565. 115,968. S/L 40 9,664.  BELLA OAKS BUIL 9/09/2009 472,000. 116,033. S/L 40 11,800.  REMODEL T 1/31/1996 24,930. 14,589. S/L 40 623.  CONSTRUCT 9/30/1996 5,290. 3,003. S/L 40 133.  To Add the amounts in column (a) and column (b). The total of column (b) may not exceed \$2,000. See instructions for line 14, column (b). The total of column (c) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (in oelection is made), enter the amount from line 15, column (a).  To Total depreciation claimed for federal purposes from federal Form 4562, line 22.  Bell Canada (in the corporation is electing: IRC Section 179 expense, add the amount on line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (in line 6 If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 6 If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 6 If line 17 is less than line 16, enter the difference here and on Form 100 or Period		Carryover of disallow	ved deduction to 20	020. Add line 9 and	l line 10, less line	12	13			OH SUL
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Description of property of property of property of property of the basis allowed or allowable in earlier years  BUILDING-VISALI 7/31/1988 46,365. 35,930. S/L 40 1,159.  TULARE SHELTER 6/30/2007 386,555. 115,968. S/L 40 9,664.  BELLA OAKS BUIL 9/09/2009 472,000. 116,033. S/L 40 11,800.  REMODEL T 1/31/1996 24,930. 14,589. S/L 40 623.  CONSTRUCT 9/30/1996 5,290. 3,003. S/L 40 132.  15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).  Part III Summary  16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under RATC Section 24356, add the amounts on line 15, column (g) and celction is made), enter the amount from line 15, column (g).  17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.  18 Depreciation from electron is made), enter the amount from line 15, column (g) or Additional first year depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or form 100W, or Other basis allowed or allowable in earlier years  20 Total. Add the amounts in column (g).  21 Total amortization claimed for federal purposes from federal Form 4562, line 44.  22 Amortization claimed for federal purposes from federal Form 4562, line 44.  21 Total amortization claimed for federal purposes from federal Form 4562, line 44.  21 Total amortization claimed for federal purposes from federal Form 4562, line 44.  22 Amortization adjustment. If line 12 is greater than line 20, enter the difference here and on Form 100 or Form 1000 y; is less than line 20, enter the difference here and on Form 100 or Form 1000 y; is less than line 20, enter the diff	14		(b)		(d)	(e)	(f)	(0	q)	(h)
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\$2,000. See instructions for line 14, column (h)									132	2.
Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).  17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.  18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)  18  Part IV Amortization  19  (a) Description Opercription of property  (b) Date acquired (mm/dd/yyyy)  (c) Cost or other basis  (c) Amortization allowed or allowable in earlier years  (see instr)  18  (g) Amortization for this year  20  Total. Add the amounts in column (g).  20  Total amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line	15	Add the amounts in \$2,000. See instruction	column (g) and col	umn (h). The total	of column (h) may	not exceed				
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Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)  Part IV Amortization  19 (a) Description of property (mm/dd/yyyy) Onther basis allowed or allowable in earlier years (see instr)  20 Total. Add the amounts in column (g)	18	Depreciation adjustm	ient Ifline 17 is ar	eater than line 16	antar the differen-	a banka anali	1	2.0	·   L'	<u> </u>
Part IV Amortization  19 (a) Description of property Date acquired (mm/dd/yyyy) Other basis  20 Total. Add the amounts in column (g).  21 Total amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100		i dilli 10077. Dide i.	mie o. n mie iz is	iess man ind in a	antar tha diffarance	horo and a	n Earna 10/	7 ~~		
19 (a) Description of property Date acquired (mm/dd/yyyy) Date acquired (mm/dd/yyyy) allowed or allowed or allowable in earlier years Date acquired (mm/dd/yyyy) Date acquired (mm/dd/yyyy) allowed or allowed or allowable in earlier years Date acquired (mm/dd/yyyy) Period or percentage Date acquired (mm/dd/yyyy) Period or percentage Date acquired (mm/dd/yyyy) Period or percentage Date acquired (mm/dd/yyyy) Date acquired (mm/dd/yyyy) Period or percentage Date acquired (mm/dd/yyyy) Period or percentage Date acquired (mm/dd/yyyy) Date acquired (mm/dd/yyyy) Period or percentage Date acquired (mm/dd/yyyy) Period or percentage Date acquired (mm/dd/yyyy) Date acquired (mm/dd/yyyy) Period or percentage Date acquired (mm/dd/yyyy) Period or percentage Date acquired (mm/dd/yyyy) Date acquired (mm/dd/yyyy) Period or percentage Date acquired (mm/dd/yyyy) Date acquired (mm/dd/yyyy) Period or percentage Date acquired (mm/dd/yyyy) Period or percentage Date acquired (mm/dd/yyyy) Date acquired (mm/dd/yyyy) Date acquired (mm/dd/yyyy) Date acquired (mm/dd/yyyy) Period or period or period or percentage Date acquired (mm/dd/yyyy) Date		state adjustments on	ilite 12. (II Californ Form 100 or Form	ia depreciation am i 100W, no adjustm	ounts are used to (	letermine ne	et income l	pefore	1,	
Description of property  Date acquired (mm/dd/yyyy)  Date acquired (mm/dd/yyyy)  other basis  Amortization allowed or allowable in earlier years  Period or percentage  Amortization (see instr)  Total. Add the amounts in column (g).  Total amortization claimed for federal purposes from federal Form 4562, line 44.  Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or	Par	IV Amortization		r room, no adjustin	iciti is riecessary.)		23	A 6999	18	5
Description of property  Date acquired (mm/dd/yyyy)  Date acquired (mm/dd/yyyy)  Other basis  Amortization allowed or allowable in earlier years  Period or percentage  Amortization (see instr)  Period or percentage  Amortization (see instr)  Amortization (see instr)  Period or percentage  Other basis  Amortization (see instr)  Amortization (see instr)  Period or percentage  Other basis  Amortization (see instr)  Amortization of this year  20  Total amortization claimed for federal purposes from federal Form 4562, line 44.  21  22  Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100 or Form 100W.	19	(a)	(b)	(c)	- (1	1)	(0)	(4)		(=)
20 Total. Add the amounts in column (g).  21 Total amortization claimed for federal purposes from federal Form 4562, line 44.  22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or			Date acquired	d Cost or	' Amorti	zation	R&TC	Period	or	
20 Total. Add the amounts in column (g).  21 Total amortization claimed for federal purposes from federal Form 4562, line 44.  22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or		or property	(mm/dd/yyyy)	other bas				percenta	age	
Total amortization claimed for federal purposes from federal Form 4562, line 44.  Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or						. youro	(occ mon)			
Total amortization claimed for federal purposes from federal Form 4562, line 44.  Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or									-	
Total amortization claimed for federal purposes from federal Form 4562, line 44.  Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or								-		
Total amortization claimed for federal purposes from federal Form 4562, line 44.  Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or								-		
Total amortization claimed for federal purposes from federal Form 4562, line 44.  Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or									_	
Total amortization claimed for federal purposes from federal Form 4562, line 44.  Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or	20	Total. Add the amour	nts in column (g)		energe service	are process			20	
Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or	21	Total amortization cla	aimed for federal p	urposes from feder	al Form 4562. line	44			_	
1 0111 100W, Side 1, liftle 5. If liftle 21 Is less than line 20, enter the difference here and on Form 100 or	22	Amortization adjustm	ent. If line 21 is an	eater than line 20	enter the difference	o hore and	an Fauna 10	· · · · ·	-1	
Form 100W, Side 2, line 12		TOTAL FOUND, Side 1, 1	ine 6. It line 21 is i	ess than line 20. e	inter the difference	here and or	2 Form 100	lor I		
		TOTAL TOUW, Side 2, I	me IZ	learne parameter en			10000		22	

