PUBLIC DISCLOSURE COPY

PLEASE FILE IN A SAFE PLACE

ARMANINO^{LLP}

12657 Alcosta Blvd., Suite 500 San Ramon, CA 94583 ph 925.790.2600 fx 925.790.2601

Form 990

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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



AF	or the	2021 calendar year, or tax year beginning JUL 1, 2021 and	ending Jt	JN 30, 2022		
B c	heck if pplicabl	c Name of organization		D Employer identifi	cation number	
	Addre	ss sacred heart community service				
	Name chang			23-7179787		
	Initial		Room/suite	E Telephone numbe	r	
	Final return	1381 SOUTH FIRST STREET		(408) 278-21	.60	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	54,673,468.	
	Amen	SAN BOSE, CA 95110		H(a) Is this a group r	eturn	
	Applic tion	F Name and address of principal officer. Tokeno Goldvark		for subordinates	s? Yes 🗴 No	
	pendir	SAME AS C ABOVE		H(b) Are all subordinates i	ncluded? Yes No	
		empt status: 🗴 501(c)(3) 🗌 501(c) ()◀ (insert no.) 🗌 4947(a)(1) c	or 📃 527	If "No," attach a	list. See instructions	
		WWW.SACREDHEARTCS.ORG		H(c) Group exemption		
		organization: X Corporation Trust Association Other ►	L Year (of formation: 1964	VI State of legal domicile: CA	
Pa	art I	Summary				
Ð	1	Briefly describe the organization's mission or most significant activities: A COMM	JNITY UNI	TED TO ENSURE		
anc		THAT EVERY CHILD AND ADULT IS FREE FROM POVERTY.				
Governance		Check this box 🕨 🛄 if the organization discontinued its operations or dispos	ed of more	than 25% of its net as	1	
Š				<u>3</u>	14	
		Number of independent voting members of the governing body (Part VI, line 1b)		14		
es		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			186	
viti		Total number of volunteers (estimate if necessary)		28249		
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.	
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.	
				Prior Year	Current Year	
ē	8	Contributions and grants (Part VIII, line 1h)		49,114,536.	54,562,748.	
Revenue		Program service revenue (Part VIII, line 2g)	0.	0.		
ě		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	29,055.	63,286.		
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,167.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		49,147,758.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		22,209,411.	14,036,772.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_$		9,488,431.	9,247,479.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
ďx		Total fundraising expenses (Part IX, column (D), line 25)				
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		14,263,457.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		45,961,299.		
	19	Revenue less expenses. Subtract line 18 from line 12		3,186,459.	5,492,278.	
OC CES			Be	ginning of Current Year	End of Year	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		20,973,707.	30,318,943.	
t As	21	Total liabilities (Part X, line 26)		5,796,406.	9,800,230.	
-Ne	22	Net assets or fund balances. Subtract line 21 from line 20		15,177,301.	20,518,713.	
	nrt II	Signature Block				
Und	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	nts, and to the best of m	y knowledge and belief, it is	

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign		Signature of	Date						
Here									
	Prin	it/Type prepare	er's name	Preparer's signature	Date	Check	PTIN		
Paid	51 1 1			MATTHEW PETROSKI	05/13/23	self-employ	_{ed} P00853132		
Preparer	Firm	n's name 🕒	ARMANINO LLP			Firm's EIN 🕨	94-6214841		
Use Only	Firm	n's address 🕨	50 W. SAN FERNANDO ST, S	STE 500					
	SAN JOSE, CA 95113 Phone no.408-2								
May the I	RS di	scuss this re	eturn with the preparer shown abo	ve? See instructions			X Yes	No	
								00	

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mission:		
	OUR MISSION IS TO BUILD A COMMUNITY FREE FROM POVERTY BY CREATING		
	HOPE, OPPORTUNITY, AND ACTION. WE PROVIDE ESSENTIAL SERVICES, WORK		
	TOGETHER TO IMPROVE OUR LIVES, ORGANIZE FOR JUSTICE, AND INSPIRE OUR		
	COMMUNITY TO LOVE, SERVE, AND SHARE.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	ו	'es 🛛 No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	ו	'es 🔟 No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as m	leasured by expens	es.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	, the total expenses	s, and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 29,688,905. including grants of \$ 5,980,181.) (Revenue	\$	
	HOUSING AND FAMILY ASSISTANCE:		
	- HOUSING AND FAMILY ASSISTANCE - PROVIDES ASSISTANCE TO FAMILIES AND		
	INDIVIDUALS AT HIGH RISK OF LOSING THEIR HOUSING. THE INTERVENTION		
	DELIVERS CASE MANAGEMENT COORDINATED WITH MULTI-MONTH RENTAL ASSISTANCE		
	FOR SECURE AND APPROPRIATE RENTAL HOUSING.		
	ETNANGTAL AGGIGMANGE DEGUIDES ONE ETNANGTAL AGGIGMANGE EOD		
	- FINANCIAL ASSISTANCE - PROVIDES ONE-TIME FINANCIAL ASSISTANCE FOR		
	SECURITY DEPOSITS, PAST DUE RENTS, OR OTHER EMERGENCY NEEDS TO		
	STABILIZE HOUSING AND PREVENT HOMELESSNESS.		
	4,082 PEOPLE WERE SERVED BY THESE SERVICES.		
41.	(Code:) (Expenses \$ 8,532,216. including grants of \$ 314,510.) (Revenue		
4b	Code:) (Expenses \$0, 552, 210. Including grants of \$014, 510.) (Revenue ESSENTIAL SERVICES:	:\$	
	- WELCOME CENTER - MAIN REGISTRATION AREA FOR THE ORGANIZATION,		
	PROVIDING RESOURCE REFERRAL AND INFORMATION. THE WELCOME CENTER ALSO		
	DISTRIBUTES NEWBORN LAYETTES TO EXPECTING PARENTS.		
	- FOOD PANTRY - PROVIDES A 3-DAY SUPPLEMENTAL SUPPLY OF FOOD ONCE PER		
	WEEK REGARDLESS OF ZIP CODE. THE PANTRY ALSO PROVIDES SURPLUS FRUITS		
	AND VEGETABLES UP TO ONCE PER WEEK AND APPROXIMATELY 300 BAG LUNCHES		
	PER DAY FOR CUSTOMERS.		
	CLOTHES CLOSET - PROVIDES GENTLY USED CLOTHING, BLANKETS, AND LINENS TO		
4c	(Code:) (Expenses \$2, 201, 159. including grants of \$36, 581.) (Revenue	\$	
	HPS NETWORK COORDINATION		
	-HOMELESS PREVENTION AND RAPID RE-HOUSING - IN PARTNERSHIP WITH		
	DESTINATION: HOME, THE ORGANIZATION'S STAFF SUPPORT COUNTY-WIDE		
	HOMELESSNESS PREVENTION SERVICES BY TRAINING DOZENS OF PARTNERS AND		
	CENTRALIZING ADMINISTRATIVE WORK ASSOCIATED WITH CONTRACTING AND		
	COMPLIANCE. WITH FOUR YEARS OF SUCCESS AND RAPID GROWTH OF PARTNERS		
	THIS TEAM HAS GROWN AND WAS ENTRUSTED TO MANAGE COUNTY-WIDE COVID-19		
	RELIEF.		
	THE NETWORK SERVED 1,297 PEOPLE.		
4d	Other program services (Describe on Schedule O.)		
4d	Other program services (Describe on Schedule O.) (Expenses \$ 5,894,234. including grants of \$ 7,705,500.) (Revenue \$)	
)	
	(Expenses \$ 5,894,234. including grants of \$ 7,705,500.) (Revenue \$) For	m 990 (202

SACRED HEART COMMUNITY SERVICE Form 990 (2021) SACRED HEART COMMU Part IV Checklist of Required Schedules

23-7179787

			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
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		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	<u> </u>
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		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	x	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		x	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	А	<u> </u>
128		12a		x
h	Schedule D, Parts XI and XII	12a		<u> </u>
b		126	х	
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		x
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
іња b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			<u> </u>
5	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		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
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		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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		X
132003	12-09-21	Form	990	(2021)

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Form 990 (2021) SACRED HEART COMMUNITY SERV Part IV Checklist of Required Schedules (continued) SACRED HEART COMMUNITY SERVICE

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	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		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
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	X	
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		Ŧ	
Da	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
-			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 42 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	X QQA	(0004)
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		(2021) SACRED HEART COMMUNITY SERVICE	23-717978	7	P	age 5
Par	τν	Statements Regarding Other IRS Filings and Tax Compliance (continued)				
-					Yes	No
2a		er the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 186			
		for the calendar year ending with or within the year covered by this return	24	0	х	
D		least one is reported on line 2a, did the organization file all required federal employment tax return		2b	А	
2-		e: If the sum of lines 1a and 2a is greater than 250, you may be required to e -file. See instructions		2-		x
			<u>^</u>	3a 3b		- 11
		es," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule (30		
40		ny time during the calendar year, did the organization have an interest in, or a signature or other a ncial account in a foreign country (such as a bank account, securities account, or other financial a		4a		x
h		es," enter the name of the foreign country		4 a		
D		instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	Counts (FBAR)			
5a		the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		x
		any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac		5b		x
		es" to line 5a or 5b, did the organization file Form 8886-T?		5c		
		s the organization have annual gross receipts that are normally greater than \$100,000, and did the				
ou		contributions that were not tax deductible as charitable contributions?	-	6a		x
b		es," did the organization include with every solicitation an express statement that such contribution				
~		e not tax deductible?	U U	6b		
7		anizations that may receive deductible contributions under section 170(c).				
	•	he organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services and the service of the ser	vices provided to the pavor?	7a		х
		es," did the organization notify the donor of the value of the goods or services provided?		7b		
		the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa				
-		le Form 8282?	•	7c		x
d		es," indicate the number of Forms 8282 filed during the year	7d			
е		the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		х
f		the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		х
g		e organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h		e organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizat		7h	Х	
8		nsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
	-			8		
9	-	nsoring organizations maintaining donor advised funds.				
а	Did 1	the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did 1	the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Sect	tion 501(c)(7) organizations. Enter:				
а	Initia	ation fees and capital contributions included on Part VIII, line 12	10a			
b	Gros	ss receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Sect	tion 501(c)(12) organizations. Enter:				
а	Gros	ss income from members or shareholders	11a			
b	Gros	ss income from other sources. (Do not net amounts due or paid to other sources against				
	amo	unts due or received from them.)	11b			
12a	Sect	tion 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	lf "Y	es," enter the amount of tax-exempt interest received or accrued during the year	12b			
13		tion 501(c)(29) qualified nonprofit health insurance issuers.				
а	ls th	e organization licensed to issue qualified health plans in more than one state?		13a		
	Note	e: See the instructions for additional information the organization must report on Schedule O.				
b		er the amount of reserves the organization is required to maintain by the states in which the				
		inization is licensed to issue qualified health plans	13b	-		
С		er the amount of reserves on hand	13c			
14a				14a		X
		es," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15		e organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
		ess parachute payment(s) during the year?		15		X
		es," see the instructions and file Form 4720, Schedule N.				v
16		e organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
<i>4</i> -		es," complete Form 4720, Schedule O.				
17		tion 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in a	-			
		vities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
		es," complete Form 6069. 		F -	990	(000 1)
132005	12-09	J-21 U		Form	1 3 3 0	(2021)

