

Forms 990 / 990-EZ Return Summary

For calendar year 2018, or tax year beginning **07/01/18** , and ending **06/30/19**

68-0172229

St. Mary's Center

Net Asset / Fund Balance at Beginning of Year 9,574,399

Revenue

Contributions	<u>4,510,424</u>		
Program service revenue	<u>200,655</u>		
Investment income	<u>6,135</u>		
Capital gain / loss			
Fundraising / Gaming:			
Gross revenue	<u>58,464</u>		
Direct expenses	<u>58,464</u>		
Net income	<u>0</u>		
Other income	<u>17,500</u>		
Total revenue		<u><u>4,734,714</u></u>	

Expenses

Program services	<u>2,836,028</u>		
Management and general	<u>239,010</u>		
Fundraising	<u>242,726</u>		
Total expenses		<u><u>3,317,764</u></u>	
Excess / (deficit)			<u><u>1,416,950</u></u>

Changes

Net Asset / Fund Balance at End of Year 10,991,349

Reconciliation of Revenue

Total revenue per financial statements	<u>4,734,714</u>
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total revenue per return	<u><u>4,734,714</u></u>

Reconciliation of Expenses

Total expenses per financial statements	<u>3,317,764</u>
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total expenses per return	<u><u>3,317,764</u></u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>11,231,722</u>	<u>11,360,364</u>	
Liabilities	<u>1,657,323</u>	<u>369,015</u>	
Net assets	<u><u>9,574,399</u></u>	<u><u>10,991,349</u></u>	<u><u>1,416,950</u></u>

Miscellaneous Information

Amended return _____
 Return / extended due date 05/15/20
 Failure to file penalty _____

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning 7/01, 2018, and ending 6/30, 20 19.

u Do not send to the IRS. Keep for your records.
u Go to www.irs.gov/Form8879EO for the latest information.

2018

Department of the Treasury
Internal Revenue Service

Name of exempt organization

Employer identification number

St. Mary's Center

68-0172229

Name and title of officer

**Sharon Cornu
Executive Director**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	<u>4,734,714</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize HAC Certified Public Accountants In to enter my PIN 81082 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature }

Date } 06/02/20

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

68829481082

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature } Terence Cullen

Date } 06/02/20

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2018)

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 07/01/18, and ending 06/30/19

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p align="center">St. Mary's Center</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p>925 Brockhurst Street</p> City or town, state or province, country, and ZIP or foreign postal code <p>Oakland CA 94608</p>		D Employer identification number <p align="center">68-0172229</p>
	E Telephone number <p align="center">510-923-9600</p>		G Gross receipts\$ 4,793,178
	F Name and address of principal officer: <p>Kent Donahue 925 Brockhurst St Oakland CA 94608</p>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number u
J Website: u www.stmaryscenter.org			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other u			L Year of formation: 1992
			M State of legal domicile: CA

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: To serve extremely low-income seniors and preschoolers in downtown and west Oakland, California.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	9
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	60
	6	Total number of volunteers (estimate if necessary)	6	200
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b	Net unrelated business taxable income from Form 990-T, line 38	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 3,796,368	Current Year 4,510,424
	9	Program service revenue (Part VIII, line 2g)	207,048	200,655
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,585	6,135
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	19,672	17,500
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,028,673	4,734,714
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,915,922	2,203,399
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) u 242,726		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,214,087	1,114,365
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,130,009	3,317,764	
19	Revenue less expenses. Subtract line 18 from line 12	898,664	1,416,950	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 11,231,722	End of Year 11,360,364
	21	Total liabilities (Part X, line 26)	1,657,323	369,015
	22	Net assets or fund balances. Subtract line 21 from line 20	9,574,399	10,991,349

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <p align="center">Sharon Cornu</p> Type or print name and title	Date <p align="center">Executive Director</p>	
	Print/Type preparer's name <p>Terence Cullen</p>	Preparer's signature <p>Terence Cullen</p>	Date <p>06/02/20</p> Check <input type="checkbox"/> if PTIN self-employed P01974672
Paid Preparer Use Only	Firm's name } HAC Certified Public Accountants Inc.		Firm's EIN } 83-2143394
	Firm's address } 68 Mitchell Blvd Ste 240 San Rafael, CA 94903-2060		Phone no. 415-472-4225

