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 2017

For Paperwork Reduction Act Notice, see the separate instructions.

Don	ortmont of	the Treasury	▶ Do not enter social security numbers on this form as it			16:306	Open to			
Inter	nal Revent	ue Service	► Go to www.irs.gov/Form990 for instructions and the	latest	information.	000	inspe	ction		
Α	For the	2017 calen	dar year, or tax year beginning 7/1/2017 , 2017, an	id endi	ng (ng <u>6/</u> 30 , 20 ₁₈				
B	Check if	applicable C	Name of organization KENSINGTON COMMUNITY COUNCIL			D Employer identification number				
	Address		Doing business as			94-1491933				
	Name ch	· ·	Number and street (or P.O. box if mail is not delivered to street address)	Room/s	uite	E Telephor	e number			
\exists	Initial retu	•	c/o Vida Dorroh, 144 York Avenue				510-527-3169			
=		n/terminated	City or town, state or province, country, and ZIP or foreign postal code				<u> </u>			
\exists	Amended		Kensington, CA 94708			G Gross re	ceints \$	443,265		
╡			Name and address of principal officer: Anne Forrest	-1	H/a) le thre a		subordinates? Y			
	Аррисац			7 4			included?			
			241 Lake Drive, Kensington, CA 94708 ✓ 501(c)(3) □ 501(c) () ◄ (insert no.) □ 4947(a)(1) or □	 			list. (see instruc			
<u>. </u>		npt status:		527		•	·	iio is j		
<u>-</u>	Website:		Ingtoncommunitycouncil.org			exemption				
				of forma	tion: 1960	M State	of legal domicile	CA		
	art I	Summa								
_	ľ	-	scribe the organization's mission or most significant activities:							
Activities & Governance			the welfare and education of residents of the community of Kensing							
Ē			of a local government agency, providing adult education, youth act							
Š	1		s box $ ightharpoonup$ if the organization discontinued its operations or disp	posed	of more tha	n 25% of i	ts net assets	i .		
မ္	3	Number of	f voting members of the governing body (Part VI, line 1a)			. 3		8		
ᅄ	4	Number of	f independent voting members of the governing body (Part VI, li	ine 1b)	. 4		8		
ŧ	5	Total num	ber of individuals employed in calendar year 2017 (Part V, line 2	2a)		. 5		8		
₹	6	Total num	ber of volunteers (estimate if necessary)			. 6		25		
Ą	7a	Total unre	lated business revenue from Part VIII, column (C), line-12-			. 7a		0		
			ited business taxable income from Form 990-T, line 34.			. 7ь		0		
				701	Prior Y		Current			
_	8	Contribution	ons and grants (Part VIII, line 1h) . 👸 - ೧೯೯೯-೧-೨ - ೨೯۱೪-	6		6 725				
5	1		ons and grants (Part VIII, line 1h) . St. OCT & 9 2018.	ا ابا:		6,735		7,835		
Revenue		_	·	1831		488,122		429,614		
æ			tt income (Part VIII, column (A), lines 3, 4, and 7d)	·J드		147	T			
)		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	• !	-	3,168		3,348		
			nue-add lines 8 through 11 (must equal Part VIII, column (A), line) 12)		498,172		440,997		
			d similar amounts paid (Part IX, column (A), lines 1–3)			5,000		0		
	ı		aid to or for members (Part IX, column (A), line 4)			0		0		
S	15	Salaries, of	ther compensation, employee benefits (Part IX, column (A), lines 5-	-10)		88,294				
Ē	16a	Profession	nal fundraising fees (Part IX, column (A), line 11e)			0		0		
Expenses	b	Total fund	raising expenses (Part IX, column (D), line 25) ▶		的學術的學術	建工程的	W	的學學的		
Ш	17	Other expe	enses (Part IX, column (A), lines 11a-11d, 11f-24e)			322,088		341,860		
	,		enses. Add lines 13-17 (must equal Part IX, column (A), line 25)			416,012		421,844		
	19	Revenue le	ess expenses. Subtract line 18 from line 12			82,160		19,151		
ъ#					Beginning of C		End of			
Net Assets or Fund Balances	20	Total asser	ts (Part X, line 16)			679,998		699,151		
58	21		ities (Part X, line 26)			0,0,000		050,100		
碧	22		or fund balances. Subtract line 21 from line 20			679,998		699,151		
	art II		ire Block	<u> </u>		01 3,330		033,101		
						45-5-4-6-		- 4 t - Hot it in		
tru	e, correct,	and complet	 I declare that I have examined this return, including accompanying schedules a Declaration of preparer (other than officer) is based on all information of which 	ano stati o prepare	ements, and to er has anv knov	trie best of n /ledae.	ny knowledge a	na bellei, it is		
		<u> </u>								
Sig	i	Signat	ure of officer		<u>-</u>	oto.				
		Organia.	// M		D	ate		2016		
He	10		Tour Vignary Just			00	CT, 2, 7	2010		
	j		or print name and title							
Pa	id	PTINT/Type	preparer's name Preparer's signature							
_	epare:	r								
	e Only		me							
	~ ~ iii]	Firm's ack								
Mar	the IR		this return with the preparer shown above? (se							

Form 99	90 (2017) Page 2
Part	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Kensington Community Council supports and promotes the welfare and education of residents of the community of Kensington,
	California, by operating a recreation department on behalf of the Kensington Police Protection and Community Services District, a
	local government agency, providing adult education, youth activities and after-school educational programs, as well as other
	projects to benefit the community such as the development and operation of Kensington Park and its recreational facilities.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by
*	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code: 624410) (Expenses \$ 120,743 including grants of \$) (Revenue \$ 163,369)
	The Kensington After-School Enrichment Program ("KASEP") provides after-school curriculum enhancement classes and
	activities to children of Kensington residents.

4b	(Code: 624410) (Expenses \$ 97,936 including grants of \$) (Revenue \$ 140,165)
	KCC, as part of its recreation department offerings described in Part III Section I, operates a Summer Day Camp for children
	of Kensington residents

4c	(Code: 611600) (Expenses \$ 54,600 including grants of \$) (Revenue \$ 69,057)
	As part of its recreation department programing described above, KCC provides throughout the year a series of adult
	education classes available to Kensington residents.

4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 93,146 including grants of \$) (Revenue \$ 57,023)
40	Total program service expenses



art	Checklist of nequired Schedules		· · · · · ·	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
_	complete Schedule A	1	√	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		√
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		√
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III			1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	5 6		√
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		√
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		√
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		✓
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		√
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.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
	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 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Y Y
b	Did the organization maintain an office, employees, or agents outside of the United States?	14a		V
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
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		1
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		1
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		1
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		1

Part	Checklist of Required Schedules (continued)			aye T
		-	Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		<u> </u>
22	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21		<u> </u>
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a			1
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		*
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		√
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I	24d 25a		V
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		√
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		√
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	-	<u>,</u>
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):	2		
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28a 28b	*****	<u>√</u>
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		▼
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		<u>√</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	-	1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		1
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		1
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.	30	-	<u> </u>
38	Part VI	37		1
	19? Note. All Form 990 filers are required to complete Schedule O.	38	1	
		Form	n 990	(2017)

Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			\Box
	Check it Scredule Contains a response of note to any line in this Fact V		Yes	No
ta b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	,,,		- 4
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	1	ائــــ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	2		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 8	٠.		
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 (see instructions)	2b	<u> </u>	1
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	1	-1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	✓	
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)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶	7	4	COLUMN TO THE REAL PROPERTY.
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	, . 	***	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		√
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		_
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-		
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	_	✓
_	gifts were not tax deductible?	6b		- 34 SB
7 a	Organizations that may receive deductible contributions under section 170(c). 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	12.	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		1
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		(4,0)	
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		'
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		- er	فالأحا
9	sponsoring organization have excess business holdings at any time during the year?	8	j	1 THE
э a	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		شخنظ
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	ودروتي د اه دوسية	, ,	
a b	Initiation fees and capital contributions included on Part VIII, line 12	GJE#:		1
11	Section 501(c)(12) organizations. Enter:		74 PE	
а	Gross income from members or shareholders			1
b	Gross income from other sources (Do not net amounts due or paid to other sources		27	
40-	against amounts due or received from them.)	******	F 2	123
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a	4-31	1
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		1-2-1
а	Note. See the instructions for additional information the organization must report on Schedule O.	108	W. F. 4	1 4-3-19
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			45
С	Enter the amount of reserves on hand	Sand;	ئى كى دىرى ئىگىرى بارىم	200
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
_ <u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		100-
		For	m 99 0	(2017)

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Se			
	Check if Schedule O contains a response or note to any line in this Part VI			
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 8	u.	- - 1	-3
	If there are material differences in voting rights among members of the governing body, or		1200	
	if the governing body delegated broad authority to an executive committee or similar	23		A A
	committee, explain in Schedule O.	4.7	`~g (%)	200
b	Enter the number of voting members included in line 1a, above, who are independent	- 5,	7 m	
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	, ,	1
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		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	_	1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6	Did the organization have members or stockholders?	6		1
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, [
	stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			1
	the year by the following:	فننت	d, vij} L	
а	The governing body?	8a	✓_	
b	Each committee with authority to act on behalf of the governing body?	8b	<u> </u>	Ь—
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		I
Secu	on B. Policies (This Section B requests information about policies not required by the Internal Revenu	Je Co	Yes	No
10-	Did the organization have local chapters, branches, or affiliates?	10a	163	1
10a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	IVa		 •
•	manusi na Tanana na Nasa ing Kabupatèn Nasa ing Kab	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	√	
b			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0.XZ
12a		12a	٠	1
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Ť
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c		1
13	Did the organization have a written whistleblower policy?	13		
14	Did the organization have a written document retention and destruction policy?	14	√	
15	Did the process for determining compensation of the following persons include a review and approval by		5.5%	100 mg
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	T	13,14	
а	The organization's CEO, Executive Director, or top management official	15a		1
b	Other officers or key employees of the organization	15b		✓
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		ながれる	
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	N. C.	1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		E E	
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		2019077	
	organization's exempt status with respect to such arrangements?	16b	L	
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed California	F6-7	-1/4	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(c)(3) \$; only)
	☐ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inte	erest	polic	y, and
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and rec	cords	:►	
	Vida F. Dorroh, 144 York Avenue, Kensington, CA 94708, (510) 527-3169			

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-age	

Part VII	Compensation of Officers, Di	rectors, Trustees, Key Employees	, Highest Com	pensated Employee	s, and
	Independent Contractors				

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

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

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

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

☑ Check this box if neither the organization not	r any relate	d org	aniz			ompe	nsa	ted any curren	t officer, director	, or trustee.
				(0	-			}		
(A)	(B)	Position (do not check more than one						(D)	(E)	(F)
Name and Title	Average	box,	uniles	s pe	rson	is both	an	Reportable	Reportable	Estimated
	hours per week (list any					or/trust		compensation	compensation from related	amount of other
	hours for	역표	Пg	Officer	<u>₹</u>	활돌	Ę	the	organizations	compensation
	related organizations	Individual trustee or director	₫	Cer	Key employee	blest	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organizatio-n
	below dotted	호를	20		탕	8 8		(VV-2/1099-WISC)		and relatect
	line)	롩	2		8	즇				organizations
		8	Institutional trustee			Highest compensated employee				
And the second s										
(1) Anne Forrest	5			١,]	ļ		1	į į	
President and Director0		✓		✓	<u> </u>		<u> </u>	ļ <u>0</u>	0	0
(2) Todd Hodson	3	١.		١.		1	1			
Vice President and Director		1		✓		ļ	<u> </u>	<u></u>	0	0
(3) Danielle Power	2			١.	1	ļ		1		
Secretary and Director		1	_	✓	L	L			0	0
(4) Ted Blankenburg	2					1				
Treasurer and Director		✓		1	$ldsymbol{ldsymbol{ldsymbol{eta}}}$		<u> </u>	<u>c</u>	0	0
(5) Tom Dean	11					ŀ				
Director		1	L.				L.,		0	0
(6) Laurie Ushigusa	11		l			1		ĺ		
Director		1	╙	<u> </u>	L	ļ	L		0	
(7) Vida Sarrafan	11		l							
Director		1	_		_	<u> </u>	<u> </u>		0	
(8) Bruce Morrow	11				1	1	ļ	1		
Director		✓	L	L	┖	<u> </u>	乚	<u> </u>	0	
(9)										
(10)	<u> </u>		 		-	-	T	 		
		<u> </u>	<u> </u>	-	<u> </u>		<u> </u>	ļ	<u> </u>	
(11)	 	1								
(12)										
(13)	-	-	\vdash	+	╁	-	-	 	 	
		1		_	<u> </u>	<u> </u>	_	<u> </u>		
(14)		1	1				1	1		

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
					Pos	C) Ithora				_		_	
	(A) Name and title	(B) Average			eck:	more	than o		(D) Reportable	(E) Reportabl	ь	(F) Estimateci	
		hours per week (list arry	office		dad	irect	or/trust	(90)	compensation	compensation related	from	amount of other	
		hours for related	Individual trustee or director	instit	Officer	Key	High	Former	the organization	organizatio (W-2/1099-M		compensation from the	
		organizations	ecto dual	ution	8	employee	est co	ē	(W-2/1099-MISC)	(** 2 1000 11.	,	organization	
		below dotted line)	Trust	nstitutional trustee		оуее	edunc					and related organizations	
			8	stee			Highest compensated employee						
(15)				H	-	-		├			+		_
3.27													
(16)													
(17)					-	-		-					_
3													
(18)													_
(19)				-	_	\vdash		\vdash					_
713/													
(20)												_	_
(21)			ļ		_	-		_		<u> </u>			—
12.17			1								}		
(22)								Γ					
(23)			<u> </u>	-	-	H		-		<u> </u>			_
رسي													
(24)								Γ					_
/0 5		ļ <u></u>			_	_		-					
(25)			ł			İ							
1b	Sub-total		• •	•	•	. ,		>					_
C	Total from continuation sheets to Part			•	•		•						_
d	Total (add lines 1b and 1c)						ahove	a) w	ho received m	.	0 30,000,6		0
	reportable compensation from the organi			1000	- 110		<u> </u>	<i>-</i> , ••	0				
2	Did the executation list any former of	ficer direct					lease e		dayaa ay bish		nantad	Yes No	_
3	Did the organization list any former of employee on line 1a? If "Yes," complete:							emp		· · · ·		3 /	-1
4	For any individual listed on line 1a, is the	sum of re	porta	ble	соп	пре	nsatio						
	organization and related organizations individual	greater th	an \$	150,	,000)? h	f "Ye	s, "	complete Sch	nedule J fo	r such		-
5	Did any person listed on line 1a receive of	r accrue co	 ompe	nsa	tion	fro	m anv	. un	related organi	zation or ind	 lividual	4	- 3
	for services rendered to the organization											5 /	
_	on B. Independent Contractors								Al 1		- 6455	000 - 6	_
1	Complete this table for your five highest compensation from the organization. Rep												
	year.												_
	(A) Name and business add	tress							(B) Description of s	envices		(C) ompensation	
NONE	TOTO BIT OWNERS BUT							\vdash					_
110112													_
								┼					_
2	Total number of independent contractor							o th	nose listed ab	ove) who	TENTA	100 X	÷.
	received more than \$100,000 of compens								0			的现在分词	ja j

