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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization EL CENTRO INC	D Employer identification number 36-2904073
		Doing Business As	E Telephone number (913) 677-0100
		Number and street (or P O box if mail is not delivered to street address) Room/suite 650 MINNESOTA AVENUE	G Gross receipts \$ 1,992,085
		City or town, state or country, and ZIP + 4 KANSAS CITY, KS 66101	
		F Name and address of principal officer MARY LOU JARAMILLO 650 MINNESOTA AVENUE KANSAS CITY, KS 66101	H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status ☒ 501(c) (3) ◀(Insert no) ☐ 4947(a)(1) or ☐ 527			
J Website: ▶ WWW.ELCENTROINC.COM			

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶	L Year of formation 1977	M State of legal domicile KS
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Part I

Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities THE PURPOSE OF EL CENTRO IS TO STRENGTHEN COMMUNITIES AND EMPOWER FAMILIES THROUGH EDUCATIONAL, SOCIAL, AND ECONOMIC OPPORTUNITIES		
	2	Check this box ☒ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a) 20		
	4	Number of independent voting members of the governing body (Part VI, line 1b) 20		
5	Total number of employees (Part V, line 2a) 57			
6	Total number of volunteers (estimate if necessary) 110			
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12 0			
b	Net unrelated business taxable income from Form 990-T, line 34 0			
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	1,733,369	1,557,337
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	203,554	192,696
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	20,352	130,897
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	293,317	50,563
			2,250,592	1,931,493
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	133,399	84,082
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,643,124	1,424,439
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶207,631		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	851,818	849,855
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,628,341	2,358,376
	19	Revenue less expenses Subtract line 18 from line 12	-377,749	-426,883
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	7,497,365	7,348,585
	21	Total liabilities (Part X, line 26)	272,085	242,157
	22	Net assets or fund balances Subtract line 21 from line 20	7,225,280	7,106,428

Part II

Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge			
	***** Signature of officer		2011-02-15 Date	
	MARY LOU JARAMILLO PRESIDENT/CEO Type or print name and title			
Paid Preparer's Use Only	Preparer's signature ▶ Michael J Engle	Date	Check if self-employed ▶ ☐	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ BKD LLP 1201 Walnut Suite 1700 Kansas City, MO 641062246			EIN ▶
			Phone no ▶ (816) 221-6300	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part III

Statement of Program Service Accomplishments

1 Briefly describe the organization’s mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If “Yes,” describe these new services on Schedule O:

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If “Yes,” describe these changes on Schedule O:

4 Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a	(Code) (Expenses \$ 668,116 including grants of \$) (Revenue \$ 142,885)
	SEE SCHEDULE O

4b	(Code) (Expenses \$ 401,116 including grants of \$ 69,052) (Revenue \$ 0)
	SEE SCHEDULE O

4c	(Code) (Expenses \$ 278,193 including grants of \$ 12,000) (Revenue \$ 28,461)
	SEE SCHEDULE O

4d	Other program services (Describe in Schedule O)
	(Expenses \$ 536,898 including grants of \$ 3,030) (Revenue \$ 74,260)

4e	Total program service expenses \$ 1,884,323
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Part IV Checklist of Required Schedules

		Yes	No	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
	• 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.			
	• 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.			
	• 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.			
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No	
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
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		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a22	1cYes	
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?				
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a57	2bYes	
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
	b If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c	
6a	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?	6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .			7f	No
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .			7g	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8	
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966?			9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?			9b	
10 Section 501(c)(7) organizations. Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter				
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body	1a	20	
b	Enter the number of voting members that are independent	1b	20	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶KS
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. ☒ Own website ☒ Another's website ☒ Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ JILL HAMMOND 650 MINNESOTA KANSAS CITY, KS 66101 (913) 677-0100

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

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

Form **990** (2009)

1b	Total	198,100	0	11,462
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2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization0

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization		
	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization0		