CACA3501L 12/04/19 059 7621194

FTB 3885 2019

## **Corporation Depreciation and Amortization**

	ch to Form 100 or Fo	rm 100W. <b>FOR</b>	М 199							
							Califo	rnia corpo	oration number	
	MILY SERVICES						113	4564		
Par		xpense Certain Pro	operty Under IRC S	Section 179						
1	Maximum deduction	under IRC Section	n 179 for California		0000	000000		1	\$25,000	
2	Total cost of IRC Se	ection 1/9 property	placed in service.		255	000000		2		
3 4	Threshold cost of IF	C Section 179 proj	perty before reduct	ion in limitation.			9589999999	3	\$200,000	
5	Reduction in limitati	on. Subtract line 3	from line 2. If zero	or less, enter -0-	44	Aggg		4		
6	Dollar limitation for	taxable year. Subti	ract line 4 from line					5		
_	(a)	Description of property		(b) Cost (business	use only)	(c) Electe	ed cost			
_										
_										
-										
7	1:4-4	1 1100 0 11 41	-							
8	Listed property (elec	ted IRC Section 1.	/9 cost)	5.5.5.000000000	7					
9	Total elected cost of	First the smaller	oroperty. Add amou	ints in column (c),	line 6 and li	ne 7		8		
10	Tentative deduction.	vod doduction from	or line 5 or line 8.			· · · · SSSfara	55555·····	9		
11	Carryover of disallow Business income lin	nitation Enter the	maller of businese	incomo (not loca t		n Dan E	daman e	10		
12	IRC Section 179 exp	ense deduction. A	dd line 9 and line 1	income (not less t	mara than	r line 5.	uanverses.	11		
13	Carryover of disallov	wed deduction to 20	020. Add line 9 and	line 10 less line 1	2	113		12		
Par	t II Depreciation a	nd Election of Addit	ional First Year Dep	reciation Deduction	Under R&TC	Section 243	356			
14	(a)	(b)	(c)	(d)	(e)	(f)		-1	(6.)	
	Description	Date acquired	Cost or	Depreciation	Depreciation	Life or	Deprecia	<b>3)</b> ation fo	(h) r Additional first	
	of property	(mm/dd/yyyy)	other basis	allowed or allowable in	method	rate	this		year	
				earlier years					depreciation	
IME	PROVEMENTS	9/15/1986	6,050.	4,985.	S/L	40		151		
IME	ROVEMENTS	7/31/1988	3,753.	2,912.	S/L	40		94		
REN	MODEL	4/27/1993	67,484.	44,144.	S/L	40		1,687.		
SHE	ELTER IMPROVE	11/08/2001	20,820.	9,204.	S/L	40		521		
CAE	BINETS	1/03/2002	6,500.	5,688.	S/L	20		325		
15	Add the amounts in	column (a) and col						323	· · · · · · · · · · · · · · · · · · ·	
	\$2,000. See instruct	ions for line 14, col	lumn (h)		not exceed	15				
Pari	t III Summary									
16	Total: If the corporat	tion is electing:						T		
	IRC Section 179 exp Additional first year	ense, add the amo	ount on line 12 and	line 15, column (g)	or			- 1		
	Depreciation (if no e	lection is made), e	nter the amount from	om line 15. column	is on tine it (a)	o, columns (	(g) and (h)	or 16		
17	Total depreciation cl	aimed for federal p	ourposes from fede	ral Form 4562, line	22			17		
18	Depreciation adjustm	nent If line 17 is a	reater than line 16	enter the difference	a basa asal	an Farm 10	0	-		
	Form 100W, Side 1, Form 100W, Side 2,	line b. II line 17 is	less than line in a	anter the difference	hara and a	n Earm 100				
	state adjustments or	Form 100 or Form	100W, no adjustn	nent is necessary.)		et income b	eiore	. 18		
Parl	IV Amortization			,,						
19	(a)	(b)	(c)	(0	1)	(e)	(f)		(g)	
	Description of property	Date acquired (mm/dd/yyyy	d Cost or other bas			R&TC	Period		Amortization	
		(mmaa/yyyy	) Other bas	in earlie		Section (see instr)	percenta	ige	for this year	
						, ,				
20	Total. Add the amou	nts in column (g)		CRUSCOCCUS CONTRACTOR	TAPES Y	reading to the control of the contro		20		
21	Total amortization cla							21		
22	Amortization adjustm	nent. If line 21 is ar	eater than line 20	enter the difference	e here and	on Form 100	) or			
	Amortization adjustm Form 100W, Side 1,	line 6. If line 21 is	less than line 20, e	enter the difference	here and or	1 Form 100	or			
	Form 100W, Side 2,	ine 12			a	0 0 0 0 0		22		