Part	VIII	Statement of Reve					Dort VIII		_
303		Check if Schedule O	contains	a res	ponse or note t				(D)
			ž			(A) Total revenue	(B) Related or execut	(C) Unrelated business	Revenue excluded from tax
40.00	, ,		• ′			1	exempt function revenue	revenue	under sections 512-514
85 00	1a	Federated campaigns	<u> </u>	1a				. , , , ,	3.2014
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues .		1b		{		1000	10 新兴盛盛年末
عَ ق	b	Fundraising events .		1c				4	
₹ <u>₹</u>	C	Related organizations		1d					
5 8	d	Government grants (con		1e					10000000000000000000000000000000000000
Siris	e	All other contributions, g		- ie		-			
# F	ı	and similar amounts not inc		1f	7.00	,			
훈형		Noncash contributions include			7,835			الرائم وأثار	
2 9	9			-11. ф			الم المناسبة المناسبة المناسبة المناسبة	11 3 A THE STATE OF	The second second
	h	Total. Add lines 1a-1	<u> </u>	· · ·	Business Code	7,835	- 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	THE THE	EVENT OF THE CONTRACTOR
ğ	0-	Day Dant Classes			L		60.057	- 20-4 12-12-1	1
Program Service Revenue	2a b	Rec. Dept. Classes KASEP After-School			611600	69,057	69,057		
, E	_				624410	163,369			
Ž	d	Day Camp Outlook			624410 611110	140,165			· · · · · · · · · · · · · · · · · · ·
S	ū	Outlook			611110	57,023	57,023		
匵	4	All other program serv	vice reveni						
g	g	Total. Add lines 2a-2			L	400.044		in so so in in the said	
	3	Investment income		divid	<u> </u>	429,614	Constant , All and A	3. 1 d of 5 11 V mar 3.32	L Jan Company
	ŭ	and other similar amo				200			200
	4	Income from investment	•	mot be	and proceeds	200			200
1	5	Daniel Warr							
- 1		, loyanioo	(i) Real	<u> </u>	(ii) Personal	A COLUMN TO THE SECOND TO THE		· w & ~ 1 ,	1111
1	6a	Gross rents	<u> </u>				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
1	b	Less: rental expenses				My Mar Marian		The second second	
	C	Rental income or (loss)				The same of the sa			
- 1	ď	Net rental income or (loss) .		•	leibin eige		54	The state of the s
1	7a	Gross amount from sales of	(i) Securit	ies	(ii) Other	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 me - 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
		assets other than inventory							
	b	Less: cost or other basis						Ball Sales	The same of the sa
1		and sales expenses .					192	ا ما الله الله الله الله الله الله الله	
	C	Gain or (loss)							
- 1	d	Net gain or (loss) .			▶				
								Section of the	
evenue	8a	Gross income from fu	ındraising						The state of the s
9		events (not including \$						1	
		of contributions reporte		c).		F			L. A. Carrier
9		See Part IV, line 18 .		· a	5,616			And the state of t	
Other	b	Less: direct expenses	3	. b	2,268		and a second	- The 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1	
_	C	Net income or (loss) fi			events . ▶	3,348			
	9a	Gross income from ga	ming activi	ties.					[1] 经过程的
		See Part IV, line 19 .		· a				3 3 4 1 1	1、18.3000000000000000000000000000000000000
- 1	b	Less: direct expenses		. b	L	3, 4	*	7 33 -	4.4
	C	Net income or (loss) fi			vities ▶			2	
	10a	Gross sales of in							
1		returns and allowance		· а			of The Branch		医感染型物质
	Ь	Less: cost of goods s		. b		123 E. J. 127	27 1 To 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	a fait of winds the	F. 选择。25 (2) (2) (2)
	С	Net income or (loss) for		ot inve		 			
1	4.4	Miscellaneous R	evenue		Business Code	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	11a					ļ	<u> </u>		ļ
	b				ļ				
1	C	All alban man				 	 	 	
	ď	All other revenue .		•	L	 	. F. Soft Books	Same Francisco	Company where the control of
	е 12	Total revenue Cos in		• •		<u> </u>	医医验验		1.38.45.13.13.15.15.15.15.15.15.15.15.15.15.15.15.15.
	14	Total revenue. See in	ISTUCTIONS	<u> </u>	<u> </u>	440,997	429.614	l	200 5 000 (2017)
									Form 990 (2017)

Page 10 Form 990 (2017) 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 (B) Program service expenses (D) Fundraismo (A) Total expenses (C) Do not include amounts reported on lines 6b, 7b, Management and general expenses 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 59,650 18,320 41,330 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 14,089 10 Payroli taxes 20.334 6,245 11 Fees for services (non-employees): Management Legal Accounting Lobbying Same of the state of the 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.) . . 12 Advertising and promotion . . . 6,610 6,610 13 Office expenses . . . 14 Information technology 13,707 13,707 15 Royalties 16 Occupancy . 19,619 19,619 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 20 21 Payments to affiliates Depreciation, depletion, and amortization . 22 23 8,152 8,152 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) Independent contract teachers 223,141 223,141 Office, teaching and camp supplies 49,037 49,037 Class and camp fee refunds 5,071 5,071 Outlook production, printing and distribution 15,196 15,196 All other expenses 1,327 1,327 Total functional expenses. Add lines 1 through 24e 25 421,844 366,425 55,419 Joint costs. Complete this line only if the organization reported in column (B) joint costs

ناج	art X	Balance Sneet			······································
		Check if Schedule O contains a response or note to any line in this Pa	art X	<u> </u>	· · · · ·
			(A) Beginning of year		(B) End of year
	1	Cashnon-interest-bearing		1	
	2	Savings and temporary cash investments	679,998	2	699,151
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,		5	F
		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	1	<u> </u>	
	6	Loans and other receivables from other disqualified persons (as defined under section		, , ,	
	1	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and		1	The second secon
	ļ	sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	/ 4 / 4	* 4 7	
Assets	_			6	
88	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or		***	
		other basis. Complete Part VI of Schedule D		, šeč	100 100 100 100 100 100 100 100 100 100
	ı	Less: accumulated depreciation [10b]		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	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)	679,998		699,151
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and		3	
Ē		disqualified persons. Complete Part II of Schedule L		22	
Ĭ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	<u> </u>
	25	Other liabilities (including federal income tax, payables to related third			
	1	parties, and other liabilities not included on lines 17-24). Complete Part X			
	ļ	of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
		Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and		9 (6)	· · · · · · · · · · · · · · · · · · ·
Net Assets or Fund Balances		complete lines 27 through 29, and lines 33 and 34.			
<u>a</u>	27	Unrestricted net assets	679,998	27	699,151
Ba	28	Temporarily restricted net assets		28	
덜	29	Permanently restricted net assets		29	
₹.		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and		4	
ō		complete lines 30 through 34.		BO EST	
2	30	Capital stock or trust principal, or current funds	man and the second seco	30	The second secon
386	31	Paid-in or capital surplus, or land, building, or equipment fund		31	<u> </u>
ĕ	32	Retained earnings, endowment, accumulated income, or other funds .		32	
A	33	Total net assets or fund balances	679,998	_	699,151
_	34	Total liabilities and net assets/fund balances	679 998		699,151

Form 9	90 (2017)	Page 12
Par	t XI Reconciliation of Net Assets	
	Check if Schedule O contains a response or note to any line in this Part XI	🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	440,997
2	Total expenses (must equal Part IX, column (A), line 25)	421,844
3	Revenue less expenses. Subtract line 2 from line 1	19,153
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4	679,998
5	Net unrealized gains (losses) on investments	
6	Donated services and use of facilities	
7	Investment expenses	
8	Prior period adjustments	
9	Other changes in net assets or fund balances (explain in Schedule O)	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	
	33, column (B))	699,151
Part		
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>
		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?	2a ✓
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	
	reviewed on a separate basis, consolidated basis, or both:	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	
b	Were the organization's financial statements audited by an independent accountant?	2b ✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	
	separate basis, consolidated basis, or both:	
	Separate basis Consolidated basis Both consolidated and separate basis	
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?	2c
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	
		SW TE TOWN
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?	3a ✓
Þ	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.	3b
		Form 990 (2017)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Go to www.irs.gov/Form990 for instructions and the latest information. **Employer identification number**

KENSINGTON COMMUNITY COUNCIL 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 name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 [7] An organization that normally receives: (1) more than 331/2% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/8% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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. 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 b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations avide the following information about the currented ar

	g Provide the following information about the supported organization(s).																																																																										
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) is the organization listed in your governing document?		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No																																																																						
(A)																																																																											
(B)																																																																											
(C)																																																																											
(D)																																																																											
(E)																																																																											
Tota	al		A 100 B 1 2 2 2																																																																								

	8 A (I OIII 330 OI 330-EE) = 1						rayo z	
Part	Support Schedule for Organiza (Complete only if you checked the Part III. If the organization fails to	ne box on line	5, 7, or 8 of	Part I or if the	e organizatio	n failed to qu		
Sacti	on A. Public Support	duality diluc	3 tile (03t3 lie	ited below, p	icase compie	, , , , , , , , , , , , , , , , , , ,		
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not	(4) 2013	(b) 2014	(6) 2013	(4) 2010	(6) 2017	(I) Total	
2	include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge					<i>"</i>		
4	Total. Add lines 1 through 3	, editor in a fairly in Palace place and	and the control of th	Mariner is all state of Michigan (22)	//	Months and and addressed Mar-		
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							
	on B. Total Support	(-) 0040	(h) 0014	// /-> 0045	(-B 001C	(-) 0017	(9.T-4-)	
	dar year (or fiscal year beginning in) Amounts from line 4	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
7 8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on	/						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc	. (see instruction			THE TOWN	12		
13	First five years. If the Form 990 is for the	ne organization	n's first, secon		-	ear as a section		
	organization, check this box and stop he				· · · · ·	<u> </u>	🟲 🔲	
$\overline{}$	on C. Computation of Public Suppor	<u></u>				T		
14 15	Public support percentage for 2017 (line composition public support percentage from 2016 Sci					15	<u>%</u>	
16a	331/3% support test-2017. If the organi	ization did not	check the box	k on line 13, a				
_	box and stop here. The organization qua				· · · · ·		🟲 🗆	
b	331/3% support test—2016. If the organithis box and stop here. The organization					is 331/3% or n	nore, check ▶ 🏻	
17a	a 10%-facts-and-circumstances test—2017. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.							
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiza Explain in Part VI how the organization r supported organization	ation meets the meets the "fac	e "facts-and-o	circumstances	" test, check	this box and	stop here.	
18	Private foundation. If the organization di instructions	id not check a			•			

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.)

Secti	on A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
-	received. (Do not include any "unusual grants.")	8,265	7,285	11,110	6,745	7,835	41,240
2	Gross receipts from admissions, merchandise		.,200				7,12,13
	sold or services performed, or facilities furnished in any activity that is related to the	<u> </u>	}	}		i	
	organization's tax-exempt purpose	388,358	465,085	455,803	488,122	429,614	2,226,982
3	Gross receipts from activities that are not an	300,000	405,005	400,000	400,122	425,514	LILEU, SUL
	unrelated trade or business under section 513	9,418	6,843	5,950	5,853	5,616	33,680
4	Tax revenues levied for the	<u></u>	0,040	0,000	0,000		
•	organization's benefit and either paid to		į	ļ			
	or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to the			ļ			
	organization without charge						
6	Total. Add lines 1 through 5	406,041	479,213	472,863	500,710	443,065	2,301,892
-	Amounts included on lines 1, 2, and 3	100,000	1,0,210	.,			
	received from disqualified persons .		į				
ь	Amounts included on lines 2 and 3						
•	received from other than disqualified		İ				
	persons that exceed the greater of \$5,000				1	ĺ	
	or 1% of the amount on line 13 for the year			Ì			
C	Add lines 7a and 7b	0	0	0	0	0	
8	Public support. (Subtract line 7c from	33.23	14		100	F 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	line 6.)		學學。第3科			and the second	2,301,892
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	406,042	479,213	472,863	500,710	443,065	2,301,892
10a	Gross income from interest, dividends,		=				
	payments received on securities loans, rents,						
	royalties, and income from similar sources .	508	115	115	147	200	1,125
b	Unrelated business taxable income (less						
	Officialed publicas taxable income (less			1			
	section 511 taxes) from businesses			1			
	•						
С	section 511 taxes) from businesses acquired after June 30, 1975	508	115:	115	147	200	1,125
c 11	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business	508	115	115	147	200	1,125
_	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether	508	115	115	147	200	1,125
11	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	508	115	115	147	200	1,125
_	section 511 taxes) from businesses acquired after June 30, 1975	508	115	115	147	200	1,125
11	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	508	115	115	147	200	1,125
11	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	508	115	115	147	200	1,125
11	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	508	115	115	147	200	
11 12 13	section 511 taxes) from businesses acquired after June 30, 1975	406,550	479,328	472,978	500,857	443,265	2,303,017
11	section 511 taxes) from businesses acquired after June 30, 1975	406,550 he organization	479,328 's first, second	472,978 d, third, fourth	500,857 , or fifth tax ye	443,265 ear as a section	2,303,017 n 501(c)(3)
11 12 13 14	section 511 taxes) from businesses acquired after June 30, 1975	406,550 he organization	479,328 's first, second	472,978	500,857 , or fifth tax ye	443,265 ear as a section	2,303,017
11 12 13 14 Secti	section 511 taxes) from businesses acquired after June 30, 1975	406,550 he organization ere rt Percentage	479,328 's first, second	472,978 d, third, fourth	500,857 , or fifth tax ye	443,265 ear as a section	2,303,017 n 501(c)(3) ▶ □
11 12 13 14 Secti 15	section 511 taxes) from businesses acquired after June 30, 1975	406,550 he organization ere ert Percentage 8, column (f) die	479,328 's first, second	472,978 d, third, fourth	500,857 , or fifth tax ye	443,265 ear as a section	2,303,017 n 501(c)(3) ▶ □
11 12 13 14 Secti 15 16	section 511 taxes) from businesses acquired after June 30, 1975	406,550 he organization ere ert Percentage 8, column (f) dishedule A, Part	479,328 's first, second	472,978 d, third, fourth	500,857 , or fifth tax ye	443,265 ear as a section	2,303,017 n 501(c)(3) ▶ □
11 12 13 14 Secti 15 16 Secti	section 511 taxes) from businesses acquired after June 30, 1975	406,550 he organization ere ert Percentage 8, column (f) die hedule A, Part acome Percei	479,328 's first, second yided by line 1: Ill, line 15	472,978 d, third, fourth	500,857, or fifth tax ye	443,265 ear as a section	2,303,017 n 501(c)(3) ► □ 99.9 %
11 12 13 14 Secti 15 16 Secti 17	section 511 taxes) from businesses acquired after June 30, 1975	406,550 he organization ere ert Percentage 8, column (f) die hedule A, Part acome Percei (line 10c, column	479,328 's first, second yided by line 1: Ill, line 15 Ttage In (f) divided by	472,978 d, third, fourth d, column (f)) dy line 13, column	500,857, or fifth tax year	443,265 ear as a section 	2,303,017 n 501(c)(3)
11 12 13 14 Secti 15 16 Secti 17 18	section 511 taxes) from businesses acquired after June 30, 1975	406,550 he organization ere ert Percentage 8, column (f) dishedule A, Part acome Percei (line 10c, colum 6 Schedule A, F	479,328 's first, second by the 1st of the second s	472,978 d, third, fourth d, fourth	500,857 , or fifth tax ye	443,265 ear as a section	2,303,017 1 501(c)(3)
11 12 13 14 Secti 15 16 Secti 17	section 511 taxes) from businesses acquired after June 30, 1975	406,550 he organization ere ert Percentage 8, column (f) dis hedule A, Part acome Percei (line 10c, colum 6 Schedule A, F nization did not	479,328 's first, second vided by line 15 Ill, line 15 Ttage In (f) divided by Part III, line 17 check the box	472,978 d, third, fourth 3, column (f)) y line 13, colum	500,857 , or fifth tax ye	443,265 ear as a section 15 16 17 18 hore than 331/39	2,303,017 n 501(c)(3)
11 12 13 14 Secti 15 16 Secti 17 18 19a	section 511 taxes) from businesses acquired after June 30, 1975	406,550 he organization ere ert Percentage 8, column (f) dis hedule A, Part hcome Percei (line 10c, colum 6 Schedule A, F nization did not and stop here.	479,328 's first, second vided by line 1: Ill, line 15 ntage on (f) divided by Part III, line 17 check the box The organization	472,978 d, third, fourth 3, column (f)) y line 13, colum on line 14, ar on qualifies as a	500,857, or fifth tax years	443,265 ear as a section 15 16 17 18 ore than 331/29 orted organization	2,303,017 n 501(c)(3)
11 12 13 14 Secti 15 16 Secti 17 18	section 511 taxes) from businesses acquired after June 30, 1975	406,550 he organization ere ort Percentage 8, column (f) di chedule A, Part come Percei (line 10c, colum 6 Schedule A, F nization did not cand stop here. cation did not column	479,328 's first, second vided by line 13 Ill, line 15 ntage on (f) divided by Part III, line 17 check the box The organization	472,978 d, third, fourth 3, column (f)) v line 13, colum on line 14, ar on qualifies as a	500,857 , or fifth tax years nn (f))	443,265 ear as a section 15 16 17 18 lore than 331/39 orted organization is more than 3	2,303,017 n 501(c)(3)

Supporting Organizations Part IV

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

Section /	A. All	Supporting	Organizations

1	Are all of the organization's supported organizations listed by name in the organization's governing
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by
	class or purpose, describe the designation. If historic and continuing relationship, explain.

- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and Ell numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type i or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 71 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Part	Supporting Organizations (continued)			
44	Has the organization accepted a gift or contribution from any of the following persons?		res	No
11	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			· .
a	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
	Did the allow the protection of the property of the power to		/es	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		4	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	15.4		· . 4. 3.
	controlled the organization's activities. If the organization had more than one supported organization,	£ 2.7.5	# = -	ام جر مي است
	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.	2 2		
		1		1 3
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		- 3	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		7 . An	- 1 mg
	supervised, or controlled the supporting organization.	2		للمغضيات
Secti	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	***	/A	5
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			- Fagor
	the supported organization(s).	1		لفشيت
Secti	ion D. All Type III Supporting Organizations	<u> </u>		
		T	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		1	100
	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?	75!	145	
_		1	ا فهد ياناد	Craw I
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	3	3	32
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	سخمت	<u> </u>
3	By reason of the relationship described in (2), did the organization's supported organizations have a		1	
	significant voice in the organization's investment policies and in directing the use of the organization's		7	, ,
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	200	فمنسف
Secti	ion E. Type III Functionally Integrated Supporting Organizations	13		
1		Inetrue	tion.	
-	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nisuuc	LU313	3).
a b	☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see ins	truct	ions).
2	Activities Test. Answer (a) and (b) below.	F 4.7	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		Notice Sign	# X X
	those supported organizations and explain how these activities directly furthered their exempt purposes,		多 /基本	
	how the organization was responsive to those supported organizations, and how the organization determined	3.4	1 m 1 m	7.50
	that these activities constituted substantially all of its activities.	2a		L
b	_ · · · · · · · · · · · · · · · · · · ·			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		程数	10 m
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2	70 1.5	ثننا
•	•	2b	2 5 72 JF	-
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	营		
-	trustees of each of the supported organizations? Provide details in Part VI.	3a	اسكرت اث	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	POP I		LE T
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		<u> </u>

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
1 Check here if the organization satisfied the Integral Part Test as a qualifying	j tru	st on Nov. 20, 1970 (explai	n in Part VI). See
instructions. All other Type III non-functionally integrated supporting organ	izat	ions must complete Sectio	ns A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	16	<u> </u>	
c Fair market value of other non-exempt-use assets	10		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):	4		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount	-		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2	E	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	The state of the s	
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	ly in		

Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
	on D - Distributions		Current Year						
1	Amounts paid to supported organizations to accomplish								
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted						
	organizations, in excess of income from activity								
3	Administrative expenses paid to accomplish exempt purp	nizations							
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	th the organization is res	ponsive						
	(provide details in Part VI). See instructions.								
9	Distributable amount for 2017 from Section C, line 6								
10	Line 8 amount divided by line 9 amount	·····							
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017					
1	Distributable amount for 2017 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2017	T. Ha		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
_	(reasonable cause required—explain in Part VI). See								
	instructions.	4							
3	Excess distributions carryover, if any, to 2017		1 10 10 10 10 10 10 10 10 10 10 10 10 10	186 74					
а	A STATE OF THE STA								
b	From 2013	7		· 51 + 4					
C	From 2014								
d	From 2015	المراز برازيون المورع		Manh					
е	From 2016	the state of the state of the	r" A" su" su						
f	Total of lines 3a through e								
g	Applied to underdistributions of prior years								
<u>h</u>	Applied to 2017 distributable amount		100						
	Carryover from 2012 not applied (see instructions)	* 1,3							
_ <u>i</u> _	Remainder. Subtract lines 3g, 3h, and 3i from 3f.								
4	Distributions for 2017 from	and the second of the second	و و و و و و و و و و و و و و و و و و و						
	Section D, line 7:	* * * * * * * * * * * * * * * * * * *		AR STARTS					
a	Applied to underdistributions of prior years			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
<u>b</u>	Applied to 2017 distributable amount								
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4.	<u></u>							
5	Remaining underdistributions for years prior to 2017, if								
	any. Subtract lines 3g and 4a from line 2. For result			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
	greater than zero, explain in Part VI. See instructions.			100 May 100 May 100 May 100 May 100 May 100 May 100 May 100 May 100 May 100 May 100 May 100 May 100 May 100 May					
6	Remaining underdistributions for 2017. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		ي هن محماله الدر توريخ الا بعد الدارين السالين ا						
				<u> च्याप्रस्य स्टब्ह्यास्</u>					
7	Excess distributions carryover to 2018. Add lines 3j and 4c.								
8	Breakdown of line 7:			The state of the					
a	Excess from 2013		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	(1) 并"是是在"大型"的					
b	Excess from 2014		1. 5 c . 12 / 15 / 15						
<u>C</u>	Excess from 2015	Bing Sugara, in the fact	As the state of th	Control of the second					
d	Excess from 2016	A		一、大学の情報にからは、					
е	Excess from 2017	· · · · · · · · · · · · · · · · · · ·							

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.

OMB No. 1545-0047 2017 Open to Public Inspection

Employer identification number

94-1491933

Department of the Treasury Internal Revenue Service Name of the organization

KENSINGTON COMMUNITY COUNCIL

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

PART III, LINE 4D The organization publishes the "Kensington Outlook," a monthly community newsletter distributed free of charge containing information about KCC's program services, a schedule of classes and other events, and news items of local interest. The publication contains paid advertising by local and nearby businesses. KCC considers that publishing the Outlook is related to its exempt purposes because the main purpose of the publication is to publicize its program services, and it is operated without the purpose of making a profit. KCC therefore reports Outlook revenue and expense in its Form 990. However, KCC also files annually a form 990T for the Outlook, in recognition that it might be characterized as a business. In addition, from time to time, KCC sponsores special projects not included in the activities described in Part III that benefit the community consistent with its exempt purposes. PART VI, SECTION A, LINE 11B A draft of the Form 990 and related schedules, as applicable, is circulated to members of the Board of Directors for review, comment and possible correction prior to its finalization and filing. PART VI, SECTION C, LINE 19 KCC makes copies of its governing documents, conflict of interest policy, and financial statements available to the public upon request. KCC's board meets monthly, and meetings are open to the public. Copies of monthly and annual financial statements are available to the public and are discussed in open session. In addition, KCC's Form 990 and applicable schedules, and related state filings, are available on the website of the California Attorney General's Registry of Charitable Trusts. END OF SCHEDULE O

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		f the Treasury			curity numbers on this				49012	Open to Public
		ue Service	<u> </u>		orm990 for instruction				1100	Inspection
			idar year, or tax year		7/1 COMMUNITY COUNCIL	, 2018, and	a enaing	6	/30 D Employer	, 20 19 identification number
		applicable:	Doing business as	ENSING FON C	OMMUNITY COUNCIL	-				94-1491933
_	lame d	· · ·		O. box if mail is a	not delivered to street addr	ress) F	Room/suit	,	E Telephone	
_	ntial ref	· I	c/o Vida Dorroh, 144	York Avenue		·				510-527-3169
		m/terminated			and ZIP or foreign postal co	ode				
□ A	mende	d return	Kensington, CA 9470	3					G Gross rec	eipts \$ 518,300
□ A	pplicat	on pending	F Name and address of pr	ncipal officer:	Anne Forrest			H(a) Is this a g	roup return for su	bordinates? Yes 🗹 No
			241 Lake Drive, Kensi	ngton, CA 947	08		<u> </u>			included? Yes No
<u> T</u>	ax-exe	mpt status:	✓ 501(c)(3)	501(c) () ◀ (insert no) ☐ 4947	(a)(1) or	527	J #*N	lo," attach a li	ist. (see instructions)
	Vebsite		ingtoncommunitycou			1			exemption n	
	_		Corporation Trust	Association	U Other ►	LYear	of formation	n: 1960	M State o	f legal domicile. CA
Pa	1	Summa Briefly do		on's mission	or most significant ad	tivition:	Konolno	ton Comm	unity Coun	oil cupports and
	•	•	•		•					recreation department
anc					ding adult education,					
E	2				ontinued its operatio					
ě	3	Number o	f voting members of	the governing	g body (Part VI, line 1	la)			3	
90	4	Number o	f independent voting	g members of	the governing body	(Part VI, li	ne 1b)		4	(
9	5				lendar year 2018 (Pai	rt V, line 2	(a) .		5	
Activities & Governance	6		ber of volunteers (es		• •		· · ·		6	2!
₹	7a				VIII, column (C), line				7a	
-	ь	Net unrela	ited business taxabl	e income fron	n Form 990-T, line 38		- i i	Prior Y	7b	Current Year
	8	Contributi	ions and grants (Part	t VIII line 1h\	RECEI		- -	Prior r		
) Ige	9		service revenue (Par		· <u>-</u>		[양] <u></u>		7,835 429,614	25,530 485,697
Revenue	10				e£3 4, a66F70)1.2	2019			200	200
Œ	11				68, 8c, 9c, 10c, and	110).	RS-OSC		3,348	3,788
	12	Total reve	nue-add lines 8 thro	ough 11 (must	equal Part VIII, colum	n (A), line	1 2)		440,997	515,215
	13	Grants an	d similar amounts p	aid (Part IX, co	olumn (A),/finide/Fa)	<u>, U j </u>	[0	465,000
	14	•	paid to or for membe	= -			· • <u> </u> _		0	
8	15	•	•		fits (Part IX, column (/	4), lines 5-	-10) _		79,984	86,357
Seuses	16a		nal fundraising fees (-			· · _		0	(
- 2	Б 17		fraising expenses (Part IX, column					•	244.000	250 444
	18				1a–11d, 11f–24e) al Part IX, column (A)		· · -		341,860 421,844	359,14 ⁻ 920.498
	19				om line 12		. : -		19,151	(405,283
\rightarrow								eginning of Co		End of Year
Net Assets or Fund Balances	20	Total asse	ets (Part X, line 16)				[699,151	327,100
A A	21	Total liabi	lities (Part X, line 26)				[_		O	
	22		s or fund balances.	Subtract line 2	21 from line 20 .	<u></u>	<u> L</u>		699,151	327,100
Par			ure Block					 		
					i, including accompanying er) is based on all informati					y knowledge and belief, it is
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Sigr		Signa	iture of officer	-	- 1	_	,	Da	ate * '	
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		- 17PC	or print name and title	I Dime	parar's simpation		(∕ Dat		1	л ., РПN
Paid	•	- 1	e preparer's name	Luet	parer's signature		Date	-	Check _ self-emple	ותן
	pare	1					1	15-		·,···
Use	On				<u> </u>				n's EIN ▶	
May	Firm's address ► Phone no. May the JRS discuss this return with the preparer shown above? (see instructions)									

Cat. No. 11282Y

☐ Yes ☐ No Form **990** (2018)

orm 990	0 (2018) Page 2
Part I	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Kensington Community Council supports and promotes the welfare and education of residents of the community of Kensngton,
	California, by operating a recreation department on behalf of the Kensington Police Protection and Community Services District, a
	local government agency, providing adult education, youth activities and after-school educational programs, as well as other
	projects to benefit the community such as the development and operation of Kensington Park and its recreational facilities.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
•	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code: 624410) (Expenses \$ 601,313 including grants of \$ 465,000) (Revenue \$ 150,228)
	The Kensington After-School Enrichment Program ("KASEP") provides after-school curriculum enhancement classes and
	activities to children of Kensington residents.
	activities to children of Kensington residents.

	(Code: 624410) (Expenses \$ 101,141 including grants of \$ 0) (Revenue \$ 202,205)
	KCC, as part of its recreation department offerings described in Part III Section I, operates a Summer Day Camp for children
	of Kensington residents.
	,
4c	(Code: 611600) (Expenses \$ 57,408 including grants of \$ 0) (Revenue \$ 70,113)
	As part of its recreation department programming described above, KCC provides throughout the year a series of adult
	education classes available to Kensington residents.
	······································

4.4	Other are grown continue (Decembe in School de O.)
4d	Other program services (Describe in Schedule O.)
40	(Expenses \$ 63,161 including grants of \$ 0) (Revenue \$ 63,151)

Form 990 (2018)



Part IV	Chec	klist o	of Req	uired	Sche	dules

			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	<	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	\	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V .	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.	1		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		√
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		\
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		\
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		✓ '
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
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		1
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		1
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		✓
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		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	
		Form	990	(2018)

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		✓
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? If "Yes," answer lines 24b	242		1
b	through 24d and complete Schedule K. If "No," go to line 25a	24a 24b		7
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	270		
	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		1
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
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		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		✓
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
b	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		1
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		1
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	1	
Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	• •	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 39	7	.00	.40
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	ē		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	✓	

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
	Fator the combined of complement accorded on Farm M.O. Torramellied of Many and Tay 1		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
ь	Statements, filed for the calendar year ending with or within the year covered by this return 2a 6 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓	ig
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	ZD	V	 -
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		√	
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	1	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	Ų.	•	-
74	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
b	If "Yes," enter the name of the foreign country:			
- -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			\vdash
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		1
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		V
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	~		
oa	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or	<u> </u>		Ť
_	gifts were not tax deductible?	6b		1
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
•	and services provided to the payor?	7a		✓
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	_		١,
	required to file Form 8282?	7c		-
d	If "Yes," indicate the number of Forms 8282 filed during the year	<u>—</u>		7
θ f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 e 7 f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	-	7
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			1
a	Initiation fees and capital contributions included on Part VIII, line 12			3 \$
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b] Section 501(c)(12) organizations. Enter:			
11 a	Gross income from members or shareholders			
h	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		ļ
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans			
с 14а		14a		/
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		 ▼
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	. 40		
	excess parachute payment(s) during the year?	15		✓
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		✓
	If "Yes," complete Form 4720, Schedule O.			

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	See ins	struct	ions.
Soction	on A. Governing Body and Management	···	•	. 🔽
Secu	on A. Governing Body and management		Yes	No
12	Enter the number of voting members of the governing body at the end of the tax year 1a		163	1.00
	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 in Schedule O.			١
b	Enter the number of voting members included in line 1a, above, who are independent . 1b	<u>,</u>]
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		
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		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5	ļ	✓
6	Did the organization have members or stockholders?	6	ļ	/
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	/	
Ь	Each committee with authority to act on behalf of the governing body?	8b	✓	
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		1
Section	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C) 1
40-	Did the sussination have least should be about the suspense of fillings.	400	Yes	No /
10a	Did the organization have local chapters, branches, or affiliates?	10a	 	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	<u> </u>
40a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a		7
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b	 	-
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	\vdash	
С	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		1
14	Did the organization have a written document retention and destruction policy?	14	1	
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?	نع		
а	The organization's CEO, Executive Director, or top management official	15a		1
b	Other officers or key employees of the organization	15b		1
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		7
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Section	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ California			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O)	Γ(Sec	tion	501(c)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	polic	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	•	
	Vido E Dorroh 144 Vork Avenue Kensington CA 94708 (510) 597-3169			

Form	aan	(2018)	
rom	990	120101	

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

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
(A) Name and Title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					one en tee)	(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of
	week (list arry hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Anne Forrest	5									
President and Director		✓		✓			L.	0	0	
(2) Todd Hodson	3				1					
Vice President and Director		✓		✓			<u> </u>	0	0	0
(3) Danielle Power	2									
Secretary and Director		✓		✓			L.	0	0	
(4) Ted Blankenburg	2	_					ļ			
Treasurer and Director		✓	<u>_</u>	1	ļ	ļ	L	0	. 0	
(5) Tom Dean	11				l		ľ	1		
Director		✓	_	_	_		_	0	0	0
(6) Laurie Ushigusa	11			1	i					
Director		✓	<u> </u>	<u> </u>	<u> </u>	L		0	0	
(7) Vida Sarrafan	11	_								
Director		1	_	_	<u> </u>		L.	0	0	
(8) Bruce Morrow					İ		1			
Director		✓	<u> </u>		L		L.	0	0	
(9) Cathy Garza	11			ŀ						
Director		1	L	L	_	<u> </u>	L.	0	0	<u></u>
(10)										
(11)										
(12)										
(13)										
(14)			-				_		. ,	