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a	182,155			
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	514,514			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	860,668			
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f					
Program Service Revenue			Business Code				
	2a	PRE-K TUITION	611,600	142,885	142,885		
	b	RETAIL SALES	624,200	49,811	49,811		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f			192,696		
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		142,669	54,809		87,860
	4	Income from investment of tax-exempt bond proceeds . . .		0			
	5	Royalties		0			
	6a	(i) Real					
		(ii) Personal					
		Gross Rents	190,302				
	b	Less rental expenses	137,840				
	c	Rental income or (loss)	52,462				
	d	Net rental income or (loss)		52,462			52,462
	7a	(i) Securities					
		(ii) Other					
		Gross amount from sales of assets other than inventory	-11,772				
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)	-11,772				
	d	Net gain or (loss)		-11,772			-11,772
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18					
a							
b	Less direct expenses						
c	Net income or (loss) from fundraising events . . .		0				
9a	Gross income from gaming activities See Part IV, line 19						
	a						
b	Less direct expenses						
c	Net income or (loss) from gaming activities . . .		0				
10a	Gross sales of inventory, less returns and allowances						
	a						
b	Less cost of goods sold						
c	Net income or (loss) from sales of inventory . . .		-26,348	-26,348			
Miscellaneous Revenue		Business Code					
11a	MISCELLANEOUS REVENUE		900,099	7,949	7,949		
b	MANAGEMENT FEE		541,610	16,500	16,500		
c							
d	All other revenue						
e	Total. Add lines 11a-11d			24,449			
12	Total revenue. See Instructions			1,931,493	245,606	0	128,550

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	84,082	84,082		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	209,561	174,144	15,270	20,147
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	1,034,990	859,955	75,354	99,681
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	77,866	64,036	5,306	8,524
10	Payroll taxes	102,022	84,953	7,311	9,758
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	0			
c	Accounting	41,500		41,500	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	64,128	45,293	3,835	15,000
12	Advertising and promotion	6,209	4,766	1,443	
13	Office expenses	85,120	54,573	14,276	16,271
14	Information technology	3,879	971	2,908	
15	Royalties	0			
16	Occupancy	183,780	150,061	27,897	5,822
17	Travel	36,382	32,332	3,153	897
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	19,539	10,500	9,039	
20	Interest	4,930	4,930		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	116,950	93,560	15,204	8,186
23	Insurance	26,393	21,585	4,482	326
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	STAFF DEVELOPMENT	17,754	16,460	1,064	230
b	REAL ESTATE TAXES	18,830	15,596	2,760	474
c	FOOD SERVICE	44,957	44,857	100	
d	LOAN LOSS RESERVE EXPENSE	12,013	12,013		
e	ADJUSTMENT TO NRV ON HOUSING	70,042	70,042		
f	All other expenses	97,449	39,614	35,520	22,315
25	Total functional expenses. Add lines 1 through 24f	2,358,376	1,884,323	266,422	207,631
26	Joint costs. Check here ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			1,837	1	1,237
	2	Savings and temporary cash investments			1,020,772	2	752,645
	3	Pledges and grants receivable, net			85,000	3	52,082
	4	Accounts receivable, net			311,512	4	338,428
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net			13,573	7	3,514
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			22,223	9	30,529
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	3,519,863			
	b	Less accumulated depreciation	10b	1,393,778	2,289,489	10c	2,126,085
	11	Investments—publicly traded securities			2,993,802	11	3,356,289
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11			759,157	13	687,776
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			7,497,365	16	7,348,585
Liabilities	17	Accounts payable and accrued expenses			173,958	17	143,357
	18	Grants payable				18	
	19	Deferred revenue			2,500	19	2,965
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			9,634	21	13,378
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			85,993	23	82,457
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			272,085	26	242,157
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			6,211,294	27	6,076,534
	28	Temporarily restricted net assets			158,829	28	241,605
	29	Permanently restricted net assets			855,157	29	788,289
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			7,225,280	33	7,106,428
	34	Total liabilities and net assets/fund balances			7,497,365	34	7,348,585

Part XI **Financial Statements and Reporting**

	Yes	No
1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
b Were the organization's financial statements audited by an independent accountant?	Yes	
c If "Yes," to 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 in Schedule O	Yes	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separated basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
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 in Schedule O and describe any steps taken to undergo such audits . . .		