## **Corporation Depreciation and Amortization**

3885

	ch to Form 100 or Fo	rm 100W. <b>FOR</b>	М 199							
•	oration name						Califo	rnia coi	rporatio	n number
	MILY SERVICES						113	456	4	
Par		xpense Certain Pro	operty Under IRC S	Section 179						
1 2	Maximum deduction	under IRC Section	179 for California		***************************************		0.0000000000000000000000000000000000000	1		\$25,000
3	Total cost of IRC Se	ection 179 property	placed in service.	1975/2011	*****	*, *, *, 9, *, 6, 9, 9	*****	2		
4	Threshold cost of IF	ion Subtract line 3	perty before reduct	ion in limitation	TITLE STATE OF THE	. 88.0000088	•00000000000	3		\$200,000
5	Reduction in limitati Dollar limitation for	tavahla vaar Suhti	rolli line 2. Il Zero	or less, enter -U-		25520053		4	-	
6	(2)	Description of property	act line 4 from line	(b) Cost (business				5		
	(4)	Description of property		(n) cost (pusitiess	use only)	(c) Electe	a cost			
_										
_										
_										
7	Listed property (elec	cted IRC Section 1	79 cost)		7					
8	Total elected cost of	f IRC Section 179 r	property. Add amou	ints in column (c)	line 6 and 1	ine 7		8		
9	Tentative deduction	. Enter the smaller	of line 5 or line 8.			IIIC 7 . 5.5337333		9		
10	Carryover of disallor	wed deduction from	n prior taxable year	S				10		
11	Business income lin	nitation. Enter the :	smaller of business	income (not less	than zero) o	r line 5		11		
12	IRC Section 179 exp	ense deduction. A	dd line 9 and line 1	0, but do not ente	r more than	line 11.		12		
13	Carryover of disallov	wed deduction to 2	020. Add line 9 and	l line 10, less line	12	13				1 1 1 2 2000
Par		nd Election of Addit	ional First Year Dep	reciation Deduction	Under R&T	Section 243	356			
14	<b>(a)</b> Description	(b) Date acquired	<b>(c)</b> Cost or	(d) Depreciation	(e)	(f)	_ (9	g)		(h)
	of property	(mm/dd/yyyy)	other basis	allowed or	Depreciation method	Life or rate	Deprecia this		tor	Additional first year
				allowable in		1 0.00		your		depreciation
SHE	ELTER IMPROV-	8/25/2003	900	earlier years	0./-					
	JARE SHELTER	6/30/2007	890. 32,310.	712.		20			5.	
-	WORKING	11/30/1996	7,350.	9,696.		40		808.		
	WORKING	1/10/1997	4,200.	7,350.		7				
	CONDITIONIN	7/08/1996	1,111.	4,200. 1,111.		7			-+	
									-	
13	Add the amounts in \$2,000. See instruct	column (g) and co	lumn (n). The total	of column (h) may	not exceed	15				
Parl	III Summary	10.10 101 1110 1-1, 00	(ri)			15		_		
16	Total: If the corporat	tion is electing:						-		
	IRC Section 179 exp	ense, add the amo	unt on line 12 and	line 15, column (g	) or					
	Additional first year Depreciation (if no e	depreciation under lection is made), e	nter the amount fro	56, add the amour	nts on line 1	5, columns (	(g) and (h)	or 1	16	
17	Total depreciation cl	aimed for federal p	ourposes from fede	ral Form 4562. line	: 22	* * * * * * * * * * * * * * * * * * * *			17	
18	Depreciation adjusts	nent. If line 17 is a	reater than line 16	enter the different	on hore and	on Form 10	0		+	=======
	Form 100W, Side 1, Form 100W, Side 2,	ane o. It ane 17 is	Jess than line in a	anter the difference	a horo and c	in Earm 100	~ -			
	state adjustments or	Form 100 or Form	n 100W, no adjustm	ounts are used to nent is necessarv.)	uetermine n	et income b	етоге	1	18	
Part	IV Amortization									
19	(a)	(b)	(c)		d)	(e)	(f)			(g)
	Description of property	Date acquire (mm/dd/yyyy	d Cost or other bas		ization r allowable	R&TC	Period			Amortization
		(minadayyyy	) Other bas		er years	Section (see instr)	percenta	age		for this year
20	Total. Add the amou	nts in column (g)		0.0000000000000000000000000000000000000		. 100211111222		20		
21	Total amortization cl	aimed for federal p	urposes from feder	ral Form 4562, line	44		n 186786	21		
22	Amortization adjustm Form 100W, Side 1,	ent. If line 21 is gi	eater than line 20,	enter the difference	ce here and	on Form 10	or T			
	Form 100W, Side 1,	line 5. If line 21 is	less than line 20, e	enter the difference	here and o	n Form 100	or	_		
	Form 100W, Side 2,	INIO IZ	<u> </u>		333			22		