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A)	(B)			Pos	C) ition			(D)	(E)			(F)	
	Name and title	Average	box, unless person is both				Reportable	Reportable	, ,]			
		hours per week (list any	office	ar ant	dad		or/trust	(96	compensation from	compensation related				·
		hours for	Individual trustee or director	Teg.	Officer	Ş.		Former	the	organization		comp	ensatio	on
		related organizations	9 5	톭	ğ	Key employee	nest Toya	룍	organization (W-2/1099-MISC)	(W-2/1099-MI	SC)		m the nization	n
		below dotted	3 2	ě		οý	e com					and	related	j
		line)	5	Institutional trustee		8	pens	l				organ	ization	15
				8			Highest compensated employee							
(15)														
(40)		ļ			<u> </u>			ļ						
(16)														
(17)														
/4.9N		-	_	-	\vdash	\vdash		┝						
(18)														
(19)		ļ												
(20)		-						\vdash						
		<u></u>						L						
(21)		ļ												
(22)		<u> </u>				\vdash		\vdash						
					ļ			<u> </u>			_			
(23)		 												
(24)								T	<u> </u>					
/AF			ļ	_	_			<u> </u>						
(25)														
1b	Sub-total			•	•	-		>						
C	Total from continuation sheets to Part			•	•		•							
d	Total (add lines 1b and 1c)							<u></u>	bo received m		0)			0
Z	reportable compensation from the organi		1 (O u	IUSE	1151	eu i	above	2) VV	no received in	ore man \$10	0,000 (,,		
													Yes	No
3	Did the organization list any former of employee on line 1a? If "Yes," complete									est compen	sated	3	<u> </u>	آب
4										onaction fro	m tha	-		
•	For any individual listed on line 1a, is the organization and related organizations	greater th	an \$1	150.	.000	1981 17 <i>l</i> 1	f "Ye	111 u S."	complete Sch	edule J for	such		ĺ	1
	individual	<i>.</i> .		•	•					 .		4		1
5	Did any person listed on line 1a receive of for services rendered to the organization									ation or indi	vidual	5	_	
Section	on B. Independent Contractors	<i>i ii 16</i> 3, C	,Umpi	616	001	1600	116 0 1	0/ 3	den person	<u> </u>	•	1 3		V
1	Complete this table for your five highest	compensat	ed inc	dep	end	ent	contr	acto	ors that receive	ed more than	\$100,	000 of		
	compensation from the organization. Rep	oort compe	nsatio	on fo	or th	1 0 C	alend	ar y	ear ending wit	h or within th	ne orga	nizatio	n's t	ax
	year. (A)								(B)			(C)		
	Name and business address Description of services Compensation													
NONE								 				<u> </u>		
								_						
2	Total number of independent contractor	ors (includir	na bi	ıt n	ot	imit	ed to) th	ose listed abo	ove) who				1
	received more than \$100,000 of compens								0	-,				

Part	VIII	Statement of Revenue Check if Schedule O contains a re	esnonse or note to	any line in this	Part VIII		П
	··· ·	Officer if Schedule O Contains a re	esponse of note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
क्र क	1a	Federated campaigns 1	а			•	
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues 1	b				
s, G	c	Fundraising events 1	С				
ar l	ď	Related organizations 1	d				
S, E	е	Government grants (contributions)	в				
Contributions, Giff and Other Similar	f	All other contributions, gifts, grants,					
효	ŀ	and similar amounts not included above	f 25,530				
P O	g	Noncash contributions included in lines 1a-1f:					
<u>2</u> <u>E</u>	h	Total. Add lines 1a-1f		25,530			
Program Service Revenue			Business Code				
9.6	2a	Rec. Dept. Classes	611600	70,113	70,113		
e B	Ь	KASEP After-School		150,228	150,228		
Ž	C	Day Camp	624410	202,205	202,205		<u> </u>
8	d	Outlook	611110	63,151	63,151		
Ta T	e	All albert program and in an annual					
ဦ	f g	All other program service revenue. Total. Add lines 2a-2f		485,697			<u> </u>
-	3	Investment income (including div		465,697			
		and other similar amounts)		200			200
	4	Income from investment of tax-exempt	i	200			200
	5	Royalties	•				
		(i) Real	(ii) Personal				
	6a	Gross rents					
	ь	Less: rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)	🕨			·	
	7a	Gross amount from sales of assets other than inventory	(ii) Other				
	ь	Less: cost or other basis and sales expenses .					
	c	Gain or (loss) .					
	d	Net gain or (loss)	. <u> </u>				
er Revenue	8a	Gross income from fundraising events (not including \$ 6,873 of contributions reported on line 1c). See Part IV, line 18	a 6873				
Other	ь	Less: direct expenses	b 3,085				
	C	Net income or (loss) from fundraisir	ig events . ▶	3,788			3,788
	9a	Gross income from gaming activities See Part IV, line 19					
	ь	Less: direct expenses	ь				
	C	Net income or (loss) from gaming a	ctivities 🕨				
	10a	Gross sales of inventory, less returns and allowances					
	b	Less: cost of goods sold	b				
	С	Net income or (loss) from sales of in	nventory >		·		
		Miscellaneous Revenue	Business Code				
	11a						
	Ь						<u> </u>
	C						ļ
	d	All other revenue					
	1,e	Total Add lines 11a-11d	🟲				
	12	Total revenue. See instructions		515,215	485,697	·	3,988 Form 990 (2018)
							Form 850 (2018)

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										
	t include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations		·	-	3					
	and domestic governments. See Part IV, line 21	465,000	465,000							
2	Grants and other assistance to domestic		-							
	individuals. See Part IV, line 22									
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16									
4	Benefits paid to or for members				·····					
5	Compensation of current officers, directors, trustees, and key employees				,					
6	Compensation not included above, to disqualified									
Ū	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)									
7	Other salaries and wages	76,846	24,914	51,932						
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)		•							
9	Other employee benefits			** ************************************						
10	Payroll taxes	19,511	6,326	13,185						
11	Fees for services (non-employees):									
а	Management									
b	Legal									
C	Accounting									
d	Lobbying									
е	Professional fundraising services. See Part IV, line 17				····					
f	Investment management fees									
9	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)									
12	Advertising and promotion	4,477	4,477							
13	Office expenses									
14	Information technology	15,104	15,104							
15	Royalties									
16	Occupancy	12,158	12,158							
17 18	Travel									
	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings .									
20	Interest				<u> </u>					
21 22	Payments to affiliates									
23	Insurance	7,975	7,975	-						
24	Other expenses, Itemize expenses not covered	7,975	7,979		i					
24	above (List miscellaneous expenses in line 24e. If									
	line 24e amount exceeds 10% of line 25, column		ŕ							
	(A) amount, list line 24e expenses on Schedule O.)									
а	Independent contract teachers	241,267	241,267							
b	Office, teaching and camp supplies	53,799	53,799							
c	Class ansd camp fee refunds	6,505	6,505							
d	Outlook production, printing and distribution	17,147	17,147							
•	All other expenses	709	709							
25	Total functional expenses. Add lines 1 through 24e	920,498	855,381	65,117						
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs]								
	from a combined educational campaign and		1							
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)									

_ ٢	art X			···		
		Check if Schedule O contains a response or note to any li	ne in this Pa	rt X	• •	
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	[1	
	2	Savings and temporary cash investments	[699,151	2	327,100
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		4		
	5	Loans and other receivables from current and former officers	, directors,			
		trustees, key employees, and highest compensated e	employees.			
		Complete Part II of Schedule L	[5	
	6	Loans and other receivables from other disqualified persons (as defined u	ınder section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing er				
		sponsoring organizations of section 501(c)(9) voluntary employees'				
ţ,		organizations (see instructions). Complete Part II of Schedule L	[6	
Assets	7	Notes and loans receivable, net	[7	
Ä	8	Inventories for sale or use	[8	
	9	Prepaid expenses and deferred charges	[9	
	10a	Land, buildings, and equipment: cost or				1
		other basis. Complete Part VI of Schedule D 10a				
	ь	Less: accumulated depreciation 10b			10c	
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11	[13	
	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)		699,151		327,100
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue	7		19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Sche			21	
98	22	Loans and other payables to current and former officers,				
Ę		trustees, key employees, highest compensated employees				
Liabilities		disqualified persons. Complete Part II of Schedule L			22	
_	23	Secured mortgages and notes payable to unrelated third partie	s.,		23	······································
	24	Unsecured notes and loans payable to unrelated third parties		· · · · · · · · · · · · · · · · · · ·	24	
	25	Other liabilities (including federal income tax, payables to re				•
		parties, and other liabilities not included on lines 17–24). Comp of Schedule D	DIELE PAIL A			
			-		25 26	
	26	Total liabilities. Add lines 17 through 25	▶ 📝 and	0	20	0
S		complete lines 27 through 29, and lines 33 and 34.	e e anu		l	
ᅙ	07	- · ·	-	500.454	27	
묠	27	Unrestricted net assets		699,151	28	327,100
Ö	28 29	Permanently restricted net assets			29	
Ĕ	29	Organizations that do not follow SFAS 117 (ASC 958), check here			25	-
Ē		complete lines 30 through 34.				
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds	j		30	
30 £	31	Paid-in or capital surplus, or land, building, or equipment fund	r		31	
Ass	32	Retained earnings, endowment, accumulated income, or other			32	
ĕ	33	Total net assets or fund balances		699,151		699,151
Z	34	Total liabilities and net assets/fund balances	r	699,151	Ī	699,151
_				Mara Lall	بستستم	

om 99	90 (2018)		Pa	ge 12			
Part	t XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	• •				
1	Total revenue (must equal Part VIII, column (A), line 12)		51	5,215			
2	Total expenses (must equal Part IX, column (A), line 25)		92	20,498			
3	Revenue less expenses. Subtract line 2 from line 1	(405,283)					
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4	699,15					
5	Net unrealized gains (losses) on investments						
6	Donated services and use of facilities						
7	Investment expenses						
8	Prior period adjustments	33,232					
9	Other changes in net assets or fund balances (explain in Schedule O)						
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	33, column (B))		32	27,100			
Part	XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII	· · ·					
			Yes	No			
1	Accounting method used to prepare the Form 990: 🗹 Cash 🔲 Accrual 🔲 Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	Ĭ					
	Schedule O.						
2a	····						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or						
	reviewed on a separate basis, consolidated basis, or both:						
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?	2b		✓_			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a						
	separate basis, consolidated basis, or both:	1 1					
	Separate basis Consolidated basis Both consolidated and separate basis						
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?	2c					
	If the organization changed either its oversight process or selection process during the tax year, explain in						
_	Schedule O.		—				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in						
_	the Single Audit Act and OMB Circular A-133?	3a		✓			
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.	3b					

Form **990** (2018)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2018 ▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

MENIC							Linployor Idonation	24000
Par		N COMMUNITY COUNCIL Reason for Public Chai	rity Status (All	organizations must	comple	te this n	art) See instruction	
								10.
1 2 3 4	organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:							
5	☐ Ar	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 7	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)							
8	\square A	community trust described in	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)			•
9	An agricultural research organization described in section 170(b)(1)(A)(bx) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:							
10	An organization that normally receives: (1) more than 33½% 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 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)							
11	☐ Ar	n organization organized and	operated exclus	sively to test for public	c safety.	See sect i	ion 509(a)(4).	
12	2 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.							
а	a 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.							
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.							
C	The state of the s							
d								
e		Check this box if the organ functionally integrated, or 1						il, Type III
f	Ente	er the number of supported o	organizations .					
9	Pro	vide the following information	about the supp	orted organization(s).				
(i) Name of supported organization		ne of supported organization	(ii) EIN (iii) Type of organization (described on lines 1-10 listed in your gover above (see instructions)) (iv) is the organization document?		ır governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
					Yes	No		
(A)								
(B)								
(C)		٠						
(D)								
(E)								
Total]		新元·			-		

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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.)

	traio organization taio to quality		10 10100 501	, p			
	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees	1			İ	' I	
	received. (Do not include any "unusual grants.")	7,285	11,110	6,745	7,835	25,530	58,505
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	465,086	455,803	-	429,614	485,697	2,324,322
3	Gross receipts from activities that are not an unrelated trade or business under section 513	6,843	5,950	5,853	5,616	6,873	31,135
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	479,213	472,863	500,710	443,065	518,100	2,413.951
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	0	0	0	0	a	0
8	Public support. (Subtract line 7c from line 6.)			J	<u>~</u>		2,413,951
Secti	on B. Total Support	<u> </u>					2,410,331
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	479,213	472,863				2,413,951
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	115	115		200	200	777
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b	115	115	147	200	200	777
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					-	
13	Total support. (Add lines 9, 10c, 11, and 12.)	479,328	472,978	500.857	443,265	518,300	2,414,728
14	First five years. If the Form 990 is for the organization, check this box and stop her	e organization	's first, secon		, or fifth tax ye	ear as a section	n 501(c)(3)
Secti	on C. Computation of Public Suppor	t Percentage	•				
15	Public support percentage for 2018 (line 8			13, column (fl)		15	99.9 %
16	Public support percentage from 2017 Sch					16	99.9 %
	on D. Computation of Investment Inc				<u> </u>	<u> </u>	33.3 70
17	Investment income percentage for 2018 (~~~ 	v line 13 colu	mn (fl)	17	0.0003 %
18	Investment income percentage from 2017		• • •	•		18	0.003 %
	331/s% support tests—2018. If the organi						
19a	17 is not more than 331/3%, check this box						
b	331/3% support tests—2017. If the organiz line 18 is not more than 331/3%, check this l	ation did not ch	neck a box on	line 14 or line 1	9a, and line 16	is more than 3	3 ¹ /3%, and
00		•	~	-		• •	_
20	Private foundation. If the organization di	u not check a l	OX ON IINO 14,	, 18a, of 19D, C	THECK THIS DOX	and see instruc	ctions 🕨 🗌

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

ecu	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			1
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	_		
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			1
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
_	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
-	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
42	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	—	
L	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	70		
b	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		ـــا
_		40		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)		:	
	purposes.			لـــــا
		4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		<u> </u>
þ	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		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the chantable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	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?			لــــا
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			1
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
I0a	Was the organization subject to the excess business holdings rules of section 4943 because of section			1
	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			1
-	determine whether the organization had excess business holdings.)	10b		

Schedule A	Form 9	990 or	990_F7\	2018
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D	к

Part	Supporting Organizations (continued)		<u>`</u>	-9	•
			Yes	No	
11	Has the organization accepted a gift or contribution from any of the following persons?				ĺ
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	—		ļ
b		11b		_	-
		11c			
	on B. Type I Supporting Organizations				•
			Yes	No	•
1	Did the directors, trustees, or membership of one or more supported organizations have the power to				İ
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the				ł
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,	e •1			ı
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported				i
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.				ı
2	Did the appropriation approach for the bonefit of any appropriation of the three the approached	1	<u> </u>		i
~	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part				ı
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,				ı
	supervised, or controlled the supporting organization.	2			J
Secti	on C. Type II Supporting Organizations				•
	_		Yes	No	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors				l
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control				ĺ
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).				ļ
<u> </u>		1			
Secu	on 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		163	140	i
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax				ĺ
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the				ĺ
	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				İ
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how				ļ
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2			ì
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				ı
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's				ı
	supported organizations played in this regard.	3			ı
Secti	on E. Type III Functionally Integrated Supporting Organizations				•
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	stru	ctions	3).	٠
a	☐ The organization satisfied the Activities Test. Complete line 2 below.				
b	The organization is the parent of each of its supported organizations. Complete line 3 below.				
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	ee in:			-
2	Activities Test. Answer (a) and (b) below.		Yes	NO	i
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify				ı
	those supported organizations and explain how these activities directly furthered their exempt purposes,				l
	how the organization was responsive to those supported organizations, and how the organization determined				ı
	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				İ
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the				
	reasons for the organization's position that its supported organization(s) would have engaged in these	<u></u>	<u> </u>		l
_	activities but for the organization's involvement.	2b		L	į
3	Parent of Supported Organizations. Answer (a) and (b) below.				١
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> .				ĺ
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	<u>Ja</u>		,	Ī
U	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	_		İ

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V	ani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7	·	
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	15		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7	· · · · · · · · · · · · · · · · · · ·	
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	y in	tegrated Type III supporti	ng organization (see

Socti	on D—Distributions	s) Supporting Organi	zations (continued)	Current Year
			Ourrent rear	
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	organizations, in excess of income from activity		• •	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
<u> 4</u>	Amounts paid to acquire exempt-use assets		· · · · · · · · · · · · · · · · · · ·	
	Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions.			
<u> 6</u> 7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	h the ergenization is rec	noncivo	
•	(provide details in Part VI). See instructions.	in the organization is res	polisive	
9	Distributable amount for 2018 from Section C, line 6		······································	
10	Line 8 amount divided by line 9 amount			
			(ii)	(lii)
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018	-		
	(reasonable cause required - explain in Part VI). See			
	instructions.			
	Excess distributions carryover, if any, to 2018			
	From 2013	·····	 	
	From 2016			
e	From 2017			
t	Total of lines 3a through e			
	Applied to underdistributions of prior years		 	
	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
-8	Breakdown of line 7:			
	Excess from 2014			
<u>b</u>	Excess from 2015			
	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

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Daga	

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

SCHEDULE I (Form 990)

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

20**18**

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

Open to Public Inspection

Name of the organization							Employer iden	rtification number
KENSINGTON COMMUNITY COUNCIL							<u> </u>	94-1491933
Part I General Information	on Grants and	Assistance						
 Does the organization mainta 			•		•	_		
the selection criteria used to								🗹 Yes 🗌 No
Describe in Part IV the organi								
Part II Grants and Other As Part IV, line 21, for an	sistance to Do y recipient that i	mestic Organia received more t	tations and Dom han \$5,000. Part	iestic Governm Il can be duplica	ents. Complete if ated if additional s	the organization the control of the	on answered I.	d "Yes" on Form 990
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description noncash assist		(h) Purpose of grant or assistance
(1) Kensington Police Protection						- -		
and Community Services District	94-6050029		\$465,000	0			Ear	thquake retrofit and
(2) 217 Ariington Avenue,								
Kensington CA 94707							rene	ovation of Community
(3)							Cen	nter used for KASEP,
(4)				-			Day	Camp and Classes
(5)						······································		
(6)						· - · , , , ,		
.(7)								
(8)	*****							
(9)								
(10)								
(11)	. ,			-				
(12)								
2 Enter total number of section 3 Enter total number of other or	, , , ,	•		ine 1 table				1

Part III	Grants and Other Assistance to Part III can be duplicated if addition	Domestic Individua nal space is needed	als. Complete if th	e organization answ	vered "Yes" on Form 990,	Part IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1						
2				ļ		
3						
4			·			
5						
6						
7	Out to the second of the secon	da Aba isfamaakiaa	andred in David II	a Or Dart III a along		
Part IV	Supplemental Information. Provi	de the information r	equired in Part I, I	ne 2; Part III, colum	n (b); and any other addit	ional information.
observation	ains its administrative office in a building nof the progress of the work, as well as re					

			•		-	
	***************************************		,			
				•		

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.