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

To serve extremely low-income seniors and preschoolers in downtown and west Oakland, California.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **2,836,028** including grants of \$) (Revenue \$)
Serves homeless and homebound seniors with shelter, recovery, mental health, health care, senior meals, and fall prevention; facilitates independent living; provides family emergency food; and provides educational enrichment through preschool program.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)
N/A

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
N/A

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **u 2,836,028**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
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? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>	X	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 60		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: u See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **u CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **u**
Sharon Cornu **925 Brockhurst Street**
Oakland **CA 94608** **510-923-9600**

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Sharon Cornu Executive Director	40.00 0.00	X					64,138	0	4,508	
(2) Kent Donahue Chair/Finance	2.00 0.00	X		X			0	0	0	
(3) Dianne Jacob Vice Chair	1.00 0.00	X		X			0	0	0	
(4) Mary Fadhl Director	1.00 0.00	X					0	0	0	
(5) Kathy Gannon-Briggs Director	1.00 0.00	X					0	0	0	
(6) Romi Hall, MPH Director	1.00 0.00	X					0	0	0	
(7) Marilyn Medau Director	1.00 0.00	X					0	0	0	
(8) Sonya Simril Director	1.00 0.00	X					0	0	0	
(9) Mallory Trevigne Director	1.00 0.00	X					0	0	0	
(10) Terry Curley Director	1.00 0.00	X					0	0	0	
(11)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							64,138		4,508	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							64,138		4,508	

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 **u 0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **u 0**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	115,921				
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,485,337				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,909,166				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f	u	4,510,424				
Program Service Revenue	2a Meal & Program Fees	Busn. Code	200,655	200,655			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f	u	200,655				
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	6,135			6,135
4 Income from investment of tax-exempt bond proceeds		u					
5 Royalties		u					
6a Gross rents		(i) Real	(ii) Personal				
b Less: rental exps.							
c Rental inc. or (loss)							
d Net rental income or (loss)		u					
7a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
b Less: cost or other basis & sales exps.							
c Gain or (loss)							
d Net gain or (loss)		u					
8a Gross income from fundraising events (not including \$ 115,921 of contributions reported on line 1c). See Part IV, line 18		a	58,464				
		b Less: direct expenses	b	58,464			
	c Net income or (loss) from fundraising events	u					
9a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities	u					
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory	u					
Miscellaneous Revenue		Busn. Code					
11a Other income, net			17,500	17,500			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d	u		17,500				
12 Total revenue. See instructions.	u		4,734,714	218,155	0	6,135	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,756,899	1,543,503	67,777	145,619
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	50,000	30,000	20,000	
9 Other employee benefits	238,874	192,521	38,173	8,180
10 Payroll taxes	157,626	138,480	6,081	13,065
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	120,034	94,926	16,781	8,327
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses	28,659	19,872	3,834	4,953
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	6,996	6,599	293	104
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	13,838	12,173	1,665	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	336,651	308,672	19,750	8,229
23 Insurance	33,705	29,996	1,278	2,431
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Repairs & Maintenance	137,538	129,095	6,880	1,563
b Stipend/Consultants	107,451	82,749	3,106	21,596
c Program Costs	91,751	91,606	145	
d Telephone & Utilities	90,443	87,501	1,926	1,016
e All other expenses	147,299	68,335	51,321	27,643
25 Total functional expenses. Add lines 1 through 24e	3,317,764	2,836,028	239,010	242,726
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	271,879	1	711,393
	2 Savings and temporary cash investments	1,490,072	2	126,995
	3 Pledges and grants receivable, net	523,280	3	1,253,599
	4 Accounts receivable, net		4	953
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	15,512	9	21,391
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 9,892,391		
	b Less: accumulated depreciation	10b 2,803,496	7,394,364	10c 7,088,895
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	615,426
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,536,615	15	1,541,712
16 Total assets. Add lines 1 through 15 (must equal line 34)	11,231,722	16	11,360,364	
Liabilities	17 Accounts payable and accrued expenses	13,440	17	54,151
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	156,564	21	126,995
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,000,000	23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	487,319	25	187,869
	26 Total liabilities. Add lines 17 through 25	1,657,323	26	369,015
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		8,844,227	27	9,511,037
28 Temporarily restricted net assets		730,172	28	1,480,312
29 Permanently restricted net assets			29	
Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances	9,574,399	33	10,991,349	
34 Total liabilities and net assets/fund balances	11,231,722	34	11,360,364	

Part 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	4,734,714
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,317,764
3	Revenue less expenses. Subtract line 2 from line 1	3	1,416,950
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,574,399
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	10,991,349