CACA3501L 12/04/19 059 7621194 FTB 3885 2019

## **Corporation Depreciation and Amortization**

	ch to Form 100 or Fo	rm 100W. <b>FOR</b>	м 199								
								Califo	rnia co	rporatio	on number
	MILY SERVICES							113	456	4	
Par 1		xpense Certain Pro	operty Under IRC S	Section 179							
2	Maximum deduction	under IRC Section	1 /9 for California		11.888888	08080408	3.43	*:+ + + * *:+ *	1		\$25,000
3	Total cost of IRC Se	ection 179 property	placed in service.	Wheeler .					2		
4	Threshold cost of IR	C Section 1/9 proj	perty before reduct	ion in limitation.	111111111111111111111111111111111111111	00055			3		\$200,000
5	Reduction in limitati	tovoble user Subt	from line 2. If zero	or less, enter -U	10/2010	ionio	· · · · · · · · · · · · · · · · · · ·	Sterner		-	
6	Dollar limitation for	Description of property	act line 4 from line						5	_	
_	(a)	Description of property		(b) Cost (business	use only)	(c)	Elected	cost			
_											
_							_				
7	Listed property (elec	ated IDC Section 1	701								
8	Total elected cost of	f IRC Section 179 r	roporty Add amo	into in column (a)						_	
9	Tentative deduction.	Foter the smaller	of line 5 or line 9	ants in column (c),	line 6 and 11	ne /			8	_	
10	Carryover of disallov	ved deduction from	nrior tavable vear	· · · · · · · · · · · · · · · · · · ·			naanine.		10	-	
11	Business income lin	nitation. Enter the s	smaller of business	income (not less t	han zero) o	r line 5			11	-	
12	IRC Section 179 exp	ense deduction. A	dd line 9 and line 1	0. but do not enter	more than	line 11	. ((()))		12	_	
_13	Carryover of disallov	ved deduction to 20	020. Add line 9 and	line 10, less line 1	2	13					
Par	t II Depreciation a	nd Election of Addit	ional First Year Dep	reciation Deduction	Under R&TO	Sectio	n 2435	6			
14	(a)	_ (b)	(c)	(d)	(e)	(f	)	((	g)		(h)
	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis	Depreciation allowed or	Depreciation	Life	or	Deprecia	ation	for	Additional first
	or property	(mm/dd/yyyy)	Other basis	allowable in	method	rat	e	this	year		year depreciation
				earlier years							depreciation
	ELTER T	7/26/1991	375.	375.	S/L		7				
	RVER	5/31/2010	8,577.	8,577.	S/L		5				
	ACON SOFTWARE	9/27/2004	7,000.	7,000.	S/L		3				
-	RAPIST HELPE		2,288.	2,288.	S/L		3				
TRU	JCK	11/12/2010	25,943.	25,943.	S/L		5				
15	Add the amounts in	column (g) and col	umn (h). The total	of column (h) may	not exceed						
Pari	\$2,000. See instruct	ions for line 14, co	lumn (h)			angun)	15				
10	Total: If the corporat	ense add the amo	unt on line 12 and	line 15 column (c)							
	Additional first year	depreciation under	R&IC Section 243	56 add the amoun	ts on line 14	5, colur	nns (a	) and (h)	or or		
17	Depreciation (it no e	lection is made), e	nter the amount fro	om line 15, column	(g)					16	
12	Total depreciation of	almed for federal p	urposes from fede	ral Form 4562, line	22				20 1	17	
	Depreciation adjustm Form 100W, Side 1,	mile b. II line 17 is	less than line to a	anter the difference	here and o	n Form	100 ^				
	Form Tooyy, Side 2,	line 12. (If Californ	ia depreciation am	ounts are used to d	letermina n	at incor	na haf	foro			
Parl	state adjustments or IV Amortization	Form 100 or Form	1 100W, no adjustn	nent is necessary.)					1	18	
19		(h)	(0)								
	<b>(a)</b> Description	(b) Date acquire	d (c)	r Amorti		(e) R&T		(f) Period	or		(g)
	of property	(mm/dd/yyyy	other bas	sis allowed or	allowable	Section	on	percenta		'	Amortization for this year
				in earlie	r years	(see in	str)				
							_				
			-				_				
-											
_											
20	Total Add the	nto in action (1)									
21	Total. Add the amount	nts in column (g).	*******		0.0000000000		<	* * * * * * *	20		
	Total amortization cla								21		
22	Amortization adjustm Form 100W, Side 1,	nent. If line 21 is gr line 6. If line 21 is	eater than line 20, less than line 20	enter the difference	e here and	on Form	n 100	or			
	Form 100W, Side 2,	line 12	744 742 S	and the unierence	nere and 0	ii i orm	100 0		22		
								- 4/3/3			