20**18**

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ➤ Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

KENSINGTON COMMUNITY COUNCIL	94-1491933
PART III, LINE 4D	
The organization publishes the "Kensington Outlook," a monthly community newsletter distributed free	e of charge containing information
about KCC's program services, a calendar of classes and other events, and news items of local interes	t. The publication contains paid
advertising by local and nearby businesses. KCC considers that publishing the Outlook is related to its	s exempt purposes because the
main purpose of the publication is to publicize its program services, and it is operated without the purp	pose of making a profit. KCC
therefore reports Outlook revenue and expense in its Form 990. However, KCC also files annually a For	m 990T for the Outlook, In recognition
that it might be characterized as a business. In addition, from time to time KCC sponsors special proje	cts not included in the activities
described in Part III that benefit the community consistent with its exempt purposes.	
DADTIN OFFICIAL LINE 44D	,
PART VI, SECTION A, LINE 11B	
A draft of the Form 990 and related schedules, as applicable, is circulated to members of the Board of	Directors for review, comment and
possible correction prior to its finalization and filing.	•
PART VI, SECTION C, LINE 19	
KCC makes copies of its governing documents, conflict of interest policy, and financial statements ave	illable to the public upon request.
KCC's Board meets monthly, and meetings are open to the public. Copies of monthly and annual finan	cial statements are available to the
public and are discussed in open session. In addition, KCC's Form 990 and applicable schedules, and	related state filings, are available
on the website of the California Attorney General's Registry of Charitable Trusts.	••••••
END OF SCHEDULE O	<u>-</u>
	······································

- 4	000 T	Exempt Organization Business Income Tax Return					OMB No. 1545-0687		87	
Form	990-T		(and proxy tax under						മെ 4 മ	,
		For cale	ndar year 2018 or other tax year beginning 7/	1	2018, and ending _	6/30 , 20	19 .		2018	•
	ent of the Treasury		► Go to www.irs.gov/Form990T for instra	uction	s and the latest ir			Oper	i to Public Inspect	ion for
	Revenue Service	▶Do	not enter SSN numbers on this form as it may be		· · · · ·				nto Public Inspect c)(3) Organizations	
A D	Theck box if address changed		Name of organization (anged a	and see instructions))			identification nu s' trust, see instruct	
	pt under section	Print	KENSINGTON COMMUNITY COUNCIL	!-			(=	•		,
)1(c)(<u>03</u>)	or	Number, street, and room or suite no. If a P.O. box	, see in	Structions.		E Unrel		4-1491933 business activity of	code
		Туре	c/o Vida Dorroh, 144 York Avenue City or town, state or province, country, and ZiP or	formar	nostal code				ictions)	
		1	Kensington, CA 94708	10.019	, postas occo				611110	
C Book	yalue of all assets of of year	F Gr	oup exemption number (See instructions	.) ▶					011110	
at o n	\$327.100	G C	neck organization type > 7 501(c) com	oratio	on 🗍 501(c) trust 🔲	401(a)) tru:	st Other	trust
H En			organization's unrelated trades or busines			Describe	e the or	nly (d	or first) unrelate	ed
					nly one, complet					
		•	at the end of the previous sentence, con	nplete	Parts I and II, o	complete a S	chedul	е М	for each addit	tional
			omplete Parts III–V.							
			e corporation a subsidiary in an affiliated gro			ry controlled g	roup?.	۱.	▶ 🗌 Yes 🔽	No
			and identifying number of the parent corp	oratio						
_			Vida Dorroh			phone numbe		—т	(510) 527-3169	}
			e or Business Income	1	(A) Income	(6) 23	penses	\dashv	(C) Net	
1a b	Gross receipts Less returns and			1c			1			1 1
2			Schedule A, line 7)	2	 		-	\dashv		
3	_		t line 2 from line 1c	3			 -			
4a	•		ne (attach Schedule D)	4a				一		
b			4797, Part II, line 17) (attach Form 4797)	4b		1				
c			n for trusts	4c			*			
5	•		tnership or an S corporation (attach statement)	5						
6	Rent income (Schedu	ile C)	6						
7	Unrelated deb	t-financ	ced income (Schedule E)	7						
8	Interest, annuities,	royalties,	and rents from a controlled organization (Schedule F)	8						
9			ction 501(c)(7), (9), or (17) organization (Schedule G)	9						
10			ivity income (Schedule I)	10						-
11	_		Schedule J)	11	63,151	2	4,604	\dashv	38,547	
12			tructions; attach schedule)	12						
13 Part	Total. Combin		3 through 12	13	63,151		4,604		38,547	
rait	deduction	e muet	he directly connected with the unrelate	ad bu	einace income)		shr ioi	COII	urbudoris,	
14	Compensation	of offi	cers, directors, and trustees (Schedute 19	000	0100 II.00II.0.,		. 1.	14		
15	Salaries and w	vages	TKE	CE			_	15		
16		_	ance		2 2019 · Sy			16		
17	•			P 1 9	2 2019 · 🍎		. [17		
18	Interest (attacl	h sched	lule) (see instructions)		181		. [18		
19	Taxes and lice	enses .					. <u>L</u>	19		
20	Charitable cor	ntributio	ons (See instructions for limitation rules)	ソニリ	<u>N, U.I.</u>		· 4	20		
21	Depreciation (attach I	Form 4562)		21			_		
22	•		imed on Schedule A and elsewhere on re					2b		ļ
23							· —	23		<u> </u>
24			rred compensation plans					24		
25 26			grams				<u> </u>	25 26		
26 27	•		nses (Schedule I)				· -	27	38,547	 -
28			ach schedule)					28	30,34/	
29			id lines 14 through 28					29	38,547	
30			xable income before net operating loss de)	30	00,347	
31			ating loss arising in tax years beginning on o				_	31		1
32		-	exable income. Subtract line 31 from line					32	0	
For Pa	perwork Reduct	ion Act	Notice, see instructions.		Cat. No. 11291J	J			Form 990-T	(2018)



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		· · · · · · · · · · · · · · · · · · ·						
Part		otal Unrelated Business Taxable						
33	Total of	unrelated business taxable income	computed from all unrelated trade	es or businesses (se	e			1
	instruct	ions)			33	ł	0	A .
34		ts paid for disallowed fringes			34			
		ion for net operating loss arising				+		\vdash
35					!			
		ions)						L
36	Total of	unrelated business taxable income	pefore specific deduction. Subtract	line 35 from the su	m			
	of lines	33 and 34			36			1
.=								
37	•	deduction (Generally \$1,000, but se	-	•	 			├──
38		ted business taxable income. Subt			6,	1		l
	enter th	e smaller of zero or line 36			38		. 0	Í
Part I	V Ta	ax Computation						
39		zations Taxable as Corporations. N	fultiply line 38 by 21% (0.21)		> 39	T		
	_					-		\vdash
40		Taxable at Trust Rates. See				- -		i
	the amo	ount on line 38 from: 🔲 Tax rate sch	edule or 📋 Schedule D (Form 104	1)	40			<u> </u>
41	Proxy t	ax. See instructions		1	► 41			l
42	Alterna	tive minimum tax (trusts only)			42	1		
43		Noncompliant Facility Income. See			43			-
								
44		Add lines 41, 42, and 43 to line 39 or	40, whichever applies	 	44		0	Щ_
		ax and Payments						
45a	Foreign	tax credit (corporations attach Form 11	18; trusts attach Form 1116) .	45a		1		ſ
b	Other c	redits (see instructions)		45b		1		l
C		business credit. Attach Form 3800 (45c	_	1		ĺ
_		or prior year minimum tax (attach Fo	-	45d	—— -c			f
d					45.			l
Ð		redits. Add lines 45a through 45d			456			⊢—
46		t line 45e from line 44			46	<u> </u>		<u> </u>
47	Other tax	kes. Check if from: 🔲 Form 4255 🔲 Form	n 8611 🔲 Form 8697 🔲 Form 8866 🔲 (Other (attach schedule) .	47	1		
48	Total ta	ex. Add lines 46 and 47 (see instruction	ons)		48	1		
49		at 965 tax liability paid from Form 965			49	†		\vdash
		· ·		(1	+		
50a	-	nts: A 2017 overpayment credited to		50a	-	1		1
b	2018 es	stimated tax payments		50b	_			1
C	Tax de	oosited with Form 8868		50c				1
d	Foreign	organizations: Tax paid or withheld a	at source (see instructions) .	50d		1		1
е		withholding (see instructions)		50e		ľ		j
_		or small employer health insurance p		50f				1
	Oleul 1	or small employer nearth insurance p		301	_			
		redits, adjustments, and payments:	☐ Form 2439					l
	☐ Form	i 4136		50g		_		
51	Total p	ayments. Add lines 50a through 50g			51	1		
52		ed tax penalty (see instructions). Che			□ 52			
53		e. If line 51 is less than the total of lin			▶ 53		0	
		vment. If line 51 is larger than the to			54	 		\vdash
		•				+		—
55'		amount of line 54 you want: Credited to		Refunded	▶ 55			Ь
Part \		atements Regarding Certain A	ctivities and Other Information	1 (see instructions)	<u> </u>			
56	At any t	ime during the 2018 calendar year, o	lid the organization have an interes	t in or a signature o	r other a	authority	Yes	No
	over a f	inancial account (bank, securities, or	other) in a foreign country? If "Yes	s." the organization	may ha	ve to file		1
		Form 114, Report of Foreign Bank a					1	1 1
	here ▶	Tom Tra, Report of Foldigh Dank				,	1-	
							\vdash	✓
	_	ne tax year, did the organization receive a	-	r of, or transferor to, a	toreign t	rust? .	ļ	
	If "Yes,	' see instructions for other forms the	organization may have to file.					
58	Enter th	e amount of tax-exempt interest rec	eived or accrued during the tax vea	ır ▶ \$		0		
		penalties of perjury, I declare that I have examined		•	best of m	y knowledge	and be	ief, it is
Sign		rrect, and complete. Declaration of preparer (other			dge.			 _
_	I -		19 0 15 15.	. Ne L		the IRS disc the prepare		
Here		Sight Cl. 12 -A	Tions Finance	in Dech		instructions)		
	Signatu	re of officer	Date Title					لية
Paid		Print/Type preparer's name	Preparer's signature	Date	Check	7 # P	TIN	
					self-emp			
Prepa		Firsto some . N						
Use (Only	Firm's name ▶			Firm's El			—
	-	Firm's address ▶			Phone no).		

F	eps	3

Sche	dule A—Cost of Goods S	old. En	er method of i	nvent	ory va	luation >					
1	Inventory at beginning of year	ar	1		6	Inventory a	at end of year	6			
2	Purchases	. [2		7	Cost of	goods sold. Subtract				
3	Cost of labor	. [:	3	Ι		line 6 from	line 5. Enter here and				
4a	Additional section 263A co	osts			1	in Part I, lir	ne 2	7			
	(attach schedule)	. 4	а		8		les of section 263A (wit			Yes	No
b Other costs (attach schedule)			b			property p	roduced or acquired for	resale	e) apply		
5	Total. Add lines 1 through 41		5			to the orga	ınization?				
	dule C—Rent Income (From instructions)	om Rea	l Property an	d Per	sonal	Property I	Leased With Real Pro	perty	Y)		
1. Descr	iption of property										
(1)											
(2)											
(3)											
(4)											
	2. R	ent receive	d or accrued								
	m personal property (if the percentage personal property is more than 10% be more than 50%)		(b) From real a percentage of rent 50% or if the ren	t for pers	onal pro	operty exceeds	3(a) Deductions directly in columns 2(a) and				19
(1)											
(2)					.,						
(3)											
(4)											
Total			Total				(b) Total deductions.				
(c) Tot	al income. Add totals of columns	s 2(a) and	2(b). Enter				Enter here and on page				
	d on page 1, Part I, line 6, colum						Part I, line 6, column (B)	<u> </u>			
Sche	dule E—Unrelated Debt-F	-inance	d Income (see	instru	ctions	3)	9 Deductions directly con	noctor	with or allo	coble to	
	A Boundaries of data form		. .			come from or	Deductions directly connected with or allocable to debt-financed property				
	Description of debt-finar	ncea propi	erty	алос		debt-financed perty	(a) Straight line depreciation (attach schedule)		b) Other dec (attach sch		s
(1)											
(2)		·				_					
(3)											
(4)								<u> </u>			<u> </u>
	Amount of average acquisition debt on or locable to debt-financed roperty (attach schedule)	of or a	e adjusted basis allocable to inced property in schedule)		4 di	olumn vided blumn 5	7. Gross income reportable (column 2 × column 6)		Allocable dumn 6 × tota 3(a) and	of col	
(1)						%					
(2)			<u></u>			%					
(3)				<u> </u>		%	. <u></u>				
(4)						%					
					•••		Enter here and on page 1, Part I, line 7, column (A).		r here and t I, line 7, c		
Totals				• •		▶	L				
I OTAL C	ividends-received deductions is	nciuded (n column 8 .	- •	-	· · · · ·		L	Som Q	90-T	(2019)

Schedule F-Interest, Ann	uiues,	noyalues,			Organizations	Janizauons (Se	o moude	, uorisj	
Name of controlled organization		Employer ication number	3. Net unre	elated income instructions)		5. Part of colum included in the corganization's gro	poillorino	conn	eductions directly ected with income in column 5
(1)									
(2)									<u> </u>
(3)									
(4)								J	
Nonexempt Controlled Organiz	zations			,		 			
7. Taxable Income		Net unrelated in oss) (see instructi			otal of specified yments made	10. Part of column included in the corganization's gro	controlling	conne	leductions directly cted with income in column 10
(1)								1	
(2)			· · · · · · · · · · · · · · · · · · ·						
(3)									
(4)									
Totals						Add columns 5 Enter here and c Part I, line 8, co	on page 1,	Enter	columns 6 and 11. nere and on page 1, tine 8, column (B).
Schedule G-Investment	ncom	e of a Sect	ion 501	(c)(7), (9),	or (17) Organi	zation (see inst	tructions	5)	
1. Description of income		2. Amount of		3. dire	Deductions ctly connected ach schedule)	4. Set-aside (attach sched	s	5. To and s	otal deductions let-asides (col. 3 plus col. 4)
(1)		-							i
(2)									
(3)									
(4)									
Totals	•	Enter here and Part I, line 9, o	column (A)		Advertising Ir	ncome (see inst	ructions	Part I, li	re and on page 1, ne 9, column (B).
Description of exploited activity		2. Gross unrelated business inco from trade o business	me con	Expenses directly nected with oduction of mrelated ness income	4. Net income (loss) from unrelated trade or business (cotumn 2 minus cotumn 3). If a gam, compute cols. 5 through 7.	5. Gross income	6. Exp	penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)									
(2)									
(3)									
(4)									
Totals	•	Enter here and page 1, Part line 10, col. (/	I, pag	here and on ge 1, Part I, 10, col. (B).					Enter here and on page 1, Part II, line 26.
Schedule J-Advertising I	ncom	e (see instru	ctions)						<u></u>
Part I Income From P				a Consoli	dated Basis				
1. Name of periodical		2. Gross advertising income		3. Direct rtising costs	4. Advertising gam or (loss) (col. 2 minus col 3). If a gain, compute cols. 5 through 7.	5. Circulation Income		dership ists	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)		 		· · · · · ·	1	1			
(2)		1			1				1
(3)		 		···	1	··	<u> </u>		1
(4)					1				1
Totals (carry to Part II, line (5))	. ▶								