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? 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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

u Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization St. Mary's Center	Employer identification number 68-0172229
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,237,397	2,175,036	5,687,897	3,796,368	4,510,424	19,407,122
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3,237,397	2,175,036	5,687,897	3,796,368	4,510,424	19,407,122
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)						88,474
6 Public support. Subtract line 5 from line 4.						19,318,648

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	3,237,397	2,175,036	5,687,897	3,796,368	4,510,424	19,407,122
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	926	3,417	4,080	5,700	6,135	20,258
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.)	1,074,743	570	73,614			1,148,927
11 Total support. Add lines 7 through 10						20,576,307
12 Gross receipts from related activities, etc. (see instructions)					12	541,919
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	93.89 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	92.69 %
16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 performed, 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 business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include 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 five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

		Yes	No
11	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 in (b) and (c) below, the governing body of a supported organization?		
11a			
b	A family member of a person described in (a) above?		
11b			
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
11c			

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
2			

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)? <i>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).</i>		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2			
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
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).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c	<input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
2	Activities Test. <i>Answer (a) and (b) below.</i>		
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? <i>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.</i>		
2a			
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
2b			
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		
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? <i>Provide details in Part VI.</i>		
3a			
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2018 from Section C, line 6		
10	Line 8 amount divided by line 9 amount		
Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2018
1	Distributable amount for 2018 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2018		
a	From 2013		
b	From 2014		
c	From 2015		
d	From 2016		
e	From 2017		
f	Total of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2018 distributable amount		
i	Carryover from 2013 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4	Distributions for 2018 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2018 distributable amount		
c	Remainder. Subtract lines 4a and 4b from 4.		
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.		
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.		
7	Excess distributions carryover to 2019. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2014		
b	Excess from 2015		
c	Excess from 2016		
d	Excess from 2017		
e	Excess from 2018		

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

Part II, Line 10 - Other Income Detail

Other Income \$ **1,148,927**

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2018

u Attach to Form 990, Form 990-EZ, or Form 990-PF.
u Go to *www.irs.gov/Form990* for the latest information.

Name of the organization

Employer identification number

St. Mary's Center

68-0172229

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (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 ▶ \$

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

Employer identification number

St. Mary's Center

68-0172229

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	US Dept of Health & Human Svcs 200 Independence Ave SW Washington DC 20201	\$ 898,625	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	State of California 1300 National Drive, Ste 200 Sacramento CA 95834	\$ 221,422	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	County of Alameda Office of Behavioral Health Care 2000 Embarcadero Cove, Ste 400 Oakland CA 94606	\$ 94,806	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Dept of Housing and Urban Developmen 1 Sansome St 1200 San Francisco CA 94104	\$ 236,942	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

u Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

Employer identification number

St. Mary's Center

68-0172229

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items, 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" 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, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| 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

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

- | | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |
- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment **u**
 - b** Permanent endowment **u**
 - c** Temporarily restricted endowment **u**
- 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:
- | | Yes | No |
|---|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| 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.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,717,350		1,717,350
b Buildings		8,033,254	2,701,132	5,332,122
c Leasehold improvements				
d Equipment		141,787	102,364	39,423
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				u 7,088,895

Part VII Investments—Other Securities.

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 Other Investment	615,426	
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) u	615,426	

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. (Column (b) must equal Form 990, Part X, col. (B) line 13.) u		

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) Construction in Progress	1,541,712
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) u	1,541,712

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) Accrued Payroll Liabilities	136,869	
(3) Retirement Contribution Payable	50,000	
(4) Tenant Deposits	1,000	
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u	187,869	

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	4,734,714
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	4,734,714
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	4,734,714

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	3,317,764
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	3,317,764
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	3,317,764

Part XIII Supplemental Information.

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

Part IV, Line 2b - Escrow Liability Arrangement Explanation

St. Mary's Center offers money management services and serves as a representative payee for its clients. Clients' funds from Social Security and other sources are deposited into a trust checking account and are used to pay their monthly expenses such as rent, utilities, telephone, and incidental expenses.

Part X - FIN 48 Footnote

The organization is a not-for-profit Corporation exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code and California Franchise Tax under section 23701(d) of the Revenue and Taxation Code. The organization used the same accounting methods for tax and financial

Part XIII Supplemental Information *(continued)*

reporting.