## 2019 Corporation Depreciation and Amortization

3885

	ch to Form 100 or Fo	rm 100W. <b>FOR</b>	M 199						
•							Califo	rnia corp	poration number
	MILY SERVICES						113	4564	
Par		xpense Certain Pro	operty Under IRC S	Section 179					
1	Maximum deduction	under IRC Section	1 179 for California		0.0 (0.0 (0.0 (0.0 )	5.3000000		1	\$25,000
3	Total cost of IRC Se	ection 179 property	placed in service.	308.000			++++++++++	2	
4	Threshold cost of IR	C Section 1/9 pro	perty before reduct	ion in limitation		8		3	\$200,000
5	Reduction in limitati	tovoble year Subt	rrom line 2. It zero	or less, enter -U	055300055	65	*****		
6	Dollar limitation for							5	
_	(a)	Description of property		(b) Cost (business	use only)	(c) Elec	ted cost		
_									
-									
7	Listed property (elec	cted IRC Section 1	79 cost)	*************	7				
8	Total elected cost of	f IRC Section 179 p	property. Add amou	ınts in column (c),	line 6 and I	ine 7		8	
9	Tentative deduction.	Enter the smaller	of line 5 or line 8.		o de la composição de la c			9	
10 11	Carryover of disallov	wed deduction from	n prior taxable year	S,		95555		_	
12	Business income lim	nitation. Enter the	smaller of business	income (not less t	han zero) o	or line 5.		11	
13	IRC Section 179 exp	ense deduction. A	dd line 9 and line I	0, but do not enter	more than	line 11		12	
Par	Carryover of disallov	nd Flection of Addit	ional First Voor Dan	reciation Deduction	2	13	050		
14	(a)					T			
17	Description	(b) Date acquired	(c) Cost or	(d) Depreciation	(e) Depreciation	(f) Life or	Deprecia	g) otion f	(h) or Additional first
	of property	(mm/dd/yyyy)	other basis	allowed or	method	rate		year	year
				allowable in				,	depreciation
BIII	LDING - GOSH	12/07/2012	310,950.	earlier years	0/7	1			
	D - CITY OF	12/10/2012	26,515.	51,179.	S/L	40	_	7,77	4.
	D - CITY OF	12/10/2012				(			
	D - CITY OF	12/10/2012	125,869.			(			
	SAN CARGOVAN		10,063.	0.200	2225	(			
			18,056.	9,389.				3,46	7.
15	Add the amounts in	column (g) and co	lumn (h). The total	of column (h) may	not exceed				
Parl	\$2,000. See instruct	10115 101 11116 14, 60	iumm (n)			15	1		
	Total: If the cornorat	tion is electing							
	IRC Section 179 exp Additional first year	ense, add the amo	ount on line 12 and	line 15, column (a)	or or				
	Additional first year	depreciation under	R&TC Section 243	56, add the amoun	ts on line 1	5, columns	(g) and (h)	or or	
17	Depreciation (if no e Total depreciation cl	nection is made), e	riter the amount fro	om line 15, column	(g)	• • • • • • • • • • • • • • • • • • • •		10	
18	Depreciation adjustn	nent If line 17 is a	reater than line 16	ontor the difference				1	/
	TOTTLE TOUW, Side 1.	line b. It line 17 is	less than line in a	onter the difference	hare and a	\n Earm 10/	) or		
	TOTAL TOUGH, SIGE Z.	nne iz. di Californ	ua deoreclation am	alints are lised to a	iatarmina n	at incomo l	onforo		.
Part	state adjustments or	TT OHIT 100 OF FORE	n 100vv, no adjustn	ient is necessary.)		33		18	8
19	(a)	(b)	(6)		J\	4.5	- 40	-	
	Description	Date acquire	d (c) Cost or	Amorti	zation	(e) R&TC	(f) Period	or	<b>(g)</b> Amortization
	of property	(mm/dd/yyyy	') other bas	is allowed or	allowable	Section	percenta		for this year
				in earlie	er years	(see instr)		_	
								-	
								_	-
20	Total Add the energy	nto in only					L		
	Total. Add the amou							20	
	Total amortization cl							21	
22	Amortization adjustm Form 100W, Side 1,	nent. If line 21 is gi line 6. If line 21 is	reater than line 20,	enter the difference	e here and	on Form 10	00 or		
	Form 100W, Side 2,	line 12	man mie zu, e	anter the uniterence	nere and 0		01	22	
							- 1		