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns Part II 2 through 7 on a line-by-line basis.) 7. Excess readership costs (column 6 4. Advertising gain or (loss) (col. 2 minus col. 3). If 2. Gross 3. Direct 5. Circulation 6. Readership minus column 5, but 1. Name of penodical advertising income advertising costs income costs a gain, compute not more than cols. 5 through 7. column 4). 38,547 24,604 38,547 (1) Kensington "Outlook" 63,151 38,547 (2) (3) (4) Totals from Part I Enter here and Enter here and on Enter here and on page 1, Part I, line 11, col. (A). page 1, Part I, line 11, col. (B). on page 1, Part II, line 27. Totals, Part II (lines 1-5) 38,547 63,151 24,604 Schedule K-Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of time devoted to business 4. Compensation attributable to unrelated business 1. Name (1) (2) % (3) % % (4) ▶ Total. Enter here and on page 1, Part II, line 14

Form 990-T (2018)

15CC FILE COPY 2949322600510 OMB No. 1545-0047

_	99	n I	Return of	Organization Exe	llibr Lioni ii	ICOINE	IUA		2040
Form	y U		Under section 501(c), 5	27, or 4947(a)(1) of the Interna	Revenue Code (ex	cept privat	e founda	tions)	2019
(Rev.	January 2	2020)	► Do not enter	r social security numbers on	this form as it may	be made p	ublic,	De C	Open to Public
Depar	tment of	the Treasury	▶ Go to ww	w.irs.gov/Form990 for instru	ctions and the lates	st informati	ion. 19		Inspection
		e Service	dar year, or tax year be		, 2019, and end		June 30) ,	20 20
			Lar year, or tax year se	NSINGTON COMMUNITY CO	والمستوات المستوات المستوات		To	Employer	identification number
_		applicable:	Doing business as	A SANGTON COMMONT TO	KEN	16		9	4-1491933
=	Address	, -		.O. box if mail is not delivered to st		Room/suite	E	Telephone	
=	Name ch	_	c/o Vida Dorroh, 144 Y		cci assi cco			•	0-527-3169
=	Initial ret	m/termmated		ovince, country, and ZIP or foreign	noctal code	L			
H	Amende		Kensington, CA 94708		posta oost		l a	Gross reco	≘ipts \$ 527,15
7				ncipal officer. Mary Stephens		H(a)			ordinates? Yes V No
\Box	Applicati	on pending	152 York Avenue, Ken	•					cluded? Yes No
ī .	Tax-eye	mpt status:	✓ 501(c)(3) 50		4947(a)(1) or 52	~ ``			ee instructions)
<u>:</u>			toncommunitycouncil		1			mpton nur	•
×			Corporation Trust	Association ☐ Other ►	L Year of fo				gal domicile: CA
	art I	Summa		1.0000000000000000000000000000000000000	1 - 1 - 1 - 1 - 1 - 1				30.00
	1			's mission or most significa	nt activities: Kens	ington Co	www.mitv	Council s	upports and
•	1	-	-	on of residents of the comm					
Activities & Governance				gency, providing adult educa		, camonna	e, by ope	rating a IV	creaton departmen
Ě	2			nization discontinued its op		ed of more	e than 2	5% of its	not secote
Š	3	Number	of voting members of t	he governing body (Part VI,	line 1a) - INI	ORRES	C GIGGI Z	3	1
9	A	Number	of independent voting :	nembers of the governing	ECONOMIC INC.	1137	• •	4	<u>'</u>
8	5	Total num	her of individuals emp	loved in calendar year 2010	(Part 1) line 2a)			5	······································
\$	6	Total num	ther of voluntaers (esti	mate if necessary) e from Part VIII, column (C) income from Form 990-T, li	γ (" αι (ν, ιιιο	3US1.		6	
Ę	7a	Total unre	alated business rovenu	to from Post VIII. column (C)	MAY. O.D.	<u>د</u> ۷.۰		7a	2
•		Alek werel	etad business revenu	income from Form COUNTY (C)	, iiiie iz	-AH		7b	
	Ь	ivet unren	ateu busitess taxable	income irom Form 950-1, in	ne 39 OGDEN, I), <u>v. </u>	nor Year	1.70	Current Year
	8	Contribut	ions and grants (Part V	(III. line 1h)	•	—— <u>-</u>		5 500	
9			service revenue (Part \			 		25,530	19,11
Revenue	9			lumn (A), lines 3, 4, and 7d)		 	40	35,697	506,86
æ	11			(A), lines 5, 6d, 8c, 9c, 10c				200	4
	12		•	gh 11 (must equal Part VIII, o				3,788	1,13
	13			d (Part IX, column (A), lines				5,215	527,15
	14		·	(Part IX, column (A), line 4)	•		40	5,000	
	15	-		ployee benefits (Part IX, colu				C 257	F4 40
Expenses	16a			art IX, column (A); line 11e)		·		6,357	54,18
ě	1			t IX, column (D), line 25) ▶		 	`. `. `.	70/3	The sales
滋	17		•	n (A), lines 11a-11d, 11f-24					
	18			7 (Must equal Part IX, colum				9,141	560,41
	19	•		ct line 18 from line 12	,			0,498	614,59
- 6		nevenue	iess expenses. Subtra	ctime to nontime 12		Basinais		5,283)	(87,441
Net Assets or Fund Balances	20	Total con-	oto (Dart V. line 16)			pedannii	of Curren		End of Year
88.58	20 21		ets (Part X, line 16) .			}	32	7,100	239,65
	22		ilities (Part X, line 26) .					0	
	in II		ure Block	btract line 21 from line 20			32	7,100	239,65
									
tru	e, correc	t, and comple	ete. Declaration of preparer (c	med this return, including accompa other than officer) is based on all inf	nying schedules and s ormation of which pres	tetternents, at aarer has anv	nd to the b knowledov	est of my ki e.	nowledge and belief, it i
		T	2112				1 0	7.5.7	
Sig	าก	Signa	ture of officer				18	127/	20
He		J. O.g. L					Date		•
		Type	or print name and title						
			e preparer's name	Dun parde albana					·
Pa			~ huchana o Hatta	Preparer's signature		Date		heck 🔲 ıf	PTIN
	pare				<u></u>		Se	elf-employe	d
Us	e Ont	Firm's na					Firm's El	N Þ	
Man	the ID	Firm's ad					Phone no	0,	
Fa	016.10	- discuss	una returri with the pre	parer shown above? (see in	structions)		· · ·	<u> </u>	☐ Yes ☐ No
ror!	raperw	OFK REDUC	tion Act Notice, see the	Separate instructions	0-	No. 44000	,		222

Form **990** (2019) CZZ

Part I	
	Check if Schedule O contains a response or note to any line in this Part III
•	Briefly describe the organization's mission:
	Kensington Community Council supports and promotes the welfare and education of residents of the community of Kensington,
	California, by operating a recreation department on behalf of the Kensington Police Protection and Community Services District, a
	local government agency, providing adult education, youth activities and after-school educational programs, as well as other
	projects to benefit the community, such as the development and operation of Kensington Park and its recreational facilities.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
	Describe the organization's program service accomplishments for each of its three largest program services, as measured to
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other
	the total expenses, and revenue, if any, for each program service reported.
	(Code: 624410) (Expenses \$ 207,338 including grants of \$) (Revenue \$ 226,340)
	The Kensington After-School Enrichment Program ("KASEP") provides after-school curriculum enhancement classes and
	activities to children of Kensington residents.

	(Code: 624410) (Expenses \$ 172,988 including grants of \$) (Revenue \$ 126,906)
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46	KCC, as part of its recretion department offerings, described in Part III Section Loperates a summer day camp for children of Kensington residents. (Code: 611600) (Expenses \$ 78,711 including grants of \$) (Revenue \$ 95,393)
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4c	KCC, as part of its recretion department offerings, described in Part III Section Loperates a summer day camp for children of Kensington residents. (Code: 611600) (Expenses \$ 78,711 including grants of \$) (Revenue \$ 95,393) As part of its recreation department programming described above, KCC provides throughout the year a series of adult
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4c	KCC, as part of its recretion department offerings, described in Part III Section Loperates a summer day camp for children of Kensington residents. (Code: 611600) (Expenses \$ 78,711 including grants of \$) (Revenue \$ 95,393) As part of its recreation department programming described above, KCC provides throughout the year a series of adult education classes available to Kensington residents.

Form 99	0 (2019)		\$	Page 3
Part	<u> </u>		<u> </u>	-30 0
1			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	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
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		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.	(2) HY		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
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	11c		1
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111		1
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	L	1
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
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		1
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		
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		1
19	Did the organization report more than \$15,000 of gross income from garning activities on Part VIII, line 9a? If "Yes." complete Schedule G. Part III			1
20a	Did the organization operate one or more hospital facilities? If "Yes." complete Schedule H	19 20a		1
b	in Tes" 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		

Part	IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	,	1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		1
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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
		240	 	_
	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		1
d	5	24d		1
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
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		1
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		1
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		√
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):			EL RE
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		√
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		7
С	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		<u>·</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		7
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		7
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		√
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a]	1
b	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		1
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		✓_
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		1
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	1	
Part	Toy Completed	<u> </u>		
		(** 4 2	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		130	新新
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	2	3	
	and the experience comply with backup withholding rules for reportable payments to vendors and	1		核。
C	reportable gaming (gambling) winnings to prize winners?	1c	1	
	Idharane de imid (de nomid)	Fon	n 99 0	(2019)

κarτ	Statements Regarding Other IRS Filings and Tax Compliance (continued)			1
0-	Fator the number of ampleaces reported on Form M.O. Transported of Many and Tax		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2		10 mg
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	1	}
-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	23.64.6	200 200 200 200 200	47
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	1	1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3b	7	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	 "	-	·
44	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
b	If "Yes," enter the name of the foreign country	· ·	74 sty.	7
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	1989 Select	Tark.	Ĭ.,
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	.0.49	1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	_	1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	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 as charitable contributions?	6a		1
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or	۱		Ì
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	17924744	575	:
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	.181 -	1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<u> </u>	<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
•	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	25-4-622		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	-3	1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		1
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7		
	sponsoring organization have excess business holdings at any time during the year?	8		L
9	Sponsoring organizations maintaining donor advised funds.		33Å .	4
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	L	<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	ļ	ļ
10	Section 501(c)(7) organizations. Enter:	c ,	- A	1
a	Initiation fees and capital contributions included on Part VIII, line 12	dr ni		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]	1.25	ع خود	37
11	Section 501(c)(12) organizations. Enter:	15.44	199	1.25
а	Gross income from members or shareholders	وجيئت -	i i	` i;
b	Gross income from other sources (Do not net amounts due or paid to other sources	14 miles	4.2	Į
	against amounts due or received from them.)	1	أ تأكفت	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	100	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b]	72.2	3. A. A. A. A. A. A. A. A. A. A. A. A. A.	12.
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	100	<i>2</i>	-1/2-
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
		400	n - 12.	答 心
ь	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	12.3	133	{
_	Enter the amount of reserves on hand		13.4.7.	-
с 14а	Pital and the second of the se	14a		1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b	 	+-
	•	1.40	 	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	ł	1
	excess parachute payment(s) during the year?		- j	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	- ~-	7
	If "Yes," complete Form 4720, Schedule O.	-	در	

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 to response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change					
	Check if Schedule O contains a response or note to any line in this Part VI		<u> </u>			. 🗸
Secti	on A. Governing Body and Management					
4	Enter the number of veting members of the governing body at the and of the tay year	la l	-40	July 19	Yes	No
. 1a	Enter the number of voting members of the governing body at the end of the tax year	10	13	44.5		2 3 3 3 5
	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		- 1			
	committee, explain on Schedule O.		. 8	*		
ь	Enter the number of voting members included on line 1a, above, who are independent .	16	13			
2.	Did any officer, director, trustee, or key employee have a family relationship or a business any other officer, director, trustee, or key employee?			2	一种	
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, trustees, or key employees to a management company or o			3		1
4	Did the organization make any significant changes to its governing documents since the prior For			4		1
5	Did the organization become aware during the year of a significant diversion of the organization			5		7
6	Did the organization have members or stockholders?		. [6		1
7a	Did the organization have members, stockholders, or other persons who had the power to	elect or app	oint			
	one or more members of the governing body?		.	7a		/
D	stockholders, or persons other than the governing body?		. [7b	. 640 m	V
8	Did the organization contemporaneously document the meetings held or written actions un the year by the following:	dertaken du	ring [and C	
а	The governing body?		\ ²	8a	_ Lating	مرسي المجار
ь	Each committee with authority to act on behalf of the governing body?		:	8b	<u> </u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot	ot be reache	dat		_ <u></u>	
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule	o	\cdot \perp	9		1
<u>Secti</u>	on B. Policies (This Section B requests information about policies not required by the	e Internal R	evenu	<u>re Co</u>		
	military and all the production has been been been a second to the Augustian		г		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	• • • •		10a		✓
b	If "Yes," did the organization have written policies and procedures governing the activities o affiliates, and branches to ensure their operations are consistent with the organization's exercise.	pt purposes	?	10ъ		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body bef	-		11a	√	<u></u>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			1.0	12. TEN	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		-	12a		├ ✓
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		-	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the describe in Schedule O how this was done	oolicy? If "Y		12c		
13	Did the organization have a written whistleblower policy?		.	13		1
14	Did the organization have a written document retention and destruction policy?		.	14		
15	Did the process for determining compensation of the following persons include a review a independent persons, comparability data, and contemporaneous substantiation of the deliberation		, עע ו			
а	The organization's CEO, Executive Director, or top management official			15a	- J. R. P	1
b	Other officers or key employees of the organization		. [15b		1
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				遊客	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similarly attacked entity during the year?	lar arrangen	nent 🖺	16a	1	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps organization's exempt status with respect to such arrangements?	o safeguard	the			
Socti	on C. Disclosure	<u>· · · · · </u>		16b		<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed ▶ California	· -				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable	a) 000 and	990 T	1900	tion !	501/2
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that Own website Another's website Upon request Other (explain on Se	t apply.	<i>33</i> V-1	(380	uon (JU 1(C)
19	Describe on Schedule O whether (and if so, how) the organization made its governing doci and financial statements available to the public during the tax year.	•	flict of	inter	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization	n's books a	nd rec	ords	>	
	Vide F Dorroh 144 York Avenue Kensington CA 94708 (510) 527-3169					

Form	000	1001	a
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Page 7

Paravill	Componentian of Officer Di		V P 1		
0.000	Compensation of Officers, Di	rectors, irustees,	Rev Employees.	Highest Compane	ated Employage and
		,,	,	manoor oompons	area minbiologo, aila
	Independent Contractors				

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

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

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

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

hours officer and a director/trustee) compensation from the from related organizations hours for a vide of	(F) Estimated amount of other compensation from the organization and elated organizations
Name and tritle Average hours per week Average hours per week Average hours per week Name and tritle Average hours per week Average hours per we	Estimated amount of other compensation from the organization and
hours officer and a director/frustee) compensation	of other compensation from the organization and
ner week	compensation from the organization and
(list arry hours for related organizations) organizations organizations organizations organizations organizations organizations organizations organizations organizations organization organizations organizations organizations organizations organizations organizations organizations organizations organizations organization organizations organizations organization organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations	from the organization and
nours for related organizations below related relate	
organizations of E D D S S S S S S S S S S S S S S S S S	elated organizations
below 뚫[중! 호	
dotted line)	
Societies Series	
(1) Becky Stephens 5	
President and Director	a
(2) Todd Hodson 3	<u>_</u>
Vice President nd Director	0
(3) Danielle Power 2	
Secretary and Director	0
(4) Ted Blanckenburg 2	
Treasurer and Director 0 0	0
(5) Sylvia Elsbury 1	
Director	0
(6) Anne Forrest 1	
Director 0 0	0
(7) Cathy Garza	
Director V 0 0	0
(8) Nina Harmon 1	
Director ✓ 0 0	0
(9) Nathanlel Manning 1	
Director	. 0
(10) Cara Marasco 1	
Director V 0 0	0
(11) Vida Sarrafan 1	
Director 0 0	0
(12) Leigh Schneider 1	
Director O O	0
(13) Ciara Wood 1	
Director 0 0 0	0
(14)	