^{2021.05080} SACRED HEART COMMUNITY SE 05023311

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Se Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 14			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b 14	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	th any other			
	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the di				
	of officers, directors, trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990	was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets	?	5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appo	int one or			
	more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stocl	kholders, or			
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by	/ the following:			
а	The governing body?		8a	х	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reache				
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rever	nue Code.)			
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapt				
	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 be	efore filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b			12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,	" describe			
	on Schedule O how this was done		12c	Х	
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by	/ independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a	Х	
	Other officers or key employees of the organization		15b	Х	
b	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
b	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	it with a			
			10-		X
	taxable entity during the year?		16a		
16a	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate it		168		
16a		s participation	16a		
16a	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate it	s participation tion's	16a 16b		
16a b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate it in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organiza	s participation tion's			
16a b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate it in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organiza exempt status with respect to such arrangements?	s participation tion's			
16a b Sec	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate it in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organiza exempt status with respect to such arrangements? 	s participation tion's	16b	availat	ole
16a b Sec 17	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate it in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organiza exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA	s participation tion's	16b	availat	ole
16a b Sec 17	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate it in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization exempt status with respect to such arrangements? Stion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 9	s participation tion's 990-T (section 501(c)(3)	16b	availat	ole
16a b Sec 17	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate it in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization exempt status with respect to such arrangements? Stion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ <u>CA</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 9 for public inspection. Indicate how you made these available. Check all that apply.	s participation tion's 990-T (section 501(c)(3): 9 Schedule O)	16b s only)		ole
16a b Sec 17 18	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate it in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization exempt status with respect to such arrangements? Stion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ <u>CA</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 9 for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain or	s participation tion's 990-T (section 501(c)(3): 9 Schedule O)	16b s only)		ole
16a b Sec 17 18	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate it in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization exempt status with respect to such arrangements? exempt status with respect to such arrangements? exempt status with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and S for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain or Describe on Schedule O whether (and if so, how) the organization made its governing documents, confli	s participation tion's 990-T (section 501(c)(3): 9 <i>Schedule O</i>) ct of interest policy, and	16b s only)		ole
16a b <u>Sec</u> 17 18	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate it in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization exempt status with respect to such arrangements? exempt status with respect to such arrangements? exempt status with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and S for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain or Describe on Schedule O whether (and if so, how) the organization made its governing documents, confli- statements available to the public during the tax year.	s participation tion's 990-T (section 501(c)(3): 9 <i>Schedule O</i>) ct of interest policy, and	16b s only)		ble
16a b <u>Sec</u> 17 18	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate it in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization exempt status with respect to such arrangements? exempt status with respect to such arrangements? exempt status with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and S for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain or Describe on Schedule O whether (and if so, how) the organization made its governing documents, confli statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books	s participation tion's 990-T (section 501(c)(3): 9 <i>Schedule O</i>) ct of interest policy, and	16b s only)		ole

Form 990 (2	021) SACRED HEART COMMUNITY SERVICE	23-7179787	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Comper	nsated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complet	te 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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.

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	(do	not c		ition		ane	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar	nd a d I	lirecto	or/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		66	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st con	_	1099-1420)		organizations
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) PONCHO JOSE GUEVARA	40.00	_	-			<u> </u>				
EXECUTIVE DIRECTOR				x				197,268.	0.	6,163.
(2) DARREN SEATON	40.00									
DEPUTY DIRECTOR						х		142,800.	0.	18,490.
(3) LYDIA BUSTAMANTE	40.00									
ASSOCIATE DIRECTOR						x		134,964.	0.	1,608.
(4) RACHEL WRIGHT	40.00									
SENIOR DIRECTOR OF DEVELOP						x		116,449.	0.	12,327.
(5) MICHAEL SOUKUP	40.00									
FINANCE DIRECTOR				х				98,634.	0.	17,612.
(6) MELISSA MORRIS	4.00									
PRESIDENT		Х		X				0.	0.	0.
(7) VU-BANG NGUYEN	4.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(8) WILLIAM ROTH	4.00									
TREASURER		Х		Х				0.	٥.	0.
(9) VALERIE GONZALES	4.00									
SECRETARY		Х		Х				0.	٥.	0.
(10) CARLOS ROSARIO	2.00									
BOARD MEMBER		х						0.	0.	0.
(11) TANIA BRAVO	2.00									
BOARD MEMBER		Х						0.	٥.	0.
(12) ABOUBACAR NDIAYE	2.00									
BOARD MEMBER		Х						0.	٥.	0.
(13) BRIAN DARROW	2.00									
BOARD MEMBER		Х						0.	٥.	0.
(14) PILAR DIAZ	2.00									
BOARD MEMBER		х						0.	0.	0.
(15) DIANE FISHER	2.00									
BOARD MEMBER		х						0.	0.	0.
(16) JACKLYN JOANINO	2.00									
BOARD MEMBER		х						0.	0.	0.
(17) MARIA RICO	2.00									
BOARD MEMBER		х						0.	0.	0.
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Form 990 (2021)

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(A) (B) (C) (C) (D) (D) (E) (E) Name and the Average for the component of the compensation for the compensation	Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	anc	l Hig	ghes	st C	ompensated Employee	s (continued)				
Name and title Average how set (list any pound for metal of the organization in the organization proposation from reading proposation registration (list any set of proposation pro													(F)	
(13) WILLIAM ARMALINE 2.00 X 0.		Average hours per week	erage Position (do not check more that box, unless person is b officer and a director/th				than c s both	n an	Reportable compensation from	Reportable compensatic from related	n d	an	stimate nount other	of
(13) WILLIAM ARMALINE 2.00 X 0.		hours for related organizations below	dividual trustee or directo	stitutional trustee	licer	y em ployee	ghest compensated Iployee	rmer	organization (W-2/1099-MISC/	(W-2/1099-MIS	SC/	fr org an	om th anizat d relat	e ion ed
19) SAMEERA USMAN 2.00 x 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(18) WILLIAM ARMALINE	,	Ĕ	lns	0	Ke	Hig e r	Ы						
BOARD MEMBER X 0.			Х						0.		٥.			0.
Image: State of the state of cycles and the cycles	(19) SAMEENA USMAN	2.00												
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c Total from continuation sheets to Part VII, Section A 0.														
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c Total from continuation sheets to Part VII, Section A 0.	1b Subtotal	<u> </u>	I	I	L	I			690,115.		٥.		56,	200.
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 4 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. 6) (C) 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. 4 4,663,908. 25 N2 ID Bostr	c Total from continuation sheets to Part VI	, Section A											5.0	
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AMIGOS DE GUADALUPE, 1897 ALUM ROCK RD. SUBCONTRACTOR - ASSISTANCE TO SUITE 35, SAN JOSE, CA 95116 INDIVIDUAL 4,165,014. FAMILY SUPPORTIVE HOUSING SUBCONTRACTOR - ASSISTANCE TO 2,499,740. 692 N. KING RD., SAN JOSE, CA 95133 INDIVIDUAL 2,499,740. WEST VALLEY COMMUNITY SERVICE SUBCONTRACTOR - ASSISTANCE TO 10104 VISTA DRIVE, CUPERTINO, CA 95014 1,803,822. THE SALVATION ARMY SUBCONTRACTOR - ASSISTANCE TO 1,119,143. 1,119,143. 2 Total number of independent contractors (including but not limited to those listed above) who received more than 16	725 KIFER ROAD, SUNNYVALE, CA 94086							ŀ	INDIVIDUAL			4	,663,	908.
FAMILY SUPPORTIVE HOUSING SUBCONTRACTOR - ASSISTANCE TO 692 N. KING RD., SAN JOSE, CA 95133 INDIVIDUAL 2,499,740. WEST VALLEY COMMUNITY SERVICE SUBCONTRACTOR - ASSISTANCE TO 1,803,822. 10104 VISTA DRIVE, CUPERTINO, CA 95014 INDIVIDUAL 1,803,822. THE SALVATION ARMY SUBCONTRACTOR - ASSISTANCE TO 1,119,143. 2 Total number of independent contractors (including but not limited to those listed above) who received more than 1,00,000 of compensation from the organization		RD.						-	SUBCONTRACTOR - AS	SISTANCE TO				
692 N. KING RD., SAN JOSE, CA 95133 INDIVIDUAL 2,499,740. WEST VALLEY COMMUNITY SERVICE SUBCONTRACTOR - ASSISTANCE TO 10104 VISTA DRIVE, CUPERTINO, CA 95014 INDIVIDUAL 1,803,822. THE SALVATION ARMY SUBCONTRACTOR - ASSISTANCE TO 1,119,143. 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 16	SUITE 35, SAN JOSE, CA 95116								INDIVIDUAL			4	,165,	014.
WEST VALLEY COMMUNITY SERVICE SUBCONTRACTOR - ASSISTANCE TO 10104 VISTA DRIVE, CUPERTINO, CA 95014 INDIVIDUAL 1,803,822. THE SALVATION ARMY SUBCONTRACTOR - ASSISTANCE TO 1,119,143. 359 N. 4TH STREET, SAN JOSE, CA 95112 INDIVIDUAL 1,119,143. 2 Total number of independent contractors (including but not limited to those listed above) who received more than 16	FAMILY SUPPORTIVE HOUSING							-	SUBCONTRACTOR - AS	SISTANCE TO				
10104 VISTA DRIVE, CUPERTINO, CA 95014 INDIVIDUAL 1,803,822. THE SALVATION ARMY SUBCONTRACTOR - ASSISTANCE TO 359 N. 4TH STREET, SAN JOSE, CA 95112 INDIVIDUAL 1,119,143. 2 Total number of independent contractors (including but not limited to those listed above) who received more than 16	692 N. KING RD., SAN JOSE, CA 95133								INDIVIDUAL			2	,499,	740.
THE SALVATION ARMY SUBCONTRACTOR - ASSISTANCE TO 359 N. 4TH STREET, SAN JOSE, CA 95112 INDIVIDUAL 2 Total number of independent contractors (including but not limited to those listed above) who received more than 1,119,143. \$100,000 of compensation from the organization 16	WEST VALLEY COMMUNITY SERVICE							1	SUBCONTRACTOR - AS	SISTANCE TO				
359 N. 4TH STREET, SAN JOSE, CA 95112 INDIVIDUAL 1,119,143. 2 Total number of independent contractors (including but not limited to those listed above) who received more than 16 \$100,000 of compensation from the organization 16	· · ·	L 4						-				1	,803,	822.
Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 16	THE SALVATION ARMY									SISTANCE TO		-		
\$100,000 of compensation from the organization 16	· · ·			- 1 4 -	4-1	Ha -		-				1	,119,	143.
		•	στ IIr	nteo	1 [0]			ted	above) who received mo	ore than				
												Form	990 (;	2021)

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		(2021) SACRED HEART COMMUNI	ITY SERVICE			23-717978	7 Page 9
Pa	rt VI	II Statement of Revenue					
		Check if Schedule O contains a response c	or note to any line	<u>in this Part VIII</u> (A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
e Contributions, Gifts, Grants and Other Similar Amounts	t c c f f	Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f 1g \$	1,723. 23,273,009. 31,288,016. 7,239,951. ▶ Business Code	54,562,748.	function revenue	business revenue	from tax under sections 512 - 514
Program Service Revenue	t c c						
д	<u>ç</u> 3	Investment income (including dividends, interest other similar amounts)	▶ st, and	50,624.			50,624
	4 5 6 a k	Income from investment of tax-exempt bond pr Royalties	· · ·				
		I Net rental income or (loss) Gross amount from sales of assets other than inventory 7a 25,788.	▶ (ii) Other				
r Revenue	c	Less: cost or other basis and sales expenses 7b 13,126. Gain or (loss) 7c 12,662. Net gain or (loss) 0 0	>	12,662.			12,662
Other R	8 a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a Less: direct expenses 8b					
	c	Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19	····· >				
	c 10 a t	 Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances Less: cost of goods sold 	····· •				
neous Nue	11 -	Net income or (loss) from sales of inventory MISCELLANEOUS INCOME	Business Code 900099	34,308.			34,308
Miscellaneous Revenue	c			34,308.			
132009	12	Total revenue. See instructions	►	54,660,342.	0.	0.	97,594. Form 990 (2021

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SACRED HEART COMMUNITY SERVICE Part IX Statement of Functional Expenses