CACA3501L 12/04/19 059 7621194 FTB 3885 2019

## 2019 Corporation Depreciation and Amortization

3885

	ch to Form 100 or For	m 100W. FOR	M 199						
								•	on number
	ILY SERVICES						1134	564	
Par		cpense Certain Pro	perty Under IRC S	ection 179					
1	Maximum deduction	under IRC Section	179 for California		34.982.05			1	\$25,000
2	Total cost of IRC Se	ction 179 property	placed in service.		Transfer		. 12510131	2	
3	Threshold cost of IR	C Section 179 prop	perty before reduct	ion in limitation.				3	\$200,000
4	Reduction in limitation	on. Subtract line 3	from line 2. If zero	or less, enter -0-	365656565656			4	
5_	Dollar limitation for t		act line 4 from line					5	
6	(a)	Description of property		(b) Cost (business	use only)	(c) Electe	d cost		
7	Listed property (elec	ted IRC Section 17	<sup>79</sup> cost)		223 7				
8	Total elected cost of	IRC Section 179 p	property. Add amou	ints in column (c),	line 6 and li	ine 7	2881.29	8	
9	Tentative deduction.	Enter the smaller	of line 5 or line 8.					9	
10	Carryover of disallov	ved deduction from	ı prior taxable year	s				0	
11	Business income lim	itation. Enter the s	smaller of business	income (not less t	han zero) o	r line 5.		1	
12	IRC Section 179 exp	ense deduction. A	dd line 9 and line 1	0, but do not enter	more than	line 11	1	2	
_13	Carryover of disallov								
Pari	II Depreciation ar	nd Election of Addit	ional First Year Dep	reciation Deduction	Under R&TO	Section 243	56		
14	(a)	(b)	(c)	(d)	(e)	(f)	(g)		(h)
	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis	Depreciation allowed or	Depreciation		Depreciati		Additional first
	or property	(IIIII/dd/yyyy)	Office pasis	allowable in	method	rate	this ye	ar	year depreciation
				earlier years					depreciation
201	.4 FORD FLEX	12/18/2017	25,000.	13,000.	200DB	5	4,	800.	
CHE	VROLET TRAVE	5/08/2018	28,815.	14,984.	200DB	5	5,	532.	
PLY	COM PHONE SY	9/18/2017	19,503.	7,563.	200DB	7		411.	
NEW	ROOF	3/09/2018	18,823.	2,729.		15		609.	
NEW	FLOORING (F	10/16/2017	8,632.	1,252.		15		738.	
	Add the amounts in							750.	
	\$2,000. See instruct	ions for line 14, co	lumn (h)	or column (ii) may	not exceed	15			
Parl	III Summary		(1)						
16	Total: If the corporat	ion is electina:							
	IRC Section 179 exp	ense, add the amo	unt on line 12 and	line 15, column (g)	or or			1 1	
	Additional first year Depreciation (if no e	depreciation under	R&IC Section 243	56, add the amoun	ts on line 1	5, columns (	(g) and (h) <b>o</b>	r	
17	Total depreciation cl	aimed for federal r	urnoses from fodo	ral Form 4562 line	(g)			16 17	
18	Depreciation adjusts	ent If line 17 is a	reater than line 16	enter the difference		on Form 10		17	
	Depreciation adjustm Form 100W, Side 1,	line 6. If line 17 is	less than line 16,	enter the difference	here and c	on Form 100	or		
	FORM TOUW, Side 2,	line 12. (It Californ	ila debreciation am	ounts are used to d	determine n	et income bi	efore		
Parl	state adjustments or IV Amortization	i Fonii 100 di Foni	T TOOW, no adjustn	nent is necessary.)				18	
19		/b)	1 (2)		D.				
13	<b>(a)</b> Description	(b) Date acquire	d (c) Cost o	r Amorti	d) ization	(e) R&TC	<b>(f)</b> Period or	.	(g)
	of property	(mm/dd/yyyy	other bas	sis allowed or	allowable	Section	percentage		Amortization for this year
				in earlie	er years	(see instr)			
20	Total. Add the amou	nts in column (g)			*1*1*1*1*1*1*		2	0	
21	Total amortization cl								
22	Amortization adjustn		•	,				-	
	Form 100W, Side I,	line 6. If line 21 is	less than line 20, e	enter the difference	here and o	on Form 100	or I		
	Form 100W, Side 2,	line 12	. Cooming	(4. <u></u>			2	2	

CACA3501L 12/04/19 059 7621194 FTB 3885 2019

### 2019 Corporation Depreciation and Amortization

	h to Form 100 or For	m 100W. FORM	1 199						10.11			
Corpor	ation name								Californ	nia corp	oratio	n number
FAM	ILY SERVICES	OF TULARE C	OUNTY INC.						1134	4564		
Part	I Election To Ex	pense Certain Pro	perty Under IRC Se	ection 1	79							
1	Maximum deduction									1		\$25,000
2	Total cost of IRC Sec		•							2		
3	Threshold cost of IR		_							3		\$200,000
4	Reduction in limitation									4		
_5	Dollar limitation for t		act line 4 from line							5		
6	(a)	Description of property		<b>(b)</b> Co	st (business	use only)	(c)	Elected	cost			
7	Listed property (elec	ted IRC Section 17	'9 cost)			7						
8	Total elected cost of						ine 7.	reen.		8		
9	Tentative deduction.	Enter the smaller	of line 5 or line 8.							9		
10	Carryover of disallov	ved deduction from	prior taxable years	S			8	SE		10		
11	Business income lim	nitation. Enter the s	maller of business	income	(not less t	han zero) o	r line 5	EE	100668	11		
12	IRC Section 179 exp	ense deduction. A	dd line 9 and line 1	0, but de	o not enter	more than	line 11			12		
13	Carryover of disallov											
Par	t II Depreciation ar	nd Election of Addit	onal First Year Depi	reciation	Deduction	Under R&T0	C Section	n 243!	56			
14	(a)	(b)	(c)		(d)	(e)	(f		(9	g)		(h)
	Description	Date acquired	Cost or		eciation	Depreciation			Deprecia		for	Additional first
	of property	(mm/dd/yyyy)	other basis		wed or vable in	method	rat	e	this	year		year depreciation
					er years							
201	17 CHEVY TRAV	9/25/2018	29,434.		5,887.	200DB		5	9	9,41	9.	
NEV	V FLOORING -	6/30/2020	4,311.			150DB		15		5	4.	
NEV	V FLOORING -	4/30/2020	13,203.			150DB		15		16	5.	
NEV	V FLOORING -	11/12/2019	8,380.			150DB		15	1.	52	4.	
15	Add the amounts in	column (a) and co	lumn (h). The total	of colum	nn (h) may	not exceed	1					
10	\$2,000. See instruct							15				
Par		, , ,										
16	Total: If the corpora	tion is electina:										
	IRC Section 179 exp	ense, add the amo	ount on line 12 and	line 15,	column (g	) or		,			- 1	
	Additional first year Depreciation (if no	depreciation under	R&IC Section 243	om line	tne amour	nts on line i	is, colu	mns (	g) and (n	or .	16	
17	Total depreciation of										17	
											-	
	Depreciation adjustr Form 100W, Side 1,	line 6. If line 17 is	less than line 16,	enter the	e difference	e here and	on Forn	n 100	or			
	Form 100W, Side 2,	line 12. (If Californ	nia depreciation am	iounts ai	re used to	determine r	net inco	me be	efore	١.	18	
Day	state adjustments of t IV Amortization	n Form 100 or Form	n 100w, no adjustn	nent is i	iecessary.	)					10	
Par		(6)	(a)			(d)	10	<u>,                                     </u>	(6)			(g)
19	<b>(a)</b> Description	(b) Date acquire	d (c) Cost o	r		( <b>d)</b> tization	<b>(e</b>   R&		(f) Period	or		Amortization
	of property	(mm/dd/yyy	other bas		allowed o	r allowable	Sect	ion	percent			for this year
					in earli	er years	(see i	nstr)				
							1					
,											_	
20	Total. Add the amou	unts in column (a).		**********	· · · · electrical	CET OFFE		v:+:+:	o	20		
21	Total amortization of									21		-
22	Amortization adjusti											
22	Form 100W, Side 1,	, line 6. If line 21 is	less than line 20,	enter the	e differenc	e here and	on Forr	n 100	or			
	Form 100W, Side 2,	, line 12	66666666	000-000-0		99900	+ + +	+>		22		