Part '	VII Section A. Officers, Directors, 1	rustees,	Key I	m	ploy	/ee	s, an	d H	lignest Compe	nsated i	=mpio	yees (co	<u>onunuea)</u>
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	ω	(8)	(40.0	~+ ~+		noai	than c	me	(D)	(E)		(F)
	Name and title	Average	box,	unles	s pe	rson	is both	ജ	Reportable	Report			d amount other
		hours per week					or/trust	_	compensation from the	compens from rel			onsation
		(list any	Individual trustee or director	2	Officer	3	Highest employe	Former	organization	organiza	tions	fron	n the
	•	hours for	F N	鬒	eq.	9	98 198	죑	(W-2/1099-MISC)	(W-2/1099	-MISC)		etion and ganizations
		related organizations	Ø E	2		흥	8 8					, realized on	gar accessor to
		below	를	2	1	8	즇						
		dotted line)	8	trustee	l		at compensat	ł	ł :				
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1b	Subtotal	ــــــــــــــــــــــــــــــــــــــ	٠	ــــ	—	ــــــــــــــــــــــــــــــــــــــ	ــــــــــــــــــــــــــــــــــــــ	┢	 	 		 	
C	Total from continuation sheets to Part	VII Sorti	on A	•	•	•	• •	•		 		 	
d	Total (add lines 1b and 1c)			•	•	•		•		 		 	
2	Total number of individuals (including bu							9) 4	the received mor	ne than \$1	00 000) of	
2	reportable compensation from the organ		G to t	105	E H2	1100	abov	c) v	ALIO LECEIAGO ILIO	e utan a	00,000	01	
	reportable compensation nom the organ	izason P											Yes No
•	Did the constitution list and former	_46:-										1 787	
3	Did the organization list any former employee on line 1a? If "Yes." complete								ployee, or nigne	st compe	ensarec	3	
_	compression and the compression							•				- 135 k	**************************************
4	For any individual listed on line 1a, is the											27 56	
	organization and related organizations	greater tr	nan \$	150	,00	0?	IT "Ye	£S, ~	complete Sche	dule J to	or such		
	individual			•	•	•		•	• • • • • •			4	√
5	Did any person listed on line 1a receive											1	
	for services rendered to the organization	? If "Yes,"	сотр	lete	Sc	nea	ule J	tor	such person .	<u>· · ·</u>		5	
Secti	on B. Independent Contractors												
1	Complete this table for your five hig												
	compensation from the organization. Rep	ort compe	nsatio	n fo	r th	e ca	alenda	r ye	ear ending with o	r within th	e orga	nization's	tax year.
	(A)							l	(B)			(C)	
	Name and business ad	dress						L	Description of ser	vices		Compense	thon
NONE								L					
								L					
								L					
								Γ					
								П					
2	Total number of independent contractor	ors (includ	ing b	ut r	not	lim	ted to	o ti	hose listed above	re) who	ajalla jamian Matio	en gi da grine de la constitución de la constitució	ب در میدور کار استان می در در در در در در در در در در در در در
_	received more than \$100,000 of compens								0	•		F 35	17 (200)
						_							

Part	VIII	Statement of Revenue Check if Schedule O contains a respon	se or note to an	v line in this Pa	rt VIII		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
2 2	1a	Federated campaigns 1a		2 246	200 T Lo	विक्रा स्थापन (१९००) १ - १८ १८ १९ १९ १९ १९	
ons, Gifts, Grants Similar Amounts	b	Membership dues 1b					
عَ ق	C	Fundraising events 1c		, " **	10 (1) Mar (2) (2)		
Gifts, Ilar An	d	Related organizations 1d			ì		
5,≅	e	Government grants (contributions) 1e	11,570	, ,	e de la company		1
E 5	f	All other contributions, gifts, grants,				en en en en en en en en en en en en en e	4 11
5 5		and similar amounts not included above 1f	7,540				
Contributions, and Other Sim	g	Noncash contributions included in				The second secon	
Cont		lines 1a-1f		- 1!			1
ق ق	h	Total. Add lines 1a-1f		19,110			¥2 . " -
			Business Code	442.1	,	4-14-6	ALCO TO THE
Program Service Revenue	2a	Rec. Dept. Classes	611600	95,393			
2 0	ь	KASEP After School	624410	226,340			
gram Ser Revenue	C	Day Camp	624410	126,906			
E A	d	Outlook	611110	58,225			
P R	е						
F	f	All other program service revenue					
	g	Total. Add lines 2a-2f	🕨	506,864			
	3	Investment income (including dividend					
		other similar amounts)		49	<u> </u>	<u> </u>	l
}	4	Income from investment of tax-exempt be	ond proceeds ►				
	5	Royalties	🕨				
		(i) Real	(ii) Personal	-			•
	6a	Gross rents 6a					[*
	b	Less: rental expenses 6b					1
	С	Rental income or (loss) 6c				. ' :	•
	đ	Net rental income or (loss)	•				
- 1	7a	Gross amount from (i) Securities	(ii) Other				
ĺ	'a	sales of assets		_	-	- `* *,	
İ		other than inventory 7a	}		İ		
	ь	Less: cost or other basis			i		
ther Revenue		and sales expenses . 7b		_	1	,	· • •
Š	C	Gain or (loss) 7c	 		 		
ď	d	Net gain or (loss)	>	\ <u></u>			
Jer	8a	Gross income from fundraising					
₹	oa	events (not including \$			Í		1.
		of contributions reported on line	Į į			ļ	
		1c). See Part IV, line 18 Ra	3,801	,			*-7,
	ь	Less: direct expenses 8b	2,670	·			
	_	Net income or (loss) from fundraising ever		1,131	<u> </u>		
	C	• • •	1	,,,,,,,			
	9a	Gross income from gaming activities See Part IV, line 19 . 9a		[
	ь	Less: direct expenses 9b	 			100	
	-	Net income or (loss) from gaming activiti	es •	 	····		
	C		<u> </u>	 	 	1. 1. 1. 1. 1.	32
	10a	Gross sales of inventory, less				4.3.4	
		meturns and allowances 10a Less: cost of goods sold 10b		ł			1
	0				 	 	
	C	Net income or (loss) from sales of invent	Business Code	 	 	 	
53			Business Code		ļ		
9 eg	11a			 	 	 	
scellaned Revenue	b			 	 	 	
<u>6</u> 6	C			 	 	 	
Miscellaneous Revenue	d	All other revenue !	L			 	
<u>~</u>	e	Total. Add lines 11a-11d	<u> </u>			ļ	
	12	Total revenue. See instructions	<u> </u>	527,154	! [<u> </u>	

Part	IX Statement of Functional Expenses		-41	must complete colu	mp (4)		
Section	ection 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						
			IN UNIS PARLIX .	(c) T	(a)		
	t include amounts reported on lines 6b, 7b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses		
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21						
2	Grants and other assistance to domestic individuals. See Part IV, line 22						
3	Grants and other assistance to foreign						
	foreign individuals. See Part IV, lines 15 and 16						
4 5	Benefits paid to or for members			are see	2 2226 - 200		
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)						
7	Other salaries and wages	44,030	11,046	37,839			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)						
9	Other employee benefits						
10	Payroll taxes	10,152	2,294	7,858			
11	Fees for services (nonemployees):	1	•	•	1		
а	Management						
ь	Legal						
С	Accounting						
d	Lobbying						
e	Professional fundraising services. See Part IV, line 17		打造香港、武學等於	Antille Thatile			
f	Investment management fees						
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)						
12	Advertising and promotion	4,480	4,480	<u> </u>	ļ <u> </u>		
13	Office expenses						
14	Information technology	6,158	6,158				
15	Royalties						
16	Occupancy	39,002	39,002				
17	Travel			 			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials						
19	Conferences, conventions, and meetings .		ļ <u>.</u>	ļ	ļ		
20	Interest			ļ <u>-</u>	ļ <u>. </u>		
21	Payments to affiliates						
22	Depreciation, depletion, and amortization .			 			
23	Insurance	7,671	7,671	The second second second			
24	Other expenses, itemize expenses not covered						
	above (List miscellaneous expenses on line 24e. If						
	line 24e amount exceeds 10% of line 25, column			100 C			
	(A) amount, list line 24e expenses on Schedule O.)	できる。 では、 では、 では、 では、 では、 では、 では、 では、	a To State of the		国的新产业 的社会		
a	Independent contract teachers	255,103					
b	Office, teaching and camp supplies	39,542		 	ļ		
C	Class and camp fee refunds	189,780	† 	 	 		
ď	Outlook printing, production and distribution	16,831		 			
e	All other expenses	1,846		 			
<u>25</u>	Total functional expenses. Add lines 1 through 24e	614,595	568,898	45,697	 		
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)				-		

P	art X	Balance Sheet Check if Schedule O contains a response or note to any line in this Pa	rt Y		г
		Office if ochequie o contains a response of note to any fine in this ra	(A) Beginning of year	<u></u>	(B) End of year
	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	327,100	2	239,659
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,	Town		7 1 (- 1 x 2 x 2 x - x)
)	trustee, key employee, creator or founder, substantial contributor, or 35%		11214. F C 148	Standard and the de
		controlled entity or family member of any of these persons		5	1
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	The same of the same	6	week and the second of the sec
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a	Carried of the state of	17374. 2013/19	क्षा केल्या है। इस्ते केल्या है।
	Ь	Less: accumulated depreciation 10b		10c	1 1 2
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV. line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	327,100	16	239,659
	17	Accounts payable and accrued expenses	•	17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	مهری می اور در می ایر از ایر ایران می ای	22	E 7 - 7 1 15 1 3
룍	22	Secured mortgages and notes payable to unrelated third parties		23	
_	23 24	Unsecured notes and loans payable to unrelated third parties		24	
	_ •	· ·		-	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	
ces		Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions	327,100	27	239,659
8	28	Net assets with donor restrictions	0		
Net Assets or Fund Balan		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.		Ż	
ŏ	29	Capital stock or trust principal, or current funds		29	1
\$	30	Paid-in or capital surplus, or land, building, or equipment fund		30	1
386	31	Retained earnings, endowment, accumulated income, or other funds		31	
Ž	32	Total net assets or fund balances	327,100		239,659
ě	22	Total liabilities and not assets/fund balances	327 100		239.659

Form 99	90 (2019)			, Page 12
Part	XI Reconciliation of Net Assets	-		
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>		<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		527,154
2	Total expenses (must equal Part IX, column (A), line 25)	2		614,595
3	Revenue less expenses. Subtract line 2 from line 1	3		(87,441)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		327,100
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7.	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain on Schedule O)	9		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))	10		239,659
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>		<u> </u>
)	res 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," e	xplain ir	1 (33)	The latest and the la
	Schedule O.		源以	
2a			2a	
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled o	r	
	reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis		46.5	
b	Were the organization's financial statements audited by an independent accountant?		2b	1
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted on a	a Region	
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis		107 40 7	THE STATE OF
С	The second composition of the co	ersight o	, ,	
	the audit, review, or compilation of its financial statements and selection of an independent accounts		2c	
	If the organization changed either its oversight process or selection process during the tax year, e. Schedule O.	xplain or	1	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in the	أ أ	1, 1
	Single Audit Act and OMB Circular A-133?		3a	1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo the	a	
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .	3b	
			Form !	990 (2019)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number KENSINGTON COMMUNITY COUNCIL 94-1491933 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g, 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. Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (Iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 d in your gover support (see other support (see document above (see instructions)) instructions) instructions) Yes No (A) **(B)** (C) (D) (E)

Total

Page	2

	Support Schedule for Organiza	tions Descri	ihed in Secti	ons 170/h)/1	\(A\(iv\) and 1	70/b\/1\(A\/vi	1
Part	(Complete only if you checked the	ne box on line	5. 7. or 8 of	Part I or if the	e organizatio	n failed to qua	alify under
	Part III. If the organization fails to	aualify unde	r the tests lis	ted below, p	lease comple	te Part III.)	•
Section	on A. Public Support	1					
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						Ĺ
4	Total. Add lines 1 through 3						
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)	7					
6	Public support. Subtract line 5 from line 4	<u> </u>	L	<u> </u>		L	L
	on B. Total Support dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
Calen	Amounts from line 4	(a) 2013	(0) 2010	(0) 2017	(4) 2010	(e) 2013	(i) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10 /	1					
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the	-			•	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he		<u></u>	<u> </u>	<u> </u>	· · · · ·	· · • [
	on C. Computation of Public Suppo			14		1441	
14 15	Public support percentage for 2019 (line Public support percentage from 2018 Sc					15	<u>%</u>
16a	331a% support test—2019. If the organ						
	box and stop here. The organization qua						> 🖂
b	331/s% support test—2018. If the organ this box and stop here. The organization	qualifies as a	publicly suppo	rted organizat	ion		nore, check
17a	17a 10%-facts-and-circumstances test—2019. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
b	/						
18	Private foundation. If the organization d	id not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	
	instructions	. <u> </u>		<u> </u>	<u> </u>		<u> </u>
					Sci	hedule A (Form 99	0 or 990-EZ) 2019

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support			it, please oc	implete t art t	,	
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")	11,110	6,745	7,835	25,530	19,110	70,330
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.	455,803	488,122	429,614	485,697	506,864	2,366,100
3	Gross receipts from activities that are not an unrelated trade or business under section 513	5,950	5,853	5,616	6,873	3,801	28,093
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	472,863	500,710	443,065	518,100	529,775	2,464,523
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						
8 8	Add lines 7a and 7b				<u></u>	Ť	2,464,523
Secti	on B. Total Support				,		2,404,020
Calen	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	472,863	500,710	443065	518,100	529,775	2,464,523
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	115	147	200	200	49	711
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b	115	147	200	200	49	711
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	472,978	500,857	443,265	518,300	529,824	2,465,224
14	First five years. If the Form 990 is for the organization, check this box and stop her	e organization	s first, second		or fifth tax ye	ar as a section	
Secti	on C. Computation of Public Suppor)				
15	Public support percentage for 2019 (line 8			3, column (f))		15	99.9 %
16	Public support percentage from 2018 Sch				<u> </u>	16	99.9 %
Secti	on D. Computation of Investment In		rtage				
17	Investment income percentage for 2019 (•	• • •	•	1 ***	17	0.0003 %
18 19a	Investment income percentage from 2018 331/2% support tests—2019. If the organi 17 is not more than 331/2%, check this box	zation did not and stop here.	check the box The organization	on line 14, an on qualifies as a	d line 15 is ma publicly suppo	orted organization	on . 🕨 🔽
b m	331/2% support tests—2018. If the organiz line 18 is not more than 331/2%, check this I	oox and stop he	ere. The organiz	zation qualifies	as a publicly su	upported organi	zation 🕨 🔲
20	Private foundation. If the organization di	a not chack a b	NOV ON line 14	TUO OF TON C	nack this hav	and cae inethic	ו 🕿 פתחודי

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No	
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	10b			

Part	Supporting Organizations (continued)	1,2
11	Has the organization accepted a gift or contribution from any of the following persons?	Yes 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?	440
b	A family member of a person described in (a) above?	11a 11b
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c .
	on B. Type I Supporting Organizations	
		Yes No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2
Secti	on C. Type II Supporting Organizations	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	Yes No
Secti	on D. All Type III Supporting Organizations	
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?	Yes No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3
Secti	on E. Type III Functionally Integrated Supporting Organizations	
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instructions).
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity.	(coe inetructions)
с 2	Activities Test. Answer (a) and (b) below.	Yes No
·a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> 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
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting On	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g tn	st on Nov. 20, 1970 (explai	n in Part VI). See
instructions. All other Type III non-functionally integrated supporting organ	niza	tions must complete Section	
Section AAdjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	Name of the last		
a Average monthly value of securities	1a		
b Average monthly cash balances	16		
c Fair market value of other non-exempt-use assets	10		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8	i -	,
Section C-Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	医牙髓的医肠炎性肾炎	
2 Enter 85% of line 1.	2	AND THE PERSON OF THE PERSON O	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	可們這種的學術與此樣	
4 Enter greater of line 2 or line 3.	4	当日はおおからからからからない。 はませるないのではないない。	
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6	et la les constitutions de la constitution de la co	
7 Check here if the current year is the organization's first as a non-functional instructions).	ly in	tegrated Type III supporting	organization (see