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Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Х Check if Schedule O contains a response or note to any line in this Part IX (B) (C) (D) (A) Do not include amounts reported on lines 6b. Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 1 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 14.036.772. 14,036,772. 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 Benefits paid to or for members 4 5 Compensation of current officers, directors, 1,386. trustees, and key employees 326,411. 81,122. 243,903 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 6,325,564. 5,367,081. 802,443 156,040. Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 1,998,316 1,589,197 364,588 44,531. 9 Other employee benefits 597,188. 490,667 92,340 14,181. 10 Payroll taxes 11 Fees for services (nonemployees): Management а b Legal 89,000, 89,000 Accounting С 786 786 Lobbying d Professional fundraising services. See Part IV, line 17 е 8,605. 8,605 Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 22,475,903 22,202,484 273,419 column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion 12 502,259 378,504 38,001 85,754. 13 Office expenses _____ 348,710 309,910, 24,030 14,770. 14 Information technology 15 Royalties 336,170. 295,968, 31,765 8,437. 16 Occupancy Travel 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 187,041 168,048, 14,136 4,857. 20 Interest Payments to affiliates 21 293,778 286,358, 5,980 1,440. 22 Depreciation, depletion, and amortization 56,751 32,615. 24,050 86. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) OTHER EXPENSES 1,457,384 979,179, 366,400 111,805. а MAINTENANCE OF EQUIPMEN 127,426 98,609 28,334 483. b С d All other expenses е 443,770. Total functional expenses. Add lines 1 through 24e 49,168,064 46,316,514 2,407,780 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720) Check here

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Form 990 (2021)

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Form **990** (2021)

SACRED HEART COMMUNITY SERVICE Part X Balance Sheet

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

		Check if Schedule O contains a response or not	e to any		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			30,227.	1	3,462,718.
	2	Savings and temporary cash investments			6,251,849.	2	5,926,365.
	3	Pledges and grants receivable, net			7,820,176.	3	7,681,034.
	4	Accounts receivable, net	· ·	4			
Assets	5	Loans and other receivables from any current or				_	
	_	trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif					
	_	under section 4958(f)(1)), and persons described				6	
	7	Notes and loans receivable, net		7	6,851,500.		
	8	Inventories for sale or use			204,953.	8	136,758.
	9				1,118,125.	9	424,194.
		Land, buildings, and equipment: cost or other		F	· · ·		
		basis. Complete Part VI of Schedule D	10a	7,962,557.			
	b	Less: accumulated depreciation		4,078,565.	4,407,032.	10c	3,883,992.
	11	Investments - publicly traded securities			669,579.	11	628,995.
	12	Investments - other securities. See Part IV, line 1			471,766.	12	416,165.
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	0.	15	907,222.		
	16	Total assets. Add lines 1 through 15 (must equa			20,973,707.	16	30,318,943.
	17	Accounts payable and accrued expenses			1,992,550.	17	4,057,812.
	18	Grants payable		18			
	19	Deferred revenue	3,803,856.	19	647,187.		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
ú	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
lide		controlled entity or family member of any of thes				22	
Ľ	23	Secured mortgages and notes payable to unrela				23	5,000,000.
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, page					
		parties, and other liabilities not included on lines					
		of Schedule D	· · · · · · · · · · · · · · · · · · ·		Ο.	25	95,231.
	26	Total liabilities. Add lines 17 through 25			5,796,406.	26	9,800,230.
		Organizations that follow FASB ASC 958, che	ck here	X			
sec		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			11,716,201.	27	14,482,315.
Bal	28	Net assets with donor restrictions			3,461,100.	28	6,036,398.
pu		Organizations that do not follow FASB ASC 9					
лщ.		and complete lines 29 through 33.					
s or	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or eq				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in				31	
Net	32	Total net assets or fund balances			15,177,301.	32	20,518,713.
	33				20,973,707.	33	30,318,943.

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Form 990 (2021)

Form	990 (2021) SACRED HEART COMMUNITY SERVICE	23-717978	7	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	54,	660,	342.
2	Total expenses (must equal Part IX, column (A), line 25)	2	49,	168,	064.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,	492,	278.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	15,	177,	301.
5	Net unrealized gains (losses) on investments	5	-	150,	866.
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	20,	518,	713.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
		r		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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	X	
	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 X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	· ·			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	le Audit			
	Act and OMB Circular A-133?	·····	3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	х 000	

Form **990** (2021)

(Form 990)

Total

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	
2021	

Open to Public

Inspection

Name of the organization						
Department of the Treasury Internal Revenue Service						

Name of the organization Employer i						identification number			
			HEART COMMUNIT						23-7179787
Pa	nrt I	Reason for Public (Charity Status.	(All organizations must c	omplete tł	nis part.) S	ee instruction	IS.	
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, cl	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches described	in sectio	on 170(b)(1	I)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Form	n 990).)				
3		A hospital or a cooperative)(b)(1)(A)(ii	ii).		
4		A medical research organiz)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	Ily receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	oublic described in
		section 170(b)(1)(A)(vi). (C	-		Ū			.	
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	eor
		university:						-	
10		An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support fi	rom gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the org	anization a	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclusi	ively to test for public sat	fety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box on
		lines 12a through 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	l 12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	oorted org	anization(s), t	pically by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	upporting
		organization. You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	l or controlled in connect	ion with it	s supporte	ed organizatio	n(s), by hav	ving
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
c		Type III functionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functional	lly integrate	ed with,
		its supported organization	n(s) (see instructions). You must complete I	Part IV, Se	ections A,	D, and E.		
c		Type III non-functionally	integrated. A supp	porting organization oper	ated in co	nnection v	ith its suppor	ted organiz	zation(s)
		that is not functionally int	egrated. The organiz	zation generally must sat	isfy a distr	ibution rec	quirement and	I an attentiv	/eness
		_ requirement (see instructi	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	۷.		
e		Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally integrated, or	r Type III non-function	nally integrated supporting	ng organiz	ation.			
f		er the number of supported o	•						
<u> </u>		vide the following information			(iv) is the ora:	anization listed			
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	ing document?	(v) Amount o support (see ir		(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No	support (see ii	istructions	support (see instructions)

Page **2**

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

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

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	21,448,285.	25,886,409.	43,343,296.	49,114,536.	54,562,748.	194,355,274.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	21,448,285.	25,886,409.	43,343,296.	49,114,536.	54,562,748.	194,355,274.
	Total. Add lines 1 through 3	21,440,205.	25,000,409.	43,343,290.	49,114,530.	54,502,740.	194,355,274.
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.						194,355,274.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	21,448,285.	25,886,409.	43,343,296.	49,114,536.	54,562,748.	194,355,274.
	Gross income from interest,		,				
-	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	27,489.	34,705.	28,950.	28,032.	50,624.	169,800.
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.)					33,337.	33,337.
11	Total support. Add lines 7 through 10						194,558,411.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	44,049.
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop						
See	ction C. Computation of Publi	ic Support Per	centage			 	
	Public support percentage for 2021 (I		•			14	99.90 %
	Public support percentage from 2020					15	99.91 %
16 a	33 1/3% support test - 2021. If the o				14 is 33 1/3% or m	ore, check this boy	
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2020. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the fact			-		0	
	meets the facts-and-circumstances te	-					
b	10% -facts-and-circumstances test	-					IU% Or
	more, and if the organization meets the						
10	organization meets the facts-and-circu				•		
18	Private foundation. If the organization	IT UIU HOL CHECK & I		a, 100, 178, 01 170	, check this box a		
						Schedule A	(Form 990) 2021

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

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

Sec	ction A. Public Support		-	-	•				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e)	2021	(f) Total	
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose								
3	Gross receipts from activities that are not an unrelated trade or bus-								
	iness under section 513								
4	Tax revenues levied for the organ- ization'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								
	Amounts included on lines 1, 2, and								
	3 received from disgualified persons								
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
с	Add lines 7a and 7b								
	Public support. (Subtract line 7c from line 6.)								
Sec	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e)	2021	(f) Total	
9	Amounts from line 6								
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources								
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses								
	acquired after June 30, 1975								
	Add lines 10a and 10b Net income from unrelated business activities not included on 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.)								
14	First 5 years. If the Form 990 is for th	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	organizatic	on,	
	check this box and stop here						<u></u>		
Sec	ction C. Computation of Public	c Support Pe	rcentage						
15	Public support percentage for 2021 (li	ne 8, column (f), d	divided by line 13,	column (f))		15			%
	Public support percentage from 2020					16			%
Sec	ction D. Computation of Inves	tment Incom	e Percentage						
17	Investment income percentage for 20	21 (line 10c, colu	ımn (f), divided by l	ine 13, column (f))		17			%
18	Investment income percentage from 2	2020 Schedule A,	, Part III, line 17			18			%
19a	33 1/3% support tests - 2021. If the	organization did	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%,	and line 17	7 is not	
	more than 33 1/3%, check this box an	nd stop here. The	e organization qual	ifies as a publicly s	supported organiza	ation		▶□	
b	33 1/3% support tests - 2020. If the	organization did	not check a box or	n line 14 or line 19a	a, and line 16 is mo	ore than	33 1/3%, a	nd _	
	line 18 is not more than 33 1/3%, chee	ck this box and s	top here. The orga	anization qualifies	as a publicly suppo	orted org	janization	▶[
20	Private foundation. If the organization	<u>n did not check a</u>	u box on line 14, 19	a, or 19b, check tl	his box and see ins	struction	IS	▶[
13202	23 01-04-22					5	Schedule A	(Form 990) 2	021

16

1

2

3a

3b

3c

4a

4b

4c

5a

<u>5b</u> 5<u>c</u>

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on 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 line 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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Schedule A (Form 990) 2021

Schedule A (Form 990) 2021	
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SACRED HEART COMMUNITY SERVICE

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Yes No

2

		Yes	No
1 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
11c below, the governing body of a supported organization?	11a		
b A family member of a person described on line 11a above?	11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
detail in Part VI.	11c		1

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	
	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,

<u>supervised, or controlled the supporting organization.</u> Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, 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	2		
	supported organizations played in this regard	3		

Section 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 instructions).
-		the integral i are rest during the year	(

- 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 governmental entity (see instructions).
------------	--	---	---

- 2 Activities Test. Answer lines 2a and 2b below.
- 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.
- b Did the activities described on line 2a, above, 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a 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? *If* "Yes" or "*No*" *provide details in* **Part VI.**

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.*

 Yes
 No

 2a

 2a

 2b

 2b

 3a

 3b

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Sch	edule A (Form 990) 2021 SACRED HEART COMMUNITY SERVICE			23-7179787	Page
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying t	rust o	n Nov. 20, 1970 (<i>explain in</i> I	Part VI). See inst	ructions.
	All other Type III non-functionally integrated supporting organizations must co	omplet	e Sections A through E.		
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current (option:	
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			

Section A - Adjusted Net Income			(A) Prior Year	(B) Current Year (optional)	
1 Net	short-term capital gain	1			
2 Rec	overies of prior-year distributions	2			
3 Oth	er gross income (see instructions)	3			
4 Add	l lines 1 through 3.	4			
5 Dep	reciation and depletion	5			
6 Port	tion of operating expenses paid or incurred for production or				
colle	ection of gross income or for management, conservation, or				
mai	ntenance of property held for production of income (see instructions)	6			
	er expenses (see instructions)	7			
8 Adj	usted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Section B	3 - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1 Agg	regate fair market value of all non-exempt-use assets (see				
inst	ructions for short tax year or assets held for part of year):				
a Ave	rage monthly value of securities	1a			
b Ave	rage monthly cash balances	1b			
c Fair	market value of other non-exempt-use assets	1c			
d Tota	al (add lines 1a, 1b, and 1c)	1d			
e Dise	count claimed for blockage or other factors				
(exp	olain in detail in Part VI):				
2 Acq	uisition indebtedness applicable to non-exempt-use assets	2			
3 Sub	tract line 2 from line 1d.	3			
4 Cas	h deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	instructions).	4			
5 Net	value of non-exempt-use assets (subtract line 4 from line 3)	5			
6 Mul	tiply line 5 by 0.035.	6			
7 Rec	overies of prior-year distributions	7			
8 Min	imum Asset Amount (add line 7 to line 6)	8			
Section C	; - Distributable Amount			Current Year	
1 Adjı	usted net income for prior year (from Section A, line 8, column A)	1			
2 Ente	er 0.85 of line 1.	2			
3 Min	imum asset amount for prior year (from Section B, line 8, column A)	3			
4 Ente	er greater of line 2 or line 3.	4			
5 Inco	ome tax imposed in prior year	5			
	tributable Amount. Subtract line 5 from line 4, unless subject to				
	ergency temporary reduction (see instructions).	6			