SCHEDULE A
(Form 990 or 990EZ)

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. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization EL CENTRO INC	Employer identification number 36-2904073
---	--

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 11, check only one box)

1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

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

☒

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)

9

☐

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

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**

11

☐

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 that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	3,042,489	2,332,362	5,346,385	1,733,339	1,557,337	14,011,912
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3,042,489	2,332,362	5,346,385	1,733,339	1,557,337	14,011,912
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						14,011,912

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	3,042,489	282,319	5,346,385	1,733,339	1,557,337	14,011,912
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	278,650	282,319	372,189	295,285	278,162	1,506,605
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	62,220	72,092	94,782	79,223	7,949	316,266
11 Total support (Add lines 7 through 10)						15,834,783
12 Gross receipts from related activities, etc (See instructions)					12	2,459,298
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	88.488 %
15	Public Support Percentage for 2008 Schedule A, Part II, line 14	15	88.980 %
16a	33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b	33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a	10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
b	10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
18	Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts 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						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
b33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Additional Data

Software ID:
Software Version:
EIN: 36-2904073
Name: EL CENTRO INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ADRIANA MARTINEZ EX OFFICIO	5 0	X						0	0	0
JOE VALENCIANO CHAIRMAN/DIRECTOR	5 0	X		X				0	0	0
JOHN D RIOS ECI DEV PRESIDENT, EX OFFICIO	5 0	X						0	0	0
SABINA GONZALEZ-HACKER BOARD MEMBER	2 0	X						0	0	0
JUDY WRIGHT TREASURER/DIRECTOR	5 0	X		X				0	0	0
DAVID EDWARD ROWE BOARD MEMBER	2 0	X						0	0	0
LISA GARCIA BOARD MEMBER	2 0	X						0	0	0
JOSE MARTINEZ BOARD MEMBER	2 0	X						0	0	0
AGUSTIN RAMIREZ BOARD MEMBER	2 0	X						0	0	0
ROB FLORES 1ST VICE CHAIRMAN/DIRECTOR	2 0	X		X				0	0	0
TONY VILLEGAS 2ND VICE CHAIRMAN/DIRECTOR	2 0	X		X				0	0	0
MARY L GONZALES SECRETARY/DIRECTOR	5 0	X		X				0	0	0
RUBEN RODRIGUEZ BOARD MEMBER	2 0	X						0	0	0
DONNETTE ALONZO BOARD MEMBER	2 0	X						0	0	0
MATT DURAN BOARD MEMBER	2 0	X						0	0	0
MELISSA TRUJILLO BOARD MEMBER	2 0	X						0	0	0
JAMES GRAHAM BOARD MEMBER	2 0	X						0	0	0
CORDELL D MEEKS III BOARD MEMBER	2 0	X						0	0	0
REVEREND PAT MURPHY EX OFFICIO	5 0	X						0	0	0
ARCHBISHOP JOSEPH NAUMANN EX OFFICIO	2 0	X						0	0	0
JILL HAMMOND CFO/COO	40 0			X				10,846	0	0
MARY LOU JARAMILLO PRESIDENT/CEO	40 0			X				79,894	0	6,132
ROBERT JEFF FENDORF VP COMMUNITY DEVELOPMENT	40 0			X				56,654	0	4,730
OPAL MARIE LAFEVER VP FINANCE	40 0			X				50,706	0	600

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
STAFF DEVELOPMENT	17,754	16,460	1,064	230
REAL ESTATE TAXES	18,830	15,596	2,760	474
FOOD SERVICE	44,957	44,857	100	
LOAN LOSS RESERVE EXPENSE	12,013	12,013		
ADJUSTMENT TO NRV ON HOUSING	70,042	70,042		

SCHEDULE D
(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization EL CENTRO INC	Employer identification number 36-2904073
--	---

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	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	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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 ☐ Yes ☐ No	

Part II

Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a–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 Year
2a	
2b	
2c	
2d	

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4

Number of states where property subject to conservation easement is located ▶ _____

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIV, 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

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, 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)

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii)

Assets included in Form 990, Part X

▶ \$ _____

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2009

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☒ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

1c

Beginning balance

1d

Additions during the year

1e

Distributions during the year

1f

Ending balance

2a

Did the organization include an amount on Form 990, Part X, line 21?