2019 1	CALIFORNIA STATEMENTS	PAGE
CLIENT 62230	FAMILY SERVICES OF TULARE COUNTY INC.	94-289797
2/20/21		11:26A
OTHER REVENUE	NTS \$ TOTAL \$	47,754. 9,663. 387,826. 445,243.
ADVERTISING AND PROMOTI CLIENT ASSISTANCE CONFERENCES, CONVENTION DUES AND SUBSRIPTIONS EDUCATION MATERIALS EMPLOYEE MORAL EQUIPMENT RENTAL FOOD EXPENSE INSURANCE LICENSES OFFICE EXPENSES OTHER FEES OTHER FEES OTHER FUNCTIONAL EXPENS PENSION PLAN CONTRIBUTI POSTAGE AND SHIPPING REPAIRS & MAINTENANCE SPECIAL EVENT EXPENSES STAFF TRAINING	ON.  IS, AND MEETINGS.  SES.  ONS.  TOTAL \$\frac{1}{2}\$	41,130. 4,762. 477,458. 128,518. 22,055. 50,798. 966. 22,439. 2,693. 525,693. 525,751. 762,608. 2,557. 23,822. 27,497. 5,815. 93,343. 117,824. 4,095. 251,933. 2,594,129.

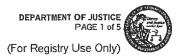
FORM 199, SCHEDULE L, LINE 12 OTHER ASSETS	
DEPOSITS. PREPAID EXPENSES AND DEFERRED CHARGES. TOTAL	\$ 13,671 15,062 28,733

STATE OF CALIFORNIA

RRF-1 (Rev. 09/2017) IN & MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 (916) 210-6400

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

WEBSITE ADDRESS: www.ag.ca.gov/charities/



# ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

FAMILY SERVICES OF TULARE COUNTY INC.	Check if:	of odders							
Name of Organization		Change of address  Amended report							
List all DBAs and names the organization uses or has used									
815 W. OAK Address (Number and Street)	State Chari	ty Registration Nun	nber 51442						
VISALIA, CA 93291			1101561						
City or Town, State and ZIP Code	Corporation	n or Organization N	0. 1134564		-				
559-732-1970 Telephone Number E-mail Address	Federal Em	ployer ID No. 94	-2897970						
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 C	al. Code Regs.	sections 301-307, 3							
Make Check Payable to Depa	artment of Jus	tice							
Gross Annual Revenue Fee Gross Annual Revenue	Fee				Fee				
Less than \$25,000 0 Between \$100,001 and \$250,0 Between \$250,001 and \$1 mil			0,001 and \$10 millior 00,001 and \$50 millio 50 million	on \$	5150 5225 5300				
PART A — ACTIVITIES									
For your most recent full accounting period (beginning 7/01/1	.9 ending	6/30/20	) list:						
Gross Annual Revenue \$6, 255, 417. Noncash Contributions	\$2	2,954. Total A	ssets \$ 3,08	8,17	77.				
Program Expenses \$5, 585, 177.		ses \$ 6,57							
DART R STATEMENTS RECARDING ORGANIZATION DUDI	NO THE DE								
PART B — STATEMENTS REGARDING ORGANIZATION DURING Note: All questions must be answered. If you answer "yes" to any of the que	stions below.	vou must attach a	separate page						
providing an explanation and details for each "yes" response. Please	review RRF-1 i	nstructions for info	ormation required.	Yes	No				
1 During this reporting period, were there any contracts, loans, leases or other finance officer, director or trustee thereof, either directly or with an entity in which any su	ial transactions be uch officer, directo	etween the organization or trustee had any	ation and any financial interest?		X				
2 During this reporting period, was there any theft, embezzlement, diversion of	or misuse of th	ne organization's charita	ble property or funds?		X				
3 During this reporting period, were any organization funds used to pay any p	enalty, fine or	judgment?			X				
4 During this reporting period, were the services of a commercial fundraiser, fundracoventurer used?	aising counsel	for charitable purposes	s, or commercial		X				
5 During this reporting period, did the organization receive any governmental	funding?	SEI	E STATEMENT 1	X					
6 During this reporting period, did the organization hold a raffle for charitable	purposes?				X				
7 Does the organization conduct a vehicle donation program?					X				
8 Did the organization conduct an independent audit and prepare audited fina generally accepted accounting principles for this reporting period?	ncial statemer	nts in accordance w	rith	X					
9 At the end of this reporting period, did the organization hold restricted net asset	ts, while report	ing negative unrest	ricted net assets?		X				
I declare under penalty of perjury that I have examined this report, including and belief, the content is true, correct and complete, and I am authorized to	accompanyin	g documents, and	to the best of my kno	owled	ge				
CAITY MEADER	EXECUTIV	VE DIRECTOR							
Signature of Authorized Agent Printed Name	Title		Date						