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021
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Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Secti	Current Year			
1	Amounts paid to supported organizations to accomplish exe	1		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purpose	s 3		
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	he organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2021 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount	I	10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
	From 2018			
	From 2019			
	From 2020			
f	Total of lines 3a through 3e			
	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2021 distributable amount			
	Carryover from 2016 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2021 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, <i>explain in</i> Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
U	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3			
•	and 4c.			
8	Breakdown of line 7:			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
	e Excess from 2021			

Schedule A (Form 990) 2021

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Schedule A	(Form 990) 2021	SACRED HEART	COMMUNITY S	ERVICE		23-7179787	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1	, 2, 3b, 3c, 4b, 4c, lines 2 and 3; Part	5a, 6, 9a, 9b, 9c IV, Section E, lir	;, 11a, 11b, and 110 nes 1c, 2a, 2b, 3a, a	c; Part IV, Section B, lin and 3b; Part V, line 1; P	es 1 and 2; Part IV, Sectior art V, Section B, line 1e; Pa	n C,
	(See instructions.)		, , , , ,	•			
132028 01-04-2	2					Schedule A (Form	990) 2021

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Employer identification number

Department of the Treasury Internal Revenue Service	

Schedule B

(Form 990)

Name of the organization

SACRED HEART COMMUNITY SERVICE	23-7179787
Organization type (check one):	-

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \dots **b** \$

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

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

Schedule B (Form 990) (2021)

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$6,307,075.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$6,231,860.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$5,694,698.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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23 2021.05080 SACRED HEART COMMUNITY SE 05023311

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

23-7179787

Page 2

SACRED HEART COMMUNITY SERVICE

(b) Description of noncash property given (b) DOD INVENTORY (b) Description of noncash property given	rt II if additional space is needed. (c) FMV (or estimate) (See instructions.) (c) (c) FMV (or estimate) (See instructions.)	(d)
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.) (See instructions.) (See instructions.) (C) FMV (or estimate)	Date received
Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
(b)	(c) FMV (or estimate)	(d)
	(c) FMV (or estimate)	(d)
	FMV (or estimate)	
		Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	(b) Description of noncash property given	(b) (c) Description of noncash property given (See instructions.) (b) (C) Description of noncash property given (C) (b) (C) Description of noncash property given (C) (b) (C) (See instructions.) (See instructions.) (b) (C) (See instructions.) (See instructions.) (See instructions

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Schedule B (Form 990) (2021)

2021.05080 SACRED HEART COMMUNITY SE 05023311

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ame of or	ganization		Employer identification number
ACRED HE	EART COMMUNITY SERVICE		23-7179787
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	a) through (e) and the following line entricharitable, etc., contributions of \$1,000 or le	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the yes y. For organizations sss for the year. (Enter this info. once.) \$
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
a) No. from	(b) Durnoop of gift	(a) Line of gift	(d) Description of how sift is hold
art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
F	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee
) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee
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2021.05080 SACRED HEART COMMUNITY SE 05023311

SCHEDULE C	Pc	litical Campaign a	nd Lobbyin	g Activities		OMB No. 1545-0047
(Form 990)	2021					
Department of the Treasury	Complete	if the organization is described	below. 🕨 Attach to	Form 990 or Form	990-EZ.	Open to Public
Internal Revenue Service		io to www.irs.gov/Form990 for i	nstructions and the I	latest information.		Inspection
If the organization answ	wered "Yes," on	Form 990, Part IV, line 3, or For	m 990-EZ, Part V, lin	e 46 (Political Camp	aign Activ	vities), then
		plete Parts I-A and B. Do not com				
		1(c)(3)) organizations: Complete P	arts I-A and C below.	Do not complete Par	t I-B.	
 Section 527 organization 		•				
		Form 990, Part IV, line 4, or For				
		nave filed Form 5768 (election und		•	•	
		nave NOT filed Form 5768 (electior Form 990, Part IV, line 5 (Proxy	• •			•
Tax) (See separate inst		1 0111 330, Part IV, IIIe 3 (PT0Xy			1 330-LZ,	Fart V, Ine OSC (Froxy
		ions: Complete Part III.				
Name of organization		•			Employe	r identification number
		RT COMMUNITY SERVICE				23-7179787
Part I-A Comple	ete if the org	anization is exempt under	section 501(c) c	or is a section 52	27 organ	ization.
1 Provide a description	on of the organiz	ation's direct and indirect political	campaign activities ir	n Part IV.		
2 Political campaign	activity expendit	ures			▶\$	
3 Volunteer hours for	political campai	gn activities			·	
-		anization is exempt under		5).	.	
		incurred by the organization under			·	
		incurred by organization managers				
		n 4955 tax, did it file Form 4720 fo				
b If "Yes," describe in						Yes No
		anization is exempt under	section 501(c).	except section 5	501(c)(3)	
		by the filing organization for secti		•		
		ization's funds contributed to othe				
exempt function ac					►\$	
3 Total exempt functi		. Add lines 1 and 2. Enter here and				
line 17b					►\$	
						Yes No
5 Enter the names, a	ddresses and err	ployer identification number (EIN)	of all section 527 poli	itical organizations to	which the	e filing organization
	-	tion listed, enter the amount paid f				-
		omptly and directly delivered to a s	· · ·	,	eparate se	gregated fund or a
· · · · · · · · · · · · · · · · · · ·		additional space is needed, provid	1	Т		
(a) Name	9	(b) Address	(c) EIN	(d) Amount paid filing organizatio		(e) Amount of political ntributions received and
				funds. If none, ent	er -0	promptly and directly
						delivered to a separate
						political organization. If none, enter -0
						,
				1		

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

Schedule C (Form 990) 2021

132041 11-03-21

Schedule C (Form 990) 2021		COMMUNITY SERVICE			7179787 Page 2
Part II-A Complete if the org section 501(h)).	anization is e	xempt under section	n 501(c)(3) and file	d Form 5768 (el	ection under
	ation belongs to a	n affiliated group (and list i	n Part IV each affiliated	group member's nam	ne. address. EIN.
expenses, and sha	•	• • •			, , , ,
		A and "limited control" pr	ovisions apply.		
Limi	ts on Lobbying E	xpenditures		(a) Filing organization's	(b) Affiliated group totals
(The term "expen-	ditures" means a	mounts paid or incurred.)	totals	
1a Total lobbying expenditures to influence					
b Total lobbying expenditures to infl					
c Total lobbying expenditures (add li	nes 1a and 1b)				
d Other exempt purpose expenditure					
e Total exempt purpose expenditure	es (add lines 1c an	d 1d)			
f Lobbying nontaxable amount. Ente	er the amount fror	n the following table in bot	h columns.		
If the amount on line 1e, column (a) o	or (b) is: The	e lobbying nontaxable an	nount is:		
Not over \$500,000	209	% of the amount on line 1e			
Over \$500,000 but not over \$1,000	0,000 \$10	0,000 plus 15% of the exc	cess over \$500,000.		
Over \$1,000,000 but not over \$1,5	00,000 \$17	5,000 plus 10% of the exc	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17	,000,000 \$22	5,000 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,	000,000.			
g Grassroots nontaxable amount (er					
h Subtract line 1g from line 1a. If zer					
i Subtract line 1f from line 1c. If zero	-				
j If there is an amount other than ze		h or line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this		· · · · · · · ·			Yes No
(Some organizations t	hat made a secti	r Averaging Period Under on 501(h) election do not eparate instructions for li	have to complete all o	f the five columns b	elow.
	Lobbying E	xpenditures During 4-Ye	ar Averaging Period		-
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Labbying pontaxable amount					
 2a Lobbying nontaxable amount b Lobbying ceiling amount 					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					-
f Grassroots lobbying expenditures					
				Schoo	lule C (Earm 990) 2021

Schedule C (Form 990) 2021

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Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)	(b)
of the lobbying activity.	Yes	No	Amo	ount
1 During the year, did the filing organization attempt to influence foreign, national, state, or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?	Х			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Х			
c Media advertisements?		Х		
d Mailings to members, legislators, or the public?	Х			262.
e Publications, or published or broadcast statements?		Х		
f Grants to other organizations for lobbying purposes?		Х		
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X			262.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X			262.
i Other activities?		Х		
j Total. Add lines 1c through 1i				786.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), sectio 501(c)(6).	n 501(c)(5	i), or sec	tion	
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		
 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 				
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from th				
Part III-B Complete if the organization is exempt under section 501(c)(4), sectio			tion	
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	'No" OR ((b) Part I	II-A, line	3, is
Dues, assessments and similar amounts from members		1		
 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures) 				
expenses for which the section 527(f) tax was paid).				
a Current year		2a		
b Carryover from last year				
c Total				
 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc 				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
	hitioai	4		
 5 Taxable amount of lobbying and political expenditures. See instructions 				
Part IV Supplemental Information		🗸		
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list): Part II-/	A lines 1 a	nd 2 (See	
instructions); and Part II-B, line 1. Also, complete this part for any additional information.	100,1 0117	, in 100 T di	14 2 (000	
PART II-B, LINE 1, LOBBYING ACTIVITIES:				
THE ORGANIZATION HAD THE FOLLOWING LOBBYING ACTIVITIES DURING FY 21-22:				
SANTA CLARA COUNTY				

PROMOTING THE TRUST HOTLINE

132043 11-03-21

Schedule C (Form 990) 2021

Part IV Supplemental Information (continued)

PROMOTING BEHAVIORAL HEALTH AND ADDICTION TREATMENT INSTEAD OF CARCERAL

OPTIONS

SAN JOSE

RIGHT TO COUNSEL FOR PEOPLE FACING EVICTION

AFFORDABLE HOUSING SITING POLICY

COMMUNITY-BASED RESPONSE TO INTERPERSONAL VIOLENCE

BUILDING AFFORDABLE HOUSING

MORE INVESTMENT IN TRANSLATION/INTERPRETATION SERVICES

MORE INVESTMENT IN COMMUNITY ENGAGEMENT

COMMUNITY OPPORTUNITY TO PURCHASE ACTMEASURE I!

AND IN SCC ADVOCATED FOR MORE REGULATION OF BOARD AND CARE FACILITIES

Schedule C (Form 990) 2021

132044 11-03-21

(Forr	HEDULE D n 990) ment of the Treasury		OMB No. 15	21 Public				
-	I Revenue Service		90 for instructions and the latest information.		Inspection			
Nam	e of the organizat	ION SACRED HEART COMMUNITY SERV	ICE	Employer	r identificatior 23-7179787	n number		
Pa	rt I Organiz		d Funds or Other Similar Funds or A	counts.		e		
		on answered "Yes" on Form 990, Part IV, lin						
			(a) Donor advised funds	(b) Funds an	d other accour	nts		
1	Total number at e	nd of year						
2		of contributions to (during year)						
3	Aggregate value of	of grants from (during year)						
4	Aggregate value a	at end of year						
5	0		writing that the assets held in donor advised fund					
•			exclusive legal control?		Yes	└── No		
6	0	•	dvisors in writing that grant funds can be used o					
	impermissible priv		r donor advisor, or for any other purpose confer	0	Yes	No No		
Pa		vation Easements. Complete if the ord	ganization answered "Yes" on Form 990, Part IV	line 7.	165			
1		servation easements held by the organization		,				
		n of land for public use (for example, recrea		orically impor	rtant land area			
	Protection of	of natural habitat	Preservation of a cert	ified historic	structure			
	Preservation	n of open space						
2	Complete lines 2a day of the tax yea	o o 1	ied conservation contribution in the form of a co		asement on the at the End of the			
а	Total number of c	onservation easements		2a				
b				2b				
с	c Number of conservation easements on a certified historic structure included in (a)							
d	Number of conser	rvation easements included in (c) acquired a	after 7/25/06, and not on a historic structure					
				2d				
3	Number of conservert year	rvation easements modified, transferred, rel	eased, extinguished, or terminated by the organ	ization during	g the tax			
4	Number of states	where property subject to conservation eas	sement is located					
5	•	ation have a written policy regarding the per						
	violations, and en	forcement of the conservation easements it	holds?		Yes	└── No		
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservation	on easements	s during the ye	ar		
7	Amount of expense		lling of violations, and enforcing conservation ea	sements dur	ing the year			
•	► \$				ing the year			
8		rvation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(B))(i)				
	and section 170(h	n)(4)(B)(ii)?	· · · · · · · · · · · · · · · · · · ·		Yes	No No		
9			on easements in its revenue and expense statem					
	balance sheet, an	d include, if applicable, the text of the footn	ote to the organization's financial statements th	at describes	the			
De	organization's acc	counting for conservation easements.						
Pa		•	Art, Historical Treasures, or Other S	similar Ass	sets.			
		if the organization answered "Yes" on Form						
па	•	•	8, not to report in its revenue statement and bal					
			olic exhibition, education, or research in furtheral	nce of public				
h	· •	Part XIII the text of the footnote to its finan elected as permitted under FASB ASC 95	8, to report in its revenue statement and balance	a sheat work	s of			
U	•		exhibition, education, or research in furtherance					
		ring amounts relating to these items:			,			
	•	0		▶ \$				
2	If the organization		asures, or other similar assets for financial gain,					
	the following amo	unts required to be reported under FASB A	SC 958 relating to these items:					