☒ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance	2,845,427	3,507,752		
b	Contributions				
c	Investment earnings or losses	371,913	-648,949		
d	Grants or scholarships				
e	Other expenditures for facilities and programs		13,376		
f	Administrative expenses	14,225			
g	End of year balance	3,203,115	2,845,427		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 100 000 % %

b

Permanent endowment ▶ %

c

Term endowment ▶ %

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations

3a(i)

Yes

No

(ii)

related organizations

3a(ii)

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	13,500		13,500
b Buildings	120,670	2,640,680	709,303	2,052,047
c Leasehold improvements		23,380	7,498	15,882
d Equipment		699,158	656,597	42,561
e Other		22,475	20,380	2,095
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				2,126,085

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,931,493
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,358,376
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-426,883
4	Net unrealized gains (losses) on investments	4	308,031
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	308,031
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-118,852

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	2,439,452
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	308,031
b	Donated services and use of facilities	2b	4,568
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	195,360
e	Add lines 2a through 2d	2e	507,959
3	Subtract line 2e from line 1	3	1,931,493
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	1,931,493

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	2,666,388
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	4,568
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	303,444
e	Add lines 2a through 2d	2e	308,012
3	Subtract line 2e from line 1	3	2,358,376
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	2,358,376

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
ESCROW ACCOUNT LIABILITY	SCHEDULE D, PART IV, LINE 2B	EL CENTRO COLLECTS TAXES AND INSURANCE PAYMENTS ON BEHALF OF ITS MORTGAGE HOLDERS, WHICH IT HOLDS IN ESCROW UNTIL THE PAYMENTS COME DUE AT WHICH POINT PAYMENTS ARE MADE AS NEEDED TO FUND THESE EXPENSES
ENDOWMENT FUNDS	SCHEDULE D, PART V, LINE 4	THE ORGANIZATION HAS SET ASIDE FUNDS FOR EXTREME EMERGENCY EXPENSES AS DEFINED BY THE BOARD OF DIRECTORS
OTHER REVENUES	SCHEDULE D, PART XII, LINE 2D	REVENUES REPORTED BY RELATED ORGANIZATION \$57,520 RENTAL EXPENSES RECLASSIFIED 137,840 ----- -- TOTAL \$195,360
OTHER EXPENSES	SCHEDULE D, PART XIII, LINE 2D	EXPENSES REPORTED BY RELATED ORGANIZATION \$165,604 RENTAL EXPENSES RECLASSIFIED 137,840 ----- --- TOTAL \$303,444

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
EL CENTRO INC

Employer identification number
36-2904073

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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2

Enter total number of section 501(c)(3) and government organizations

▶

3

Enter total number of other organizations

▶

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493042001381	
SCHEDULE O (Form 990)		Supplemental Information to Form 990			OMB No 1545-0047
					2009
Department of the Treasury Internal Revenue Service		Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ▶ Attach to Form 990.			Open to Public Inspection
Name of the organization EL CENTRO INC				Employer identification number 36-2904073	