Generally Accepted Accounting Principles (GAAP) provides 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 tax returns are more likely than not to be sustained upon examination. The organization's returns for the years ended June 30, 2016, 2017 and 2018 are subject to examination by Federal and State Taxing Authorities, generally for three years after they are filed. 967 32nd Street Associates, LLC, a limited liability company, is a disregarded entity for federal income tax purposes under the Internal Revenue Code. For California purposes, the LLC is subject to an annual minimum tax of \$800 to California's Franchise Tax Board.

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

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

U Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

St. Mary's Center

Employer identification number

68-0172229

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

.....

.....

.....

.....

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>Dinner & Auctio</u>		<u>None</u>	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	174,385		174,385
	2	Less: Contributions	115,921		115,921
	3	Gross income (line 1 minus line 2)	58,464		58,464
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	38,641		38,641
	7	Food and beverages	19,823		19,823
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities:
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain:

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

u Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

St. Mary's Center

Employer identification number

68-0172229

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

**Form 990 is reviewed by the financial officer, executive director, and
board of trustees before the return is signed and filed.**

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

**Compliance with the conflict of interest policy is monitored during board
meetings.**

Form 990, Part VI, Line 15a - Compensation Process for Top Official

**The Board of Directors reviews and approves the Executive Director's
compensation.**

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

**The organization makes its governing documents, conflict of interest
policy, and financial statements available to the public upon request.**

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

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

u Attach to Form 990.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

St. Mary's Center

Employer identification number

68-0172229

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
(1) 967 32nd Street Associates LLC 925 Brockhurst Street 82-3293628 Oakland CA 94608	House Dev	CA	-37,148	1,549,032	N/A
(2)					
(3)					
(4)					
(5)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(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	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									

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

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)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)
u Attach to your tax return.

u Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2018

Attachment
Sequence No. **179**

Name(s) shown on return

St. Mary's Center

Identifying number

68-0172229

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,000,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,500,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2017 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	331,016

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2018	17	210
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> u <input type="checkbox"/>		

Section B—Assets Placed in Service During 2018 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	331,226
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2018)