а	Revenue included on Form 990, Part VIII, line 1	
	Assists in charles in France 000, Deat V	

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 10-28-21

10400513 701245 0502331	1	0	40	05	13	7	01	24	-5	0	5	0	2	3	3	1
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30 2021.05080 SACRED HEART COMMUNITY SE 05023311

\$ \$

Schedule D (Form 990) 2021

►

b Buildings 4,906,833. 2,952,147. 1,954,686. c Leasehold improvements 10,277. 10,277. 0. d Equipment 1,038,799. 854,270. 184,529. e Other 312,294. 261,871. 50,423. Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X, column (B), line 10c.) 3,883,992.	Sche		RT COMMUNITY SER				23-7179		Pa	_{ige} 2	
collection terms (check all that apply): Collection terms (check all that apply): Scholarly research Other	Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Othe	er Similar /	Assets	(contin	ued)		
a Public exhibition d □ can or exchange program b Scholary research e □ Otter	3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that make	significant use	e of its				
b Scholarly research e Other c Preservation for future generations Previde a description of the organization scolections and explain how they further the organization's exempt purpose in Part XIII. 5 Using the year, did the organization scolections and the organization answered "Yes" on Form 990, Part X, Iine 5, or reported an amount on Form 990, Part X, Iine 21. 1a Is the organization angent, Trustee, custodial arrangements. Complete the following table: Amount c Beginning balance 1d d Distributions during the year 1d 2 Distributions during the year 1d 1a Is the organization and pert XIII. Previde an amount on Form 990, Part X, Iine 21. Amount c Beginning balance 1d 1d 1d a Distributions during the year 1d 1d 1d Bolt the organization include an amount on Form 990, Part X, Iine 21, for escrow or custodial account libitity? Yes No b If 'Yes,' explain the arrangement in Part XIII. Check here If the explanation include an amount on Form 990, Part X, Iine 10. 1d 1d contributions 1, 241, 245, 974, 127, 924, 516, 103, 122, 107, 109, 276, 56, 556, 403, 112, 344, 826, 974, 127, 924, 516, 103, 124, 526, 103, 122, 107,		collection items (check all that apply):									
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they turber the organization's exempt purpose in Part XIII. 5 During the year, did the organization is collections and explain how they turber the organization's exempt purpose in Part XIII. 5 Dering the year, did the organization is collections and explain how they turber the organization's exempt purpose in Part XIII. 6 Dering the year, did the organization answered 'Yes' on Form 990, Part K, line 9.1. 7 Tesp to the standard to the organization answered 'Yes' on Form 990, Part K, line 9.1. 7 Segmining balance	а	Public exhibition	d	Loan or exc	hange program						
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they turber the organization's exempt purpose in Part XIII. 5 During the year, did the organization is collections and explain how they turber the organization's exempt purpose in Part XIII. 5 Dering the year, did the organization is collections and explain how they turber the organization's exempt purpose in Part XIII. 6 Dering the year, did the organization answered 'Yes' on Form 990, Part K, line 9.1. 7 Tesp to the standard to the organization answered 'Yes' on Form 990, Part K, line 9.1. 7 Segmining balance	b	Scholarly research	е	Other	0.0						
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of at, historical treasures, or other similar assets to be add to raise funds rather than to be maintained as part of the organization's collection? Part W Excrow and Custodial Arrangements. Complete if the organization answered "Ves" on Form 980, Part X, line 9, or reported an amount on Form 980, PArt X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X? Is a list organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X? Is a list organization include an amount on Form 980, Part X, line 21, for escrow or custodial account liability? Ves Distributions during the year Is a list organization include an amount on Form 980, Part X, line 21, for escrow or custodial account liability? Ves Distributions If Yes; "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Bart Vers' configure the avent of the organization answered "Yes" on Form 980, Part X, line 21, 60 exercise 483, 182, 484, 484, 484, 484, 484, 484, 484, 4	с										
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets No. Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Tele State organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ives No. b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Is Amount Is Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ives No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Is Is Intermediate prevention table to the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ives No b If "Yes" custophin the arrangement in Part XIII and Complete year (0) Prior years back (0) Filter years	4		llections and explain	how they further th	e organization's exe	empt purpose	in Part X	3 11.			
To be sold to raise funds rather than to be maintained as part of the organization aclescion? Yes No. Part W Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete it the organization answered 'Yes' on Form 990, Part V, line 10. Inter yams back (d) Three yams back (e) Foru yams back ide of the organization and porgrams in the organization answered 'Yes' in fory yams back ide (d) three yams back	5										
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodial in or other intermediary for contributions or other assets not included on Form 980, Part X Ves No b If "Yes," explain the arrangement in Part XIII and complete the following table: Additions during the year Id Amount c Beginning balance Id Id Id Id Id Id 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No Part V Endop balance If (Id) Id Id Id 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No Part V Endop balance If 141, 345. 974, 127. 924, 616. 883, 182. 854, 913. b Contributions If 141, 345. 974, 127. 924, 616. 883, 182. 854, 913. c Net investment earnings, gains, and losses -8, 605. 7, 887. 7, 045. 6, 679. 6, 5357. g End of year balance I, 045, 160. 1, 141, 345. 974, 127. 924, 616. <td>-</td> <td></td> <td></td> <td></td> <td>•</td> <td></td> <td></td> <td>Yes</td> <td></td> <td>No</td>	-				•			Yes		No	
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X? Yes No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount Image: Complete Complet	Par						Part IV lir				
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X				is in the englishing			u ,,				
on Form 990, Part X?	1a			ary for contribution	s or other assets not	tincluded					
b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d e Distributions during the year 1d 2a Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account tability? Yes 2a Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account tability? Yes No b If "yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Trow years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Autine stimulation (b) Prior year (c) Trow years back (e) Four years back 1a (a) Current year (b) Prior year (c) Three years back 1a	14							Vas		No	
c Beginning balance Id d Additions during the year Id e Distributions during the year Id 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation naws been provided on Part XIII. Image: Check here if the explanation naws been provided on Part XIII. Image: Check here if the explanation naws been provided on Part XIII. Image: Check here if the explanation naws been provided on Part XIII. Image: Check here if the explanation naws been provided on Part XIII. Image: Check here if the explanation naws been provided on Part XIII. Image: Check here if the explanation naws been provided on Part XIII. Image: Check here if the explanation naws been provided on Part XIII. Image: Check here if the explanation naws been provided on Part XIII. Image: Check here if the explanation naws been provided on Part XIII. Image: Check here if the explanation naws been provided on Part XIII. Image: Check here if the explanation naws been provided on Part XIII. Image: Check here if the explanation naws been provided on Part XIII. Image: Check here if the explanation naws been provided on Part XIII. Image: Check here if the explanation naws been provided on Part XIII. Image: Check here if the explanation naws been provided on part XIII. Image: Check here if the explanation naws been provided on part XIII. Image: Check here if the expl	h							163			
c Beginning balance 1c 1d d Additions during the year 1d 1d Distributions during the year 1e 1d 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial accountilability? Ves No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Ves No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Ves No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Ves No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Ves No b arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Ves No b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back c Other expenditures for facilities 1,045,105,105,105,105,105,056,556,48,113,34,826. 6,557. g End of year balance 1,045,105,1,141,345,974,127,924,127,924,616,883,182. 863,182. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board d	D			owing table.				Amount			
d Additions during the year id e Distributions during the year id f Ending balance if 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b if "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment FundS. Complete if the explanation answered "Yes" on Form 990, Part V, line 10. Part V Endowment FundS. Complete if the organization answered "Yes" on Form 990, Part X, line 10. (a) Current year (b) Prior year (c) Two years back (e) Four years back 1a Beginning of year balance 1, 141, 345. 974, 127. 924, 616. 883, 182. 854, 913. C Okter expenditures for facilities 1 175, 105. 56, 556. 48, 113. 34, 826. d Grants or scholarships 8, 605. 7, 887. 7, 045. 6, 679. 6, 557. g End of year balance 29.5900 % 7 64. 83, 182. 83, 182. Provide the estimated percentage of the current year on balance line 10, column (a) held as: a Board designated or quasi-andowment the 25.2500. % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment thunds no	-	Decision belonce				10		/ inouni			
e Distributions during the year 1e f Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Image: State											
f Ending balance If 2a Did the organization include an anount on Form 990, Part X, line 21, for escrow or custodial account liability? No b f Yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII Im Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. Image: Complete if the organization answered "Yes" on Form 990, Part X, line 10. 1a Beginning of year balance (a) Current year (c) Two years back (d) Three years back (e) Four years back 1 (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1 (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1 (a) Current year (b) Prior year (c) Two years back (e) Two years back (e) Two years back (e) Two years back 6 Contributions - <td></td>											
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b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior years Deck (c) Prior years back (c) Four years back (d) Four years back (e) Four years back c Cher expenditures for facilities								Ma a		1	
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Ia Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions 1,141,345,974,127,924,616,883,182,854,913, 924,616,883,182,854,913, b Contributions - - - 883,182,854,913, c Net investment earnings, gains, and losses -87,580,175,105,56,556,48,113,344,826, - - c Other expenditures for facilities - - - - and programs 8,605,7,887,7,045,6,679,6,557. - - - - g End of year balance 1,045,160,1,141,345,974,127,924,616,883,182. - 883,182,83,182. - - g End of year balance 1,045,160,1,141,345,974,127,924,616,833,182. -		-				• · · · · · · · · ·		Yes		NO	
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance 1,141,345. 974,127. 924,616. 883,182. 854,913. b Contributions - - 924,616. 883,182. 854,913. c Net investment earnings, gains, and losses - - - - - - c Net investment earnings, gains, and losses -											
1a Beginning of year balance 1,141,345. 974,127. 924,616. 883,182. 854,913. b Contributions	T ai					1	ro hook	(a) Four	voorok	book	
b Contributions -87,580. 175,105. 56,556. 48,113. 34,826. d Grants or scholarships -87,580. 175,105. 56,556. 48,113. 34,826. d Grants or scholarships -87,580. 175,105. 56,556. 48,113. 34,826. e Other expenditures for facilities -87,580. 1,75,105. 56,556. 48,113. 34,826. e Other expenditures for facilities -87,580. 1,75,105. 56,556. 48,113. 34,826. d Administrative expenditures for facilities -86,605. 7,887. 7,045. 6,679. 6,557. g End of year balance 10,045,160. 1,141,345. 974,127. 924,616. 883,182. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 26,2600.9 b Permanent endowment ▶ 26,2600.96 <			., ,		., ,	., ,		. ,	, ,		
c Net investment earnings, gains, and losses -87,580. 175,105. 56,556. 48,113. 34,826. d Grants or scholarships			1,141,345.	9/4,12/.	924,010.	883	5,182.		854,5	113.	
d Grants or scholarships											
e Other expenditures for facilities and programs i Administrative expenses 8, 605. 7, 887. 7, 045. 6, 679. 6, 557. g End of year balance 1,045,160. 1,141,345. 974,127. 924,616. 883,182. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 29.5900 % b Permanent endowment ▶ 20.5900 % * Term endowment ▶ 20.5900 % c Term endowment ▶ 20.5900 % * * * * * 883,182. 3 Board designated or quasi-endowment ▶ 20.5900 % *		· · · · · · · · · · · · · · · · · · ·									
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f Administrative expenses 8,605. 7,887. 7,045. 6,679. 6,557. g End of year balance 1,045,160. 1,141,345. 974,127. 924,616. 883,182. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 29.5900 % b Permanent endowment ▶ 44.1500 % % % c Term endowment ▶ 26.2600 % % % % mb percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment ▶ 26.2600 % % (i) Unrelated organizations	е	Other expenditures for facilities									
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b Permanent endowment ▶ 44.1500 % c Term endowment ▶ 26.2600 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other b asis (investment) basis (other) (c) Accumulated (d) Book value 1,694,354. 1,694,354. 1,694,354. 2,952,147. 1,954,686. c Leasehold improvements 10,277. 0. d Equipment Equipment 1,038,799. 854,270. 184,529. e Other Column (d) must equal Form 990, Part X, column (B), line 10c. 3,883,992.	2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)) held as:						
c Term endowment ▶ 26.2600 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b if "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (a) Cost or other basis (other) (b) Cost or other depreciation (c) Accumulated depreciation (d) Book value basis (other) 1, 694, 354. 1, 694, 354. 1, 694, 354. 1, 694, 354. 1, 0, 277. 0, 277. 0, 277. 0, 277. 0, 277. 10, 277. 10, 277. 10, 38, 799. 854, 270. 184, 529. e Other 12, 038, 799. 854, 270. 184, 529. 3, 883, 992. 	а	Board designated or quasi-endowment	29.5900	_%							
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by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements c Leasehold improvements c Deter 1 a Land b Buildings c Leasehold improvements c Leasehold improvements c Deter 1 a Land c Leasehold improvements c Leasehold improvements		The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
(i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) b 1, 694, 354. b 10, 277. 10, 277. 0. d 10, 277. 10, 277. 184, 529. e 0ther 10, 217. 184, 529. a 312, 294. 261, 871. 50, 423.	3a	Are there endowment funds not in the posse	ssion of the organizat	tion that are held ar	nd administered for t	the organization	on	-			
(ii) Related organizations 3a(ii) x (ii) Related organizations 3a(ii) x (ii) Related organizations 3a(ii) x (iii) If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value 1a Land 1,694,354. 1,694,354. b Buildings 4,906,833. 2,952,147. 1,954,686. c Leasehold improvements 10,277. 10,277. 0. d Equipment 1,038,799. 854,270. 184,529. e Other 312,294. 261,871. 50,423. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 3,883,992.		by:							Yes	No	
(ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. 3b 3c		(i) Unrelated organizations						3a(i)		Х	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 1,694,354. 1,694,354. 1,694,354. b Buildings 4,906,833. 2,952,147. 1,954,686. c Leasehold improvements 10,277. 10,277. 0. d Equipment 312,294. 261,871. 50,423. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 3,883,992. 3,883,992.								3a(ii)		Х	
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 1,694,354. 1,694,354. b Buildings 4,906,833. 2,952,147. 1,954,686. c Leasehold improvements 10,277. 10,277. 0. d Equipment 312,294. 261,871. 50,423. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 3,883,992.	b							3b			
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land1,694,354.1,694,354.1,694,354.b Buildings4,906,833.2,952,147.1,954,686.c Leasehold improvements10,277.10,277.0.d Equipment1,038,799.854,270.184,529.e Other312,294.261,871.50,423.Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)3,883,992.	4	Describe in Part XIII the intended uses of the	organization's endov	vment funds.							
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land1,694,354.1,694,354.1,694,354.b Buildings4,906,833.2,952,147.1,954,686.c Leasehold improvements10,277.10,277.0.d Equipment1,038,799.854,270.184,529.e Other312,294.261,871.50,423.Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X, column (B), line 10c.)3,883,992.	Par	t VI Land, Buildings, and Equipm	ent.								
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1a Land 1,694,354. 1,694,354. b Buildings 4,906,833. 2,952,147. 1,954,686. c Leasehold improvements 10,277. 10,277. 0. d Equipment 1,038,799. 854,270. 184,529. e Other 312,294. 261,871. 50,423. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 3,883,992.		Description of property	(a) Cost or ot	her (b) Cost	or other (c)	Accumulated		(d) Bool	< value	,	
b Buildings 4,906,833. 2,952,147. 1,954,686. c Leasehold improvements 10,277. 10,277. 0. d Equipment 1,038,799. 854,270. 184,529. e Other 312,294. 261,871. 50,423. Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X, column (B), line 10c.) 3,883,992.								. ,			
b Buildings 4,906,833. 2,952,147. 1,954,686. c Leasehold improvements 10,277. 10,277. 0. d Equipment 1,038,799. 854,270. 184,529. e Other 312,294. 261,871. 50,423. Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X, column (B), line 10c.) > 3,883,992.	1a	Land		1	,694,354.			1,	694,3	354.	
c Leasehold improvements 10,277. 10,277. 0. d Equipment 1,038,799. 854,270. 184,529. e Other 312,294. 261,871. 50,423. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 3,883,992.						2,952,14	17.				
d Equipment 1,038,799. 854,270. 184,529. e Other 312,294. 261,871. 50,423. Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X, column (B), line 10c.) 3,883,992.								,	,		
e Other 312,294. 261,871. 50,423. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 3,883,992.				1					184.5		
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 3,883,992.						,			,		
				(column (B) line 1	,	,		3			
	1010	COUTIN (U) MUST e	<u>quai Foini 990, Part X</u>	<u>, column (B), line 1</u>	<i>UC./</i>						

Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DUE TO RELATED ORGANIZATION			28,992.
(3) DEFERRED RENT			66,239.
(4)			,
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25)		95,231.
<u> (Oolumin (D) must equal FOITH 330, Fait A, COI. (D) III e</u>	<u> </u>		,

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

Schedule D (Form 990) 2021

132053 10-28-21

Sche	dule D (Form 990) 2021 SACRED HEART COMMUNITY SERVICE			23-71797	87 Page 4
	t XI Reconciliation of Revenue per Audited Financial Statem	ents With R	evenue per Re	turn.	<u> </u>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total revenue, gains, and other support per audited financial statements			1	54,500,871.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-150,866.		
b	Donated services and use of facilities				
с	Recoveries of prior year grants				
d					
е				2e	-150,866.
3	Subtract line 2e from line 1			3	54,651,737.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	8,605.		
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	8,605.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	54,660,342.
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten	nents With I	Expenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total expenses and losses per audited financial statements			1	49,159,459.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a		-	
b	Prior year adjustments	2b		-	
с	Other losses	2c		-	
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	49,159,459.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	8,605.	-	
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	8,605.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.)			5	49,168,064.
Pa	rt XIII Supplemental Information.				
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt IV, lines 1b ar	nd 2b; Part V, line 4	; Part X, line 2	2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad	ditional informa	tion.		
PART	V, LINE 4:				
THE	ENDOWMENT FUNDS ARE USED FOR GENERAL OPERATING PURPOSES.				

33

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE AND FROM STATE INCOME TAXES UNDER

SECTION 23701(D) OF THE CALIFORNIA REVENUE TAXATION CODE. ACCORDINGLY, NO

PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING STATEMENTS.

IN ADDITION, THE ORGANIZATION QUALIFIES FOR THE CHARITABLE CONTRIBUTION

DEDUCTION UNDER SECTION 170(B)(1)(A) OF THE INERNAL REVENUE CODE AND HAS

BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER

SECTION 509(A)(1) OF THE INTERNAL REVENUE CODE.

132054 10-28-21

GENERALLY ACCEPTED ACCOUNTING PRINCIPLES PROVIDE ACCOUNTING AND DISCLOSURE

GUIDANCE ABOUT POSITIONS TAKEN BY AN ORGANIZATION IN ITS TAX RETURNS THAT

MIGHT BE UNCERTAIN. MANAGEMENT HAS CONSIDERED ITS TAX POSITIONS AND

BELIEVES THAT ALL OF THE POSITIONS TAKEN BY THE ORGANIZATION IN ITS

FEDERAL AND STATE EXEMPT ORGANIZATION TAX RETURNS ARE MORE-LIKELY-THAN-NOT

TO BE SUSTAINED UPON EXAMINATION.

Schedule D (Form 990) 2021

132055 10-28-21

34 2021.05080 SACRED HEART COMMUNITY SE 05023311

SCHEDUL (Form 990))	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990.											
Department of the Treasury ► Attach to Form 990. Internal Revenue Service ► Go to www.irs.gov/Form990 for the latest information.								Open to Public Inspection					
Name of the organization SACRED HEART COMMUNITY SERVICE													
Part I	Part I General Information on Grants and Assistance												
 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 													
1 (a) Name and address of organization or government		(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance					
3 Enter	r total number of section r total number of other	rorganization	s listed in the line 1	table									

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

Schedule I (Form 990) 2021

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
					RENTAL ASSISTANCE, UTILITIES,
PECIFIC ASSISTANCE TO INDIVIDUALS	3878	6,897,946.	0.	COST	& TRANSPORTATION
					CLOTHING, TOYS AND OTHER
PECIFIC ASSISTANCE TO INDIVIDUALS	4478	0.	1,268,427.	ESTIMATED FMV	HOUSEHOLD ITEMS
					GROCERIES DISTRIBUTED TWICE A
PECIFIC ASSISTANCE TO INDIVIDUALS	36399	0.	5,870,399.	VALUE PER POUND	MONTH
Part IV Supplemental Information. Provide the information					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE ORGANIZATION PROVIDES FINANCIAL ASSISTANCE FOR HOUSING-RELATED COSTS

FOR FAMILIES IN CRISIS. HOUSEHOLDS APPLY FOR THESE FUNDS BY GOING THROUGH A

SCREENING PROCESS WITH THE ORGANIZATION'S STAFF. SACRED HEART COMMUNITY

SERVICE'S STAFF VERIFY THE NEED BY REVIEWING EVICTION NOTICES, CALLING

LANDLORDS, ETC. WHEN ASSISTANCE IS AWARDED, FUNDS ARE PAID DIRECTLY TO THE

VENDOR (LANDLORD, UTILITY COMPANY, ETC.)

REGULAR MONITORING VISITS ARE HELD TO LOOK AT INTERNAL ACCOUNTING SYSTEMS

Part IV	(Form 990) Supplemental	Information	-
I GILIV	Supplemental	mormation	

AND COMPLIANCE.