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION STATEMENT	FORM 990, PART III, LINE 1	THE PURPOSE OF EL CENTRO IS TO STRENGTHEN COMMUNITIES AND EMPOWER FAMILIES THROUGH EDUCATIONAL, SOCIAL AND ECONOMIC OPPORTUNITIES EL CENTRO IS A STRONG, DIVERSE, ENTREPRENEURIAL ASSET-BUILDING SOCIAL ENTERPRISE THEY LEAD BY EXAMPLE, HELPING FAMILIES BUILD ASSETS - EDUCATIONAL, SOCIAL AND ECONOMIC, - WHICH PUT THEM IN CONTROL OF THEIR DESTINIES AND MAJOR LIFE CHOICES RACISM AND DISCRIMINATION GAVE BIRTH TO EL CENTRO IN 1976 TODAY, ALTHOUGH EL CENTRO'S PROGRAMS SERVE ANY ONE IN NEED, THE AGENCY RETAINS ITS UNIQUE EXPERTISE TO PROVIDE BILINGUAL, MULTICULTURAL SERVICES THAT BEST MEET THE NEEDS OF KANSAS CITY'S RAPIDLY GROWING HISPANIC AND LATINO IMMIGRANT POPULATION EL CENTRO'S VARIETY OF PROGRAMS AND SERVICES ARE STRUCTURED INTO PROGRAMS FOR CHILDREN AND ADULTS - PREPARING CHILDREN, EMPOWERING FAMILIES AND BUILDING OPPORTUNITIES
PROGRAM SERVICES	FORM 990, PART III, LINE 4A	PRE-K EDUCATION ESTABLISHED IN 1989, EL CENTRO'S ACADEMY FOR CHILDREN PREPARES 2 TO 5 YEAR OLD CHILDREN THROUGH ITS QUALITY , DUAL-LANGUAGE EARLY CHILDHOOD EDUCATION PROGRAM THE ACADEMY FOR CHILDREN IS NATIONALLY ACCREDITED THROUGH THE NATIONAL ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN, AND RECEIVED A 5 STAR RATING ACCORDING TO THE STATE OF KANSAS QUALITY RATING IMPROVEMENT SYSTEM WITH A SPECIAL EMPHASIS ON LITERACY READINESS AND OVER 20 YEARS EXPERIENCE, OUR PRE-K PROGRAM FOCUSES ON PREPARING CHILDREN, SPECIFICALLY ENGLISH LANGUAGE LEARNERS, FOR FUTURE SUCCESS IN BOTH SCHOOL AND LIFE EL CENTRO'S ACADEMY FOR CHILDREN'S ALSO PROVIDES MONTHLY , LITERACY SPECIFIC PARENT LEE Y SERS WORKSHOPS THAT GIVE FAMILIES BOTH SUPPORT AND RESOURCES FOR MEANINGFUL EDUCATIONAL EXPERIENCES AT HOME THE ACADEMY HELPS FAMILIES FOSTER THE LANGUAGE AND EARLY LITERACY SKILLS THAT CHILDREN NEED TO BECOME STRONG READERS AND LIFELONG LEARNERS PROGRAM SERVICE EXPENSES \$668,116 GRANTS NONE REVENUES \$142,885 FORM 990, PART III, LINE 4B FAMILY SERVICES EL CENTRO'S FAMILY SERVICE CENTERS OFFER COMPLEMENTARY PROGRAMS RANGING FROM HEALTH CARE CASE MANAGEMENT, HEALTH FOCUS OUTREACH AND INTERVENTION, EMERGENCY ASSISTANCE, CLIENT ADVOCACY, AND PATIENT NAVIGATION OUR CASE MANAGEMENT AND EMERGENCY ASSISTANCE SERVICES HELP STABILIZE FAMILIES IN CRISIS, DIRECTS THEM TO NECESSARY RESOURCES, PROVIDES FAMILY INTERVENTION, ADVOCATES ON CLIENTS' BEHALF AND EMPOWERS FAMILIES TO BE ABLE TO HANDLE FUTURE CRISES OUR HEALTH FOCUS OUTREACH AND INTERVENTION PROGRAM TRAINS VOLUNTEER COMMUNITY LAY HEALTH ADVISORS-PROMOTORAS THE PROMOTORAS ARE RESPONSIBLE FOR COLLECTING COMMUNITY HEALTH DATA, PROVIDING BASIC HEALTH INFORMATION, AND DISSEMINATING MATERIALS RELATED TO OBESITY, SMOKING CESSATION, DIET, AND EXERCISE THROUGH DOOR TO DOOR SURVEYS AND HEALTH FOCUS EVENTS OUR PATIENT NAVIGATION PROGRAM FOCUSES ON PROVIDING ACCESS