Part V. Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)									
Secti	Current Year								
1_	Amounts paid to supported organizations to accomplish								
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity								
3	Administrative expenses paid to accomplish exempt purp	nizations							
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 whic (provide details in Part VI). See instructions.	h the organization is rea	sponsive	·					
9	Distributable amount for 2019 from Section C, line 6								
10	Line 8 amount divided by line 9 amount								
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019					
	Distributable amount for 2019 from Section C, line 6								
2	Underdistributions, if any, for years pnor to 2019 (reasonable cause required—explain in Part VI). See instructions.		Actorities with the						
3	Excess distributions carryover, if any, to 2019								
a	From 2014								
<u> </u>	From 2015								
c	From 2016								
	From 2017	The state of the s							
	From 2018								
f_	Total of lines 3a through e	- T		The first of the state of the s					
<u>g</u>	Applied to underdistributions of prior years	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Takasaka takata balan kata s	- Care -					
<u>h</u> _	Applied to 2019 distributable amount Carryover from 2014 not applied (see instructions)	n I with the Abert.		i Dalipeu Tki, Pathalyd (Aliba)					
_ <u>-</u> -	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			to the state of th					
4	Distributions for 2019 from .		Secretaria de la companya del la companya del la companya del la companya de la companya de la companya del la companya de la companya del la companya del la companya del la companya del la companya del la companya del la companya	Control of the State of the Sta					
	Section D, line 7:	يرسا والموسية والمواجدة المواجدة والمارية والموسدة	to law the modern a strain and tracket	Control of the state of the sta					
a	Applied to underdistributions of prior years		 กรณีสายควรจังสังเกราสามากระหว่าง	從為原語的音樂					
<u>b</u> _	Applied to 2019 distributable amount.	The second secon		Par more of the transfer of the					
<u>c</u> _	Remainder. Subtract lines 4a and 4b from 4.	10 m 10 2 mg 2 mg 2 mg 2 mg 2 mg 2 mg 2 mg 2 m							
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.		1						
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 3 _j and 4c.	1 1 1 1 1 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1							
8	Breakdown of line 7:	The state of the state of the state of							
a	Excess from 2015	Property Company	がに対していますが	量為學是學家的					
<u>b</u>	Excess from 2016	The street of th	The state of the state of the state of	Called the man the second man is a second					
C	Excess from 2017	· · · · · · · · · · · · · · · · · · ·		NEW STREET					
<u>d</u>	Excess from 2018		はは、一種の意味						
e	Excess from 2019	The state of the s	建了的。例如外的	建筑建筑建筑建筑建筑					

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047
2019
Open to Public

Inspection

Employer identification number

KENSINGTON COMMUNITY COUNCIL 94-1491933 PART III, LINE 4D The organization publishes the "Kensington Outlook," a monthly communicy newsletter distributed free of charge containing information about KCC's program services, a calendar of classes and other events, and news items of local interest. The publication contains paid advertising by local and nearby businesses. KCC considers that publishing the Outlook is related to its exempt purposes because the main purpose of the publication is to publicize its program services, and it is operated without the purpose of making a profit. KCC therefore reports Outlook revenue and expense in its Form 990. However, KCC also files annually a Form 990T for the Outlook, in recognition that it might be characterized as a business. In addition, KCC from time to time sponsors special projects not included in the activities described in Part III that benefit the community consistent with its exempt purposes. PART VI, SECTION B, LINE 11b A final draft of the Form 990 and related schedules, as applicable, is circulated to members of the Board of Directors for review, comment and possible correction prior to its filing. PART VI, SECTION C, LINE 19 KCC makes copies of its governing documents, conflict of interest policy, and financial statements available to the public upon request. KCC's board meets monthly and meetings are open to the public. Copies of monthly and annual financial statements are available to the public and are discussed in open session. In addition, copies of KCC's Form 990 and applicable schedules, and related state fillings, are available on the website of the California Attorney General's Registry of Charitable Trusts. END OF SCHEDULE O

4	000 T	[Exempt Organization	on Busine	ess Inc	come Tax	Retur	n	ОМЕ	3 No. 1545-0047
Form	990-T	(and proxy tax under section 6033(e)) ✓ 🗘 (i) 🗸								
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Ā 🗆 S	Check box if address changed		Name of organization (ntification number				
	pt under section	D	KENSINGTON COMMUNITY	(Employ	ees' tn	ust, see instructions)				
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et en	value of all assets d of year		oup exemption number (See							
			neck organization type [501(c) tı] 401(a) ti		Other trust
			organization's unrelated trade			1				irst) unrelated
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Part			e or Business Income			(A) Income) Expenses		(C) Net
1a	Gross receipts		· · · · · · · · · · · · · · · · · · ·			1		-		
ь	Less returns a	nd allov	wances	c Balance	▶ 1c					
2	Cost of goods	sold (S	schedule A, line 7)		. 2	1			\top	
3	Gross profit. S	Subtract	line 2 from line 1c		. 3	1				
4a	Capital gain ne	et incon	ne (attach Schedule D) .		. 4a				7	
b	Net gain (loss)	(Form	4797, Part II, line 17) (attach	Form 4797)	. 4b					
C	Capital loss de				. 4c					
5			a partnership or an S cor	•	ich			,		
	,				. 5	<u> </u>	X		\bot	
6	•		le C)			<u> </u>	$\angle \downarrow$		_	
7			ced income (Schedule E) .			 			_	
8		-	s, and rents from a controlled organ	•		/_/			-	
9 10			ection 501(c)(7), (9), or (17) organiz	•						
11			ivrty income (Schedule I) . ichedule J)		10	<u> </u>	2005			
12	_		structions; attach schedule)		12	50	3,225	22,0	0/5	36,150
13	Total. Combin	•	•		/ 13	 	/ 	- \		
Part			Taken Elsewhere (See ins			ns on deduction	ons.) (Ded	uctions n	nust	be directly
			he unrelated business inco				, (200			
14	Compensation	of offic	cers, directors, and trustees	(Schedule K)				1	4	····
15	Salaries and w			/				📵	5	
16	Repairs and m	aintena	ınce /					🛅	6	
17	Bad debts .		/					[1	7	
18			ule) (see instructions)					1	8	
19	Taxes and lice	nses .	/					[1	9	
20			orm 4562) /							
21			imed on Schedule A and else						1b	
22			. /					 	2	
23			red compensation plans						3	
25	Employee beni	ent prog	grams					· · ·	4	
26	Excess exemp	apin co	sts (Schedule J)					—	25 <u> </u>	00.450
			ach schedule)					: ⊢	7	36,150
28			ld lines 14 through 27 .				1. 7	· -	28	
29	Unrelated busi	ness ta	xable income before net one	erating loss de	duction.	Subtract line 2		9 13 2	9	
30	Deduction for	net op	perating loss arising in tax	years beginni	ng on o	after Januar	y ₁ 1, 2018	(see	_	
27 28 29 30	instructions) .		perating loss arising in tax	F	RECE	IVED		з	ю	,
31/	Unrelated busi	ness ta	xable income. Subtract line	30 from tine 29			<u>.</u>		11	0
For Pa			Notice, see instructions.			LIESTADEN O			F	om 990-T (2019)
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Part I	,,,	atel Unrelated Business Toyoble Income	 						
		otal Unrelated Business Taxable Income			т т				
32		f unrelated business taxable income computed from all unrelated trades			1				
	Instruct	tions)	<u> </u>	•	32			0	
			33						
34	Charita		34						
35	Total u		· -		·	- =			
-	34 from	the sum of linos 32 and 33	-· ·· · · ·		35		_	- -	
36	Deduct	ion for net operating loss arising in tax years beginning before Ja	nuary 1, 2018	see					
		tions)			36				
37	Total of		37						
38	Specific		38						
39			 30 						
39		ted business taxable income. Subtract line 38 from line 37. If line 38 is ne smaller of zero or line 37						_	
			• • • • •	•	39			0	
		ax Computation							
40		zations Taxable as Corporations. Multiply line 39 by 21% (0.21)			40				
41		Taxable at Trust Rates. See instructions for tax computation							
	the am	ount on line 39 from: Tax rate schedule or Schedule D (Form 10	41)		41				
42	Proxy 1	tax. See instructions			42				
43	Alterna	tive minimum tax (trusts only)			43				
44		Noncompliant Facility Income. See instructions			44				
45		Add lines 42, 43, and 44 to line 40 or 41, whichever applies			45			0	
		ax and Payments			1 1				
46a			46a		1				
_		· · ·	46b		1				
b					- 1				
C			46c		- 1				
			46d						
е		redits. Add lines 46a through 46d			46e				
47		ct line 46e from line 45			47				
48	Other ta:	xes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 O	ther (attach schedu	ıle)	48				
49	Total ta	ax. Add lines 47 and 48 (see instructions)			49			0	
50	2019 n	et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k),	, line 3		50				
51a		· · · · · · · · · · · · · · · · · · ·	51a						
	-	· ·	51b		1				
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ď		·	51d		 				
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f		· · · · · · · · · · · · · · · · · · ·	51f		- 1				
_		redits, adjustments, and payments: Form 2439							
	☐ For		51g		<u> </u>				
52	_	ayments. Add lines 51a through 51g		_:	52				
53	Estimat	ted tax penalty (see instructions). Check if Form 2220 is attached	▶		53				
54	Tax du	e. If line 52 is less than the total of lines 49, 50, and 53, enter amount ower	d		54			0	
55	Overpa	syment. If line 52 is larger than the total of lines 49, 50, and 53, enter amou	int overpaid		55				
56	Enter th	e amount of line 55 you want: Credited to 2020 estimated tax	Refunde	d►	56				
Part \	/I S	tatements Regarding Certain Activities and Other Information (
57		time during the 2019 calendar year, did the organization have an interest in		r oth	er auth	ority	Yes	No	
Ψ.		financial account (bank, securities, or other) in a foreign country? If "Yes,"							
		I Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter					i		
	here ▶	· ·			.g 556	····/		7	
58		he tax year, did the organization receive a distribution from, or was it the grantor of	or transferer to	form	an to ord	; 		1	
90			i, or u ansieror 10, a	ioiel	gii u USC	. }	_	 ,	
ra		" see instructions for other forms the organization may have to file.				_	1	j }	
_59		ne amount of tax-exempt interest received or accrued during the tax year		- h	-d !	0			
C:	true. o	penalties of penury, I declare that I have examined this return, including accompanying schedules an orrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which p	u statements, and to th preparer has any knowle	e Dest dae 🖛	or my kno	wiedge a	no bel	ier, it is	
Sign	May the IRS discuss this retu								
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Form 9	90-T (2019)					-	Pago <b>3</b>		
Sche	edule A-Cost of Goods	Sold. En	ter method of in	nventory va	aluation >				
1	Inventory at beginning of y		1	6		at end of year	6		
2	Purchases	<u> </u>	2	7	· · · · · · · · · · · · · · · · · · ·				
3	Cost of labor	ļ	3		6 from line 5. Enter here and in Part				
4a	Additional section 263A	costs			I, line 2				
	(attach schedule)	.	la l	8	Do the rul	es of section 263A (with	respect to Yes No		
b	Other costs (attach schedu	ule)	\$b			roduced or acquired for	· ———		
5	Total. Add lines 1 through		5		to the organization?				
	edule C—Rent Income (F		al Property and	l Persona	Property I	Leased With Real Pro	perty)		
1. Desc	cription of property				·····				
(1)									
(2)				<del></del>					
(3)									
(4)						<del></del>			
<u>· · · · · · · · · · · · · · · · · · · </u>	2.	Rent receiv	ed or accrued						
for personal property is more than 10% but not percentage of rent for							y connected with the income nd 2(b) (attach schedule)		
(1)									
(2)									
(3)									
(4)									
Total			Total			(b) Total deductions.			
(c) To	tal income. Add totals of colum	nns 2(a) an	d 2(b). Enter			Enter here and on page	1,		
here a	nd on page 1, Part I, line 6, colu	ımn (A) .	▶			Part I, line 6, column (B)			
Sche	edule E—Unrelated Debt	-Finance	ed Income (see	instructions	s)				
	1. Description of debt-fir	nanced prop	erty	2. Gross income from or allocable to debt-financed		3. Deductions directly connected with or allocable debt-financed property  (a) Straight line depreciation   (b) Other deductions			
				pro	perty	(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)		
(1)		-							
(2)				I					
(3)									
(4)							,		
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)  5. Average adjusted of or allocable to debt-financed property (attach schedule)			allocable to anced property	4 d	olumn vided olumn 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 × total of columns 3(a) and 3(b))		
(1)					%				
(2)					%				
(3)					%				

(4)

Totals

Total dividends-received deductions included in column 8

Enter here and on page 1, Part I, line 7, column (A).

Enter here and on page 1, Part I, line 7, column (B).

Schedule F-Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)										
		<u>`</u>		Exempt	Controlled	d Organizations	•		-	
· <del></del>	Name of controlled organization		Employer ication number		ated income instructions)	4. Total of specified payments made	included in the	Part of column 4 that is included in the controlling organization's gross income		eductions directly ected with income in column 5
(1)					·				-1	
(2)			-			1	-			-
(3)	····								1	
(4)						1				
	xempt Controlled Organiz	zations	,		<del></del>		<del>. `</del>			
		Net unrelated income oss) (see instructions)		Total of specified payments made		included in the	10. Part of column 9 that is included in the controlling organization's gross income		connected with income in	
(1)										
(2)										,.
(3)										
(4)						·	Î			
Totals						>	Add columns 5 Enter here and c Part I, line 8, co	on page 1, olumn (A).	Enter I Part I	columns 6 and 11. nere and on page 1, line 8, column (B).
Sche	dule G-Investment I	incom	ic of a Soct	ion 501(		Or (17) Organi Deductions	· · · · · · · · · · · · · · · · · · ·			otal deductions
	1. Description of income		2. Amount of income		dire	directly connected (attach schedule)		4. Set-asides (attach schedule)		et-asides (col 3 plus col. 4)
(1)										
(2)					1					
(3)										
(4)										
Totals			Enter here and Part I, line 9, c	olumn (A).					Enter here and on page 1, Part I, line 9, column (B).	
Sche	dule I—Exploited Exc	empt /	Activity Inco	ome, Ott	er Than	Advertising In	come (see inst	ructions	3)	
Description of exploited activity		2. Gross unrelated business incor from trade o business	ome connected w		4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)	•									
(2)										
(3)								I		
(4)		Enter here and page 1, Part line 10, col. (A	rti, page 1, Par				<u> </u>		Enter here and on page 1, Part II, line 25.	
	dule J-Advertising I	ncom	e (see instruc	tions)		1				J
Par					Consoli	dated Basis				<del></del>
		0.104	Topo:	<del></del>	<u> </u>	4. Advertising	<del>, , , , , , , , , , , , , , , , , , , </del>	· · · · · · · · · · · · · · · · · · ·		7. Excess readership
1. Name of periodical		2. Gross advertising income	g advertising costs		gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5. Circulation income		dership osts	costs (column 6 minus column 5, but not more than column 4).	
(1)										
(2)	<u> </u>									
(3)			L							
(4)	······		ļ					L		
Totals	(carry to Part II, line (5))	<b>.</b>								

Total. Enter here and on page 1, Part II, line 14 . . . . . . . .

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns Part II 2 through 7 on a line-by-line basis.) 4. Advertising 7. Excess readership 2. Gross advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute costs (column 6 3. Direct 5. Circutation 6. Readership 1. Name of periodical minus column 5, but advertising costs income costs income not more than cols 5 through 7 column 4). (1) Kensington "Outlook" 58,225 22,075 36,150 38,906 36,150 (2) (3) (4) Totals from Part I 58,225 22,075 36,150 Enter here and on Enter here and on Enter here and page 1, Part I, line 11, col (A) page 1, Part I, on page 1, Part II, line 26. line 11, col (B) Totals, Part II (lines 1-5) Schedule K-Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of time devoted to business 4. Compensation attributable to 1. Name unrelated business (1) % (2) % (3) % (4)

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%