Schedule I (Form 990)

132291 04-01-21

sc	HEDULE J	Compens	ation Information	1	OMB No.	1545-004	47
	rm 990)	-	rs, Trustees, Key Employees, and Highest		20	71	
			pensated Employees Inswered "Yes" on Form 990, Part IV, line 23.		20		1
Depa	rtment of the Treasury		tach to Form 990.		Open to		ic
Intern	al Revenue Service		0 for instructions and the latest information.		Inspe		
Nan	ne of the organization			Employer ide		on nui	nber
		SACRED HEART COMMUNITY SER	VICE	23-717	9787		
Ра	rt I Question	s Regarding Compensation					
						Yes	No
1a			of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any rele					
	First-class or c		Housing allowance or residence for perso				
	Travel for com		Payments for business use of personal res				
		ation and gross-up payments	Health or social club dues or initiation fee				
		spending account	Personal services (such as maid, chauffeu	ir, cnet)			
L-	If any of the house	on line to are abacked did the exercitation	follow a written policy recording normant an				
D	•		follow a written policy regarding payment or		41.		
•		rovision of all of the expenses described ab	, , , , , , , , , , , , , , , , , , , ,		1b		
2			or allowing expenses incurred by all directors,		0		
	trustees, and onice	s, including the CEO/Executive Director, re	garding the items checked on line 1a?		2		
3	Indicate which if a	w, of the following the organization used to	actablish the componentian of the organization's				
3			establish the compensation of the organization's boxes for methods used by a related organization				
		ation of the CEO/Executive Director, but exp	, ,				
	X Compensation		Written employment contract				
		ompensation consultant	X Compensation survey or study				
		ther organizations	X Approval by the board or compensation c	ommittoo			
				ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Se	ction A, line 1a, with respect to the filing				
	organization or a re	• •					
а	Receive a severand	e payment or change-of-control payment?			4a		х
b	Participate in or rec	eive payment from a supplemental nonquali	fied retirement plan?		4b		X
с	Participate in or rec	eive payment from an equity-based compen	sation arrangement?		4c		X
	If "Yes" to any of lir	es 4a-c, list the persons and provide the ap	plicable amounts for each item in Part III.				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organization	s must complete lines 5-9.				
5	For persons listed of	n Form 990, Part VII, Section A, line 1a, did	the organization pay or accrue any compensatio	n			
	contingent on the r	evenues of:					
а	The organization?				5a		X
b	Any related organiz	ation?			5b		X
	If "Yes" on line 5a o	r 5b, describe in Part III.					
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did	the organization pay or accrue any compensatio	n			
	contingent on the r	5					
а	The organization?				<u>6a</u>		X
b	Any related organiz	ation?			6b		X
		r 6b, describe in Part III.					
7			the organization provide any nonfixed payments				
					7		X
8	•		ued pursuant to a contract that was subject to th	ie			
		ption described in Regulations section 53.4			8		X
9		d the organization also follow the rebuttable					
					9		<u> </u>
LHA	For Paperwork R	eduction Act Notice, see the Instructions	for Form 990.	Schedule	e J (Forr	n 990)	2021

132111 11-02-21

Schedule J (Form 990) 2021

23-7179787

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) PONCHO JOSE GUEVARA	(i)	197,268.	0.	0.	0.	6,163.	203,431.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	Ο.	0.	٥.	0.
(2) DARREN SEATON	(i)	142,800.	0.	0.	0.	18,490.	161,290.	0.
DEPUTY DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

Part III Supplemental Information

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

Schedule J (Form 990) 2021

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

ſ

Employer identification number 23-7179787

Department of the Treasury	
Internal Revenue Service	

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

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

2021 **Open to Public** Inspection

Name of the organization

SACRED	HEART	COMMUNITY	SERVICE

Pa	rt I Types of Property						
		(a)	(b)	(c)	(d)		
		Check if	Number of	Noncash contribution	Method of de		
		applicable	contributions or items contributed	amounts reported on Form 990, Part VIII, line 1g	noncash contribu	tion amount	S
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications	37		1 110 770	"IT'S DEDUCTIBLE"		
5	Clothing and household goods	X				STUDY	
6	Cars and other vehicles	Х	13	16,630.	AUCTION PRICE		
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	X	7	230,440.	FAIR MARKET VALUE	1	
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15							
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles			5 054 400			
19	Food inventory	Х	8,244	5,874,102.	SECOND HARVEST		
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ► ()						
26	Other ► ()						
27	Other ()						
28	Other ()						
29	Number of Forms 8283 received by the organiz	ation during	the tax year for co				
20	for which the organization completed Form 828		•			0	
	for which the organization completed form ozc	5, i ait v, L	onee Acknowledg	ement 29		Yes	No
20-	During the year, did the organization receive by	oontributio	n any nean arty can	arted in Dart L lines 1 through	h 00, that it	165	
30a							
	must hold for at least three years from the date						v
	exempt purposes for the entire holding period?					30a	X
	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance p	•	•		ions?	31 X	──
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash			
	contributions?					32a X	L
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	/ for which column (a) is chec	ked,		
	describe in Part II.						
LHA		the Instruct	tions for Form 990).	Schedule M	(Form 990)) 2021

	1 (Form 990) 2021 SACRED HEART COMMUNITY SERVICE	23-7179787	Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, ar is reporting in Part I, column (b), the number of contributions, the number of items received, or a combinities part for any additional information.	าd whether the organi ation of both. Also co	zation mplete
CHEDULE	M, PART I, COLUMN (B):		
IUMBER O	F FOOD DONATIONS REPRESENTS APPROXIMATE POUNDS OF FOODS		
RECEIVED	NUMBER OF OTHER CONTRIBUTIONS REPRESENTS NUMBER OF		
CONTRIBU	FORS.		
CHEDULE	M, LINE 32B:		
THE ORGA	NIZATION HAS ESTABLISHED AN ARRANGEMENT WITH DONATE FOR CHARITY		
O PROCE	SS VEHICLE DONATIONS. DONATE FOR CHARITY ARRANGES A FREE		
PICKUP,	HANDLES ALL THE DMV ISSUES, SELLS THE VEHICLE AT AUCTION, AND		
DISTRIBU	TES THE NET PROCEEDS TO SACRED HEART COMMUNITY SERVICE.		

Schedule M (Form 990) 2021

132142 11-17-21

SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990 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 Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.	-EZ	OMB No. 1545-0047
Name of the organiza	ON SACRED HEART COMMUNITY SERVICE		identification number
FORM 990, PART I	II, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:		
CUSTOMERS, ONCE	PER WEEK AND DISTRIBUTES BACKPACKS FULL OF HYGIENE		

SUPPLIES, UNDERWEAR, AND SOCKS FOR UNHOUSED CUSTOMERS.

30,913 PEOPLE WERE SERVED BY THESE SERVICES.

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

SELF-SUFFICIENCY PROGRAM

EDUCATION PROGRAMS

- RESILIENT FAMILIES-INFANTS PROGRAM - TEACHES PARENTS/CARETAKERS FROM

SAN JOSE AND GILROY TO PROVIDE SENSITIVE AND SUPPORTIVE CARE THAT HELPS

THEIR AGE 0-3 CHILDREN DEVELOP A HEALTHY ATTACHMENT. CHILDREN WHO HAVE

A HEALTHY ATTACHMENT WITH A CARETAKER ARE MORE RESILIENT, MAKING IT

MORE LIKELY FOR THEM TO OVERCOME CHALLENGES ASSOCIATED WITH POVERTY AND

PERFORM BETTER SOCIALLY, BEHAVIORALLY, AND ACADEMICALLY. FAMILIES THAT

GO THROUGH THIS PROGRAM MAY BE LESS LIKELY TO NEED INTERVENTION

SERVICES FROM SCHOOLS AND CHILD PROTECTIVE SERVICES.

- PARENTS OF PRESCHOOLERS (POPS) AND EARLY CHILDHOOD EDUCATION (ECE) -

ENGLISH AS A SECOND LANGUAGE (ESL) AND PARENTING CLASSES FOR PARENTS

AND PRESCHOOL CLASSES FOR THEIR CHILDREN 3 TO 5 YEARS OF AGE. POPS

CLASSES TEACH PARENTS OF YOUNG CHILDREN DIFFERENT APPROACHES TO

PARENTING AND CHILD DEVELOPMENT WITH A FOCUS ON TEACHING BASIC ENGLISH

SKILLS THAT PARENTS NEED TO COMMUNICATE WITH THEIR CHILD'S PHYSICIAN,

TEACHER, ETC. SIMULTANEOUS ECE CLASSES TEACH KINDERGARTEN READINESS

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 11-11-21

Schedule O (Form 990) 2021

10400513 701245 0502331

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Name of the organization SACRED HEART COMMUNITY SERVICE	Employer identification number 23-7179787
SKILLS TO CHILDREN.	
- AFTER SCHOOL ACADEMY - AFTER SCHOOL LEARNING, OUTREACH, AND	
ENRICHMENT PROGRAM FOR CHILDREN FROM GRADES 1-5; TUTORING AND HOMEWORK	
TIME; ORGANIZED ACTIVITIES AND FIELD TRIPS; PROTEIN AND FRUIT SNACKS	
PROVIDED EACH DAY. PAST ACADEMY STUDENTS IN GRADES 6-8 ENGAGE IN	
LEADERSHIP DEVELOPMENT BY ASSISTING YOUNGER STUDENTS AND LEARNING	
MINDFULNESS TECHNIQUES TO COPE WITH STRESS AND EMOTIONS IN A HEALTHY	
MANNER.	
- SUMMER ACADEMY - SUMMER CAMP WITH AN ACADEMIC FOCUS FOR CHILDREN	
ENTERING GRADES 4-8; DESIGNED TO ENRICH THEIR SUMMER WITH LEARNING AND	
PREPARE THEM FOR THE COMING SCHOOL YEAR; WEEKLY FIELD TRIPS; AFTERNOON	
ENRICHMENT ACTIVITIES.	
- COMPUTER CLASSES - CLASSES TAUGHT AT VARIED SKILL LEVELS ARE OFFERED	
IN BOTH ENGLISH AND SPANISH.	
ECONOMIC AND FAMILY SELF-SUFFICIENCY	
- JOBLINK EMPLOYMENT SERVICES - ASSISTS JOB-SEEKERS TO SECURE	
EMPLOYMENT BY PROVIDING THEM WITH SUPPORT AND RESOURCES THAT EMPOWER	
THEM TO BECOME ECONOMICALLY SELF-SUFFICIENT. SERVICES INCLUDE	
INDIVIDUALIZED ASSESSMENT, JOB READINESS AND SKILLS DEVELOPMENT	
WORKSHOPS, VOCATIONAL COUNSELING, FINANCIAL EDUCATION, AND A JOB	
INTERVIEW CLOTHES CLOSET.	

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- LA MESA VERDE - ORGANIZES LOW-INCOME FAMILIES AND MASTER GARDENERS TO

132212 11-11-21

Schedule O (Form 990) 2021

SACRED HEART COMMUNITY SERVICE	
SACKED REART COMMONITY SERVICE	23-7179787

- ASSET BUILDING FOR INDEPENDENCE - PROVIDES INDIVIDUALS AND FAMILIES

WITH CONCRETE PATHWAYS TO ECONOMIC SELF-SUFFICIENCY THROUGH FINANCIAL

EDUCATIONAL CLASSES, INDIVIDUALIZED COACHING, AND INCOME TAX

ASSISTANCE. PROGRAMS INCLUDE: VOLUNTEER INCOME TAX ASSISTANCE (VITA),

FINANCIAL EDUCATION WORKSHOPS, PUBLIC BENEFITS ELIGIBILITY SCREENING,

AND INDIVIDUALIZED CREDIT COACHING.

- LOGRANDO JUNTOS - PROVIDES A FINANCIAL LITERACY CLUB THAT HARNESSES

PEER SUPPORT TO HELP INDIVIDUALS AND FAMILIES IMPROVE THEIR LIVES. IN

THIS PROGRAM, MEMBERS ARE GROUPED INTO COHORTS OF 10 TO 15 PEOPLE.

THROUGH THE LOGRANDO JUNTOS PROGRAM, SACRED HEART COMMUNITY SERVICE

OFFERS WORKSHOPS ON IDENTIFY THEFT, CREDIT BUILDING STRATEGIES,

BUDGETING AND SAVING AND PLANNING FOR PAYING FOR COLLEGE.

2,324 PEOPLE WERE SERVED BY THESE SERVICES

EXPENSES \$ 1,555,493. INCLUDING GRANTS OF \$ 7,166,416. REVENUE \$ 0.

ENERGY ASSISTANCE PROGRAMS

- LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM - PROVIDES ASSISTANCE TO

HELP PAY UTILITY BILLS AND AVOID ENERGY-RELATED CRISES FOR HOUSEHOLDS

THAT ARE EXPERIENCING FINANCIAL HARDSHIP.

7,381 PEOPLE WERE SERVED BY THESE SERVICES.

EXPENSES \$ 1,516,275. INCLUDING GRANTS OF \$ 518,139. REVENUE \$ 0.