TO HEALTHCARE AMONG THE UNINSURED POPULATION THROUGH AN "INSIDE-OUT" APPROACH EL CENTRO'S PATIENT NAVIGATORS CREATE INFORMAL CONTACTS WITHIN OTHER MEDICAL PROVIDERS AND HUMAN SERVICE AGENCIES TO ASSIST CLIENTS AND REMOVE BARRIERS TO HEALTHCARE ACCESS THESE INTEGRATED PROGRAMS ASSIST FAMILIES WITH NON-CLINICAL MEDICAL NEEDS, EDUCATE FAMILIES ABOUT HEALTHY LIFESTYLES, AND EMPOWER FAMILIES TO BUILD FOUNDATIONS FOR THEIR FUTURE PROGRAM SERVICE EXPENSES \$401,116 GRANTS \$69,052 REVENUES \$NONE FORM 990, PART III, LINE 4C FINANCIAL DEVELOPMENT EL CENTRO'S FINANCIAL DEVELOPMENT PROGRAM SERVES LOW AND MODERATE INCOME FAMILIES AND INDIVIDUALS THROUGHOUT THE KANSAS CITY METROPOLITAN AREA WITH FINANCIAL EDUCATION AND HOME BUYER EDUCATION COURSES THE PROGRAM PROVIDES GROUP EDUCATION ON THE HOME BUYING PROCESS AND MONEY MANAGEMENT ISSUES (E G BUDGETING, SAVINGS) AND GROUP HOME IMPROVEMENT CLASSES ON A VARIETY OF TOPICS (E G PLUMBING, ELECTRICAL, TILING, AND ROOFING) IN ADDITION, INDIVIDUAL ASSISTANCE AND COUNSELING IN FORECLOSURE INTERVENTION, HOME BUYING AND MONEY MANAGEMENT ISSUES IS OFFERED PROGRAM SERVICE EXPENSES \$278,193 GRANTS \$12,000 REVENUES \$28,461 FORM 990, PART III, LINE 4D OTHER PROGRAM SERVICE ACCOMPLISHMENTS INCLUDE POLICY ADVOCACY, DOMESTIC VIOLENCE COUNSELING AND SILVER LINING THRIFT SHOP POLICY ADVOCACY EMPHASIZES PUBLIC POLICY RESEARCH AT LOCAL, STATE, AND NATIONAL LEVELS DOMESTIC VIOLENCE PROVIDES CULTURALLY COMPETENT CORE VICTIM SERVICES WHICH INCLUDE CRISIS COUNSELING, COURT ADVOCACY, SUPPORT GROUPS, ACCESS TO COMMUNITY RESOURCES SUCH AS SHELTERS, SOCIAL SERVICES, POLICE, AND LEGAL ASSISTANCE, AND FORMULATING INDIVIDUAL SAFETY PLANS TO INDIVIDUALS VICTIMIZED BY DOMESTIC VIOLENCE SILVER LINING IS OUR THRIFT SHOP LOCATED IN JOHNSON COUNTY, KANSAS PROGRAM SERVICE EXPENSES \$536,898 GRANTS \$3,030 REVENUES \$74,260
REVIEW PROCESS	FORM 990, PART VI, SECTION B, LINE 11B	THE CHIEF FINANCIAL OFFICER GATHERS INFORMATION TO PREPARE THE FORM 990 TAX RETURN THIS INFORMATION IS THEN GIVEN TO AN INDEPENDENT ACCOUNTING FIRM WHO PREPARES AND REVIEWS THE FORM 990 THE INDEPENDENT ACCOUNTING FIRM THEN PROVIDES THE ORGANIZATION'S CHIEF FINANCIAL OFFICER A DRAFT OF THE FORM 990 FOR COMMENTS AND APPROVAL PRIOR TO FILING THE FORM 990, ALL GOVERNING BOARD MEMBERS RECEIVE A COPY OF THE 990 ALONG WITH A RESPONSE TIME FOR QUESTIONS AND COMMENTS ALL ISSUES ARE RESOLVED AND THE FORM 990 IS FILED
CONFLICT OF INTEREST POLICY	FORM 990, PART VI, SECTION B, LINE 12C	YEARLY, BOARD MEMBERS, OFFICERS, AND KEY EMPLOYEES ARE REQUIRED TO FILL OUT A FORM LISTING ORGANIZATIONS WITH WHICH THEY HAVE AN AFFILIATION THESE ARE FILED AND CONSIDERED BY THE PRESIDENT/CEO, CFO AND BOARD WHEN EL CENTRO ENTERS INTO CONTRACTS OR BUSINESS RELATIONSHIPS WITH NEW VENDORS OR SERVICE PROVIDERS AT THIS TIME, NO TRANSACTIONS BETWEEN EL CENTRO AND ORGANIZATIONS WITH WHICH BOARD MEMBERS, OFFICERS, OR KEY EMPLOYEES HAVE AN AFFILIATION HAVE TAKEN PLACE IF THAT WERE TO OCCUR, THE BOARD MEMBER, OFFICER, OR KEY EMPLOYEE WOULD RECUSE THEMSELF FROM ANY DISCUSSION AND VOTING ON WHETHER TO ENGAGE THE ORGANIZATION IN QUESTION