### **CALIFORNIA STATEMENTS**

PAGE 1

**CLIENT 62230** 

(916) 845-8510

FAMILY SERVICES OF TULARE COUNTY INC.

94-2897970

11:26AM

2/20/21

STATEMENT 1 FORM RRF-1, PART B, LINE 5

CALIFORNIA OFFICE OF EMERGENCY SERVICES 3650 SCHRIEVER AVE MATHER, CA 95655 MARK GHILARDUCCI, DIRECTOR

**GOVERNMENT AGENCY THAT PROVIDED FUNDING** 

TULARE COUNTY HEALTH AND HUMAN SERVICES AGENCY 5957 SOUTH MOONEY BLVD VISALIA, CA 93277 JASON BRITT (559) 624-8000

TULARE COUNTY SHERIFF'S DEPARTMENT 833 SOUTH AKERS ST VISALIA, CA 93277 MIKE BOUDREAUX, SHERIFF (559) 802-9400

SUPERIOR COURT OF TULARE COUNTY 221 SOUTH MOONEY BLVD, RM 209 VISALIA, CA 93291 FAUZIA JAMIL (559) 730-5000

CITY OF TULARE 411 EAST KERN AVE TULARE, CA 93274 MARGIE PEREZ (559) 685-2300

FIRST 5 OF TULARE COUNTY 200 NORTH SANTA FE ST VISALIA, CA 93292 MICHELLE MORROW (559) 622-8650

VIOLENCE AGAINST WOMEN OFFICE 145 N STREET, NE, SUITE 10W 121 WASHINGTON, DC 20530 KATHARINE SULLIVAN, PRINCIPAL DEPUTY DIRECTOR (202) 307-6026

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH PO BOX 997377, MS 0500 SACRAMENTO, CA 95899-7377 DR. KAREN LEE SMITH, DIRECTOR (916) 558-1784

DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT 2020 WEST EL CAMINO AVE SACRAMENTO, CA 95833 BEN METCALF, DIRECTOR (916) 263-7400

DEPARTMENT OF JUSTICE - OFFICE OF VICTIMS OF CRIME 810 7TH ST, NW WASHINGTON, DC 20530 DARLENE HUTCHINSON-BIEHL (202) 307-5983

### **CALIFORNIA STATEMENTS**

PAGE 2

**CLIENT 62230** 

FAMILY SERVICES OF TULARE COUNTY INC.

94-2897970

11:26AM

2/20/21

STATEMENT 1 (CONTINUED)
FORM RRF-1, PART B, LINE 5
GOVERNMENT AGENCY THAT PROVIDED FUNDING

FEDERAL EMERGENCY MANAGEMENT AGENCY 1111 BROADWAY #1200 OAKLAND, CA 94607 BROCK LONG, ADMINISTRATOR (800) 621-3362

FRESNO ECONOMIC OPPORTUNITIES COMMISSION 1920 MARIPOSA MALL, SUITE 300 FRESNO, CA 93721 SARAH JOHNSON (559) 263-1000

CITY OF PORTERVILLE 291 NORTH MAIN STREET PORTERVILLE, CA 93257 CLAUDIA CALDERON (559) 782-7499

CITY OF VISALIA 707 WEST ACEQUIA AVE VISALIA, CA 93291 RHONDA HAYES (559) 713-4300

TULARE COUNTY CLERK/RECORDER 221 SOUTH MOONEY BLVD, RM 105 VISALIA, CA 93291 ROLAND HILL (559) 636-5051

CUTLER-OROSI UNIFIED SCHOOL DISTRICT 12623 AVE 416 OROSI, CA 93647 YOLANDA VALDEZ, SUPERINTENDENT (559) 528-4763

CALIFORNIA COALITION AGAINST SEXUAL ASSAULT 1215 K ST SACRAMENTO, CA 95814 JULIE SENA, PROJECT COORDINATOR (916) 446-2520

TULARE COUNTY PROBATION NUTURING PARENTING 11200 AVENUE 308, ROOM 102 VISALIA, CA 93291 STEVEN C HORTON, STAFF SERVICES ANALYST (559) 735-1554

COLLEGE OF SEQUOIAS 915 S MOONEY BLVD VISALIA, CA 93277 JOAN DANIELS, HEALTH CENTER DIRECTOR (559) 737-6242