POLICY AND ORGANIZING

132212 11-11-21

Schedule O (Form 990) 2021 Name of the organization	Employer identification number
SACRED HEART COMMUNITY SERVICE	23-7179787
- POWER AND ORGANIZING - ENRICHES OUR COMMUNITY BY STRENGTHENING THE	
VOICE AND PRESENCE OF LOW-INCOME COMMUNITY MEMBERS AND THEIR ALLIES IN	
DECISION-MAKING PROCESSES THAT IMPACT THE STRUCTURAL CAUSES OF	
POVERTY. THROUGH LEADERSHIP DEVELOPMENT, RESEARCH, EDUCATION, AND	
ACTION, THE ORGANIZATION'S MEMBERS DIRECTLY BENEFIT THE COMMUNITIES IT	
SERVES BY IDENTIFYING AND ADDRESSING THE ISSUES THAT MATTER TO	
INDIVIDUALS THE MOST. SINCE 2009, THE ORGANIZATION HAS LEVERAGED THAT	
TRUST OF THE COMMUNITY IN CREATIVE WAYS TO BUILD A GRASSROOTS BASE,	
PROGRAM COLLABORATIONS, AND ADVOCACY COALITIONS. COLLECTIVE CAMPAIGNS	
HAVE LED TO MEANINGFUL VICTORIES FOR AFFORDABLE HOUSING FUNDING AND	
PRODUCTION, MINIMUM WAGES, TENANT PROTECTIONS, CARCERAL REFORM, RACIAL	
EQUITY, AND IMMIGRANT RIGHTS.	
740 PEOPLE WERE SERVED BY THESE SERVICES.	
EXPENSES \$ 1,304,838. INCLUDING GRANTS OF \$ 20,867. REVENUE \$ 0.	
COMMUNITY OUTREACH AND EDUCATION	
-VOLUNTEER OFFICE - ENGAGES COMMUNITY MEMBERS AND CUSTOMERS IN	
STRUCTURED VOLUNTEER SERVICE AT THE	
ORGANIZATION.	
-OUTREACH AND EDUCATION - REACHES OUT TO THE COMMUNITY TO ENGAGE AND	
EDUCATE PEOPLE ABOUT POVERTY	
AND POTENTIAL SOLUTIONS TO POVERTY IN SANTA CLARA COUNTY. INCLUDES	
EDUCATIONAL CLASSES AND IMMERSION PROGRAMS.	

132212 11-11-21

	23-7179787
823 PEOPLE WERE SERVED BY THESE SERVICES.	
EXPENSES \$ 927,083. INCLUDING GRANTS OF \$ 47. REVENUE \$ 0.	
ORGANIZATIONAL DEVELOPMENT	
-DATA ANALYSIS & PROGRAM IMPROVEMENT - PROVIDES FOR THE COLLECTION OF	
DATA ON STRATEGIC PRIORITIES, SERVICE PROVISION, AND THEIR OUTCOMES FOR	
USE IN ANALYZING THE EFFECTIVENESS OF PROGRAMS AND STRATEGIES AND	
INFORMING ANY MODIFICATION OF SERVICES, POLICIES, AND PROCEDURES AS	
NECESSARY.	
EXPENSES \$ 590,545. INCLUDING GRANTS OF \$ 31. REVENUE \$ 0.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE FOR ACCURACY AND	
COMPLETENESS. ANY QUESTIONS ARISING DURING THIS REVIEW ARE RESOLVED PRIOR	
TO FILING OF THE TAX RETURN. AFTER FINANCE COMMITTEE REVIEW, THE FORM 990	
TO FILING OF THE TAX RETURN. AFTER FINANCE COMMITTEE REVIEW, THE FORM 990	
IS PRESENTED TO THE BOARD.	
IS PRESENTED TO THE BOARD. FORM 990, PART VI, SECTION B, LINE 12C:	
IS PRESENTED TO THE BOARD. FORM 990, PART VI, SECTION B, LINE 12C: ALL DIRECTORS ARE REQUIRED ANNUALLY TO SIGN AN AGREEMENT TO COMPLY WITH	
IS PRESENTED TO THE BOARD. FORM 990, PART VI, SECTION B, LINE 12C: ALL DIRECTORS ARE REQUIRED ANNUALLY TO SIGN AN AGREEMENT TO COMPLY WITH SACRED HEART'S CONFLICT OF INTEREST POLICY. AS PART OF THE POLICY,	
IS PRESENTED TO THE BOARD. FORM 990, PART VI, SECTION B, LINE 12C: ALL DIRECTORS ARE REQUIRED ANNUALLY TO SIGN AN AGREEMENT TO COMPLY WITH SACRED HEART'S CONFLICT OF INTEREST POLICY. AS PART OF THE POLICY, DIRECTORS ARE REQUIRED TO SELF-DISCLOSE POTENTIAL CONFLICTS OF INTEREST.	
IS PRESENTED TO THE BOARD. FORM 990, PART VI, SECTION B, LINE 12C: ALL DIRECTORS ARE REQUIRED ANNUALLY TO SIGN AN AGREEMENT TO COMPLY WITH SACRED HEART'S CONFLICT OF INTEREST POLICY. AS PART OF THE POLICY, DIRECTORS ARE REQUIRED TO SELF-DISCLOSE POTENTIAL CONFLICTS OF INTEREST. THE FORMS ARE DISTRIBUTED ANNUALLY AND TURNED IN TO THE DIRECTOR OF	
IS PRESENTED TO THE BOARD. FORM 990, PART VI, SECTION B, LINE 12C: ALL DIRECTORS ARE REQUIRED ANNUALLY TO SIGN AN AGREEMENT TO COMPLY WITH SACRED HEART'S CONFLICT OF INTEREST POLICY. AS PART OF THE POLICY, DIRECTORS ARE REQUIRED TO SELF-DISCLOSE POTENTIAL CONFLICTS OF INTEREST. THE FORMS ARE DISTRIBUTED ANNUALLY AND TURNED IN TO THE DIRECTOR OF ADMINISTRATION. THE DIRECTOR OF ADMINISTRATION IS RESPONSIBLE FOR	
IS PRESENTED TO THE BOARD. FORM 990, PART VI, SECTION B, LINE 12C: ALL DIRECTORS ARE REQUIRED ANNUALLY TO SIGN AN AGREEMENT TO COMPLY WITH SACRED HEART'S CONFLICT OF INTEREST POLICY. AS PART OF THE POLICY, DIRECTORS ARE REQUIRED TO SELF-DISCLOSE POTENTIAL CONFLICTS OF INTEREST. THE FORMS ARE DISTRIBUTED ANNUALLY AND TURNED IN TO THE DIRECTOR OF ADMINISTRATION. THE DIRECTOR OF ADMINISTRATION IS RESPONSIBLE FOR	
IS PRESENTED TO THE BOARD. FORM 990, PART VI, SECTION B, LINE 12C: ALL DIRECTORS ARE REQUIRED ANNUALLY TO SIGN AN AGREEMENT TO COMPLY WITH SACRED HEART'S CONFLICT OF INTEREST POLICY. AS PART OF THE POLICY, DIRECTORS ARE REQUIRED TO SELF-DISCLOSE POTENTIAL CONFLICTS OF INTEREST. THE FORMS ARE DISTRIBUTED ANNUALLY AND TURNED IN TO THE DIRECTOR OF ADMINISTRATION. THE DIRECTOR OF ADMINISTRATION IS RESPONSIBLE FOR COLLECTING ALL THE FORMS AND FOLLOWING UP.	

Schedule O (Form 990) 2021

Name of the organization

Page **2**

Employer identification number

Name of the organization SACRED HEART COMMUNITY SERVICE	Employer identification number 23-7179787
THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS DETERMINED BASED ON THE	
COMPARABLE MARKET RATES IN THE SAME GEOGRAPHIC AREA, APPROVED BY THE BOARD	
AND DOCUMENTED IN THE MINUTES. HR MANAGER WORKS WITH BOARD PRESIDENT TO DO	
REVIEW OF EXECUTIVE COMPENSATION USING GUIDESTAR, AND 990S FROM COMPARABLE	
· · · · ·	
NONPROFITS INCLUDING: UNITED WAY, BAY AREA, COMMUNITY ACTION PARTNERSHIP OF	
ORANGE COUNTY, MACSA HOUSING CORPORATION NUMBER 2, AND SUNNYVALE COMMUNITY	
SERVICES. EXECUTIVE DIRECTOR'S COMPENSATION INCREASE IS VOTED ON AND	
APPROVED AT THE BOARD MEETING IN CLOSED SESSION.	
THE PROCESS FOR DETERMINING COMPENSATION OF THE ORGANIZATION'S OFFICERS OR	
KEY EMPLOYEES:	
THE COMPENSATION OF THE FINANCE MANAGER IS DETERMINED BY COMPARABLE MARKET	
RATES IN THE SAME GEOGRAPHIC AREA.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST	
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. THE	
FINANCIAL STATEMENTS ARE ALSO AVAILABLE THROUGH THE ORGANIZATION'S WEBSITE.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
PROFESSIONAL SERVICES:	
PROGRAM SERVICE EXPENSES 0.	
MANAGEMENT AND GENERAL EXPENSES 104,202.	
FUNDRAISING EXPENSES 0.	
TOTAL EXPENSES 104,202.	
SUBCONTRACTORS:	
PROGRAM SERVICE EXPENSES 22,202,484.	
132212 11-11-21 48	Schedule O (Form 990) 202

Name of the organization SACRED HEART COMMUNITY SERVICE		Employer identification number 23-7179787
MANAGEMENT AND GENERAL EXPENSES	0.	I
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	22,202,484.	
PAYROLL SERVICE FEE:		
PROGRAM SERVICE EXPENSES	0.	
MANAGEMENT AND GENERAL EXPENSES	38,847.	
FUNDRAISING EXPENSES	0.	
FOTAL EXPENSES	38,847.	
TEMP HELP:		
PROGRAM SERVICE EXPENSES	0.	
IANAGEMENT AND GENERAL EXPENSES	130,370.	
UNDRAISING EXPENSES	0.	
TOTAL EXPENSES	130,370.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	22,475,903.	
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SCHEDULE R (Form 990)

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Related Organizations and Unrelated Partnerships

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

Department of the Treasury Internal Revenue Service Name of the organization

SACRED HEART COMMUNITY SERVICE

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
	-				

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
SACRED HEART SUPPORT CORPORATION -							
87-2764529, 1381 SOUTH FIRST STREET, SAN	FURNISH EMERGENCY WELFARE				SACRED HEART		
JOSE, CA 95110	SERVICE	CALIFORNIA	501(C)(3)	LINE 12A, I	COMMUNITY SERVICE	x	
	-						
	-						
	-						

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

Schedule R (Form 990) 2021

132161 11-17-21 LHA

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number

23-7179787

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

erganizatione treated de a pa	······································	· j									
(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)	(j)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	alloca	ortionate tions?	Code V-UBI amount in box 20 of Schedule	Genera manag partne	or Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	lo
										+	
	-										
	4										
	-										

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

(a) Name, address, and EIN of related organization	(b) Primary activity	Primary activity Legal domicile Dir (state or foreign		(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(k contr enti	i) :tion b)(13) rolled tity?
		country)						Yes	No
									<u> </u>
									<u> </u>
									<u> </u>
									<u> </u>

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			Yes	s
1 During the tax year, did the organization engage in any of the following transactions with o	ne or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	-	1a		
c Gift, grant, or capital contribution from related organization(s)				
			X	
e Loans or loan guarantees by related organization(s)				
f Dividends from related organization(s)		1f		
g Sale of assets to related organization(s)		1g		
h Purchase of assets from related organization(s)				
i Exchange of assets with related organization(s)		1i		
j Lease of facilities, equipment, or other assets to related organization(s)				_
k Lease of facilities, equipment, or other assets from related organization(s)		1k	x	1
I Performance of services or membership or fundraising solicitations for related organization			X	
${\bf m}$ Performance of services or membership or fundraising solicitations by related organization	(s)	1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			X	
			X	_
p Reimbursement paid to related organization(s) for expenses				
q Reimbursement paid by related organization(s) for expenses				_
r Other transfer of cash or property to related organization(s)		1r		
s Other transfer of cash or property from related organization(s)				Τ

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SACRED HEART SUPPORT CORPORATION	D	907,222.	BOOK VALUE
(2) SACRED HEART SUPPORT CORPORATION	к	102,072.	BOOK VALUE
<u>(3)</u>			
_(4)			
(5)			
_(6)			

Schedule R (Form 990) 2021 SACRED HEART COMMUNITY SERVICE

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partne 501(org Yes	(f) Share of total income	(g) Share of end-of-year assets	(r Dispr tior allocat Yes	opor- ate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne Yes N	or Percentage ownership

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SACRED HEART COMMUNITY SERVICE Schedule R (Form 990) 2021 23-7179787 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.

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