PROCESS FOR DETERMINING COMPENSATION	FORM 990, PART VI, SECTION B, LINE 15A	EL CENTRO CONDUCTS A YEARLY EVALUATION OF THE CEO WITH SET QUARTERLY REVIEWS THIS EVALUATION IS BASED ON PERFORMANCE OBJECTIVES SUCH AS FINANCIAL STABILITY, RESOURCE DEVELOPMENT, STRATEGIC PERSPECTIVE, LEADERSHIP, MANAGEMENT AND COMMUNICATION OF THIS POSITION THE CHAIR, VICE CHAIR AND HR CHAIR, CONDUCT THE EVALUATION AND ANALYSIS OF THE CEO OF EL CENTRO THE CEO'S CURRENT THREE YEAR CONTRACT AND COMPENSATION PLAN IS IN ITS THIRD AND FINAL YEAR THE CHAIR, VICE CHAIR AND HR CHAIR ARE EVALUATING THE RENEWAL OF A CONTRACT THE CONTRACT WILL BE SET AS A YEARLY CONTRACT WITH SET DELIVERABLES AND EXPECTATIONS FROM THE CEO TO BE IN COORDINATION OF THE YEARLY PERFORMANCE EVALUATION THE CEO'S LAST PERFORMANCE REVIEW AND REVIEW OF COMPENSATION WAS AUGUST 2010
AVAILABILITY OF GOVERNING DOCUMENTS	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S BYLAWS, ARTICLES OF INCORPORATION AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Name of the organization
EL CENTRO INC

Employer identification number

36-2904073

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a)
Name, address, and EIN of disregarded entity

(b)
Primary activity

(c)
Legal domicile (state
or foreign country)

(d)
Total income

(e)
End-of-year assets

(f)
Direct controlling
entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a)
Name, address, and EIN of related organization

(b)
Primary activity

(c)
Legal domicile (state
or foreign country)

(d)
Exempt Code section

(e)
Public charity status
(if section 501(c)(3))

(f)
Direct controlling
entity

ECI DEVELOPMENT INC
650 MINNESOTA AVENUE
KANSAS CITY, KS 66101
48-1167383

REDEVELOPMENT

KS

501(C)(3)

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Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
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Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b		No
c Gift, grant, or capital contribution from other organization(s)	1c		No
d Loans or loan guarantees to or for other organization(s)	1d	Yes	
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h	Yes	
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes	
n Sharing of paid employees	1n	Yes	
o Reimbursement paid to other organization for expenses	1o		No
p Reimbursement paid by other organization for expenses	1p		No
q Other transfer of cash or property to other organization(s)	1q		No
r Other transfer of cash or property from other organization(s)	1r		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	ECI DEVELOPMENT	D	64,028
(1)	See Additional Data Table		
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No