DAA

There are no amounts for Page 2

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
Prior MACRS:											
89	Printer	10/30/17	1,256			X	0	5	HY 200DB	1,256	0
90	Stackable Washer/Dryer	8/17/17	1,310			X	655	5	HY 200DB	786	210
91	Alarm System	11/02/17	3,638			X	0	5	HY 200DB	3,638	0
92	Heat Pump	11/15/17	9,128			X	0	7	HY 200DB	9,128	0
			<u>15,332</u>				<u>655</u>			<u>14,808</u>	<u>210</u>
Other Depreciation:											
2	1997 Toyota Tacoma P/U	6/30/97	15,181				15,181	5	MO S/L	15,181	0
3	Seat Covers for Lumina	8/31/97	302				302	5	MO S/L	302	0
4	Exceed Software	7/21/99	3,195				3,195	5	MO S/L	3,195	0
5	Floor Polishing Machine	7/30/99	958				958	5	MO S/L	958	0
6	Flowpoint Software	5/22/00	428				428	5	MO S/L	428	0
7	Chairs - Preschool	5/24/00	385				385	5	MO S/L	385	0
8	13 Double Lockers	6/20/01	2,374				2,374	5	MO S/L	2,374	0
9	Computer for Fundraising	7/26/02	824				824	5	MO S/L	824	0
10	MS Office XP Publisher	2/27/03	420				420	5	MO S/L	420	0
11	60 Stack Chairs	6/30/04	2,000				2,000	5	MO S/L	2,000	0
12	Dell Computer	6/07/05	1,186				1,186	5	MO S/L	1,186	0
13	Dell Computer	6/30/05	1,034				1,034	5	MO S/L	1,034	0
14	Dell Computer	9/16/05	1,406				1,406	5	MO S/L	1,406	0
15	Dell Computer	11/18/05	1,706				1,706	5	MO S/L	1,706	0
16	Kitchen Equipment	8/04/06	7,220				7,220	5	MO S/L	7,220	0
17	Audio Equipment	10/16/06	3,300				3,300	5	MO S/L	3,300	0
18	Computer Server	12/15/06	7,242				7,242	5	MO S/L	7,242	0
19	Dyson Vacuum Cleaner	12/15/06	289				289	5	MO S/L	289	0
20	Lockers for Shelter	12/21/06	517				517	5	MO S/L	517	0
21	Eureka Vacuum Cleaner	12/21/06	230				230	5	MO S/L	230	0
22	Computer	2/03/07	2,031				2,031	5	MO S/L	2,031	0
23	Brockhurst Remodel	3/31/07	1,542,181				1,542,181	25	MO S/L	694,065	61,688
24	San Pablo Land	4/30/07	324,143				324,143	0	-- Land	0	0
25	San Pablo Building	4/30/07	324,143				324,143	25	MO S/L	144,784	12,966
26	Brockhurst Remodel	12/31/07	53,629				53,629	25	MO S/L	22,440	2,145
27	San Pablo Building Improvements	6/30/08	328,631				328,631	25	MO S/L	131,451	13,146
28	Brockhurst Remodel	6/30/08	11,287				11,287	25	MO S/L	4,515	451
29	Brockhurst Courtyard	6/30/09	322,077				322,077	25	MO S/L	115,947	12,884
30	San Pablo Renovation	11/10/08	15,312				15,312	25	MO S/L	5,919	612
31	San Pablo Renovation	3/02/09	1,200				1,200	25	MO S/L	448	48
32	Brockhurst Land	11/07/08	757,071				757,071	0	-- Land	0	0
33	Brockhurst Building	11/07/08	1,892,810				1,892,810	25	MO S/L	731,885	75,713
34	San Pablo Preschool Land	11/07/08	330,999				330,999	0	-- Land	0	0
35	San Pablo Preschool Building	11/07/08	236,947				236,947	25	MO S/L	91,620	9,478
36	Monitor	3/30/09	172				172	5	MO S/L	172	0
37	Umbrellas	6/03/09	830				830	5	MO S/L	830	0
38	Refrigerator	8/18/08	7,201				7,201	5	MO S/L	7,201	0
39	Stove	11/24/08	6,018				6,018	5	MO S/L	6,018	0
40	Chairs - Homeless	4/21/10	553				553	5	MO S/L	553	0
41	Chairs - Shelter	4/21/10	553				553	5	MO S/L	553	0
42	Chairs - O & A	4/21/10	553				553	5	MO S/L	553	0
43	Refrigerator - Closer To Home	5/28/10	767				767	5	MO S/L	767	0
44	925 Brockhurst Remodel	12/01/09	142,742				142,742	25	MO S/L	49,009	5,710
45	Garage Door	3/09/10	1,050				1,050	25	MO S/L	350	42
46	Heat Pump	6/21/10	4,249				4,249	5	MO S/L	4,249	0
47	Playground & Planters	6/01/10	46,862				46,862	10	MO S/L	37,880	4,686
48	Playground Alteration	7/13/10	6,900				6,900	10	MO S/L	5,520	690
49	Vacuum Cleaner	9/07/11	403				403	5	MO S/L	403	0
50	Computer for Sr. Joanna	11/15/11	517				517	5	MO S/L	517	0
51	Telephone system	11/30/12	1,341				1,341	5	MO S/L	1,341	0
52	Ricoh 6002 SP copy machine	5/23/13	11,277				11,277	5	MO S/L	11,277	0
53	Chairs	3/26/13	1,504				1,504	5	MO S/L	1,504	0
54	8 Computers	6/26/13	5,668				5,668	5	MO S/L	5,668	0
55	Offices in mult-purpose	11/30/12	79,508				79,508	5	MO S/L	79,508	0
56	Roof replacement	11/27/12	26,000				26,000	10	MO S/L	14,517	2,600
57	Lockers for Shelter	2/03/14	2,237				2,237	6	MO S/L	1,647	373
58	Furniture	5/07/14	1,821				1,821	5	MO S/L	1,518	303
59	Dishwasher	9/03/13	6,754				6,754	5	MO S/L	6,529	225
60	Computer Server	8/14/14	3,139				3,139	5	MO S/L	2,459	628
61	Office chairs	4/02/15	1,306				1,306	5	MO S/L	849	261

Federal Asset Report

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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
62	Office Chairs	6/01/15	3,280				3,280	5 MO S/L	2,023	656
63	Concrete Foot Path	11/24/14	2,504				2,504	25 MO S/L	359	100
64	Iron Gate	8/11/14	1,800				1,800	10 MO S/L	705	180
65	1114-1118 32nd St Land	4/01/15	187,371				187,371	0 -- Land	0	0
66	1114-1118 32nd Bldg	4/01/15	437,198				437,198	25 MO S/L	56,836	17,488
69	Table and Chairs	6/01/16	4,120				4,120	5 MO S/L	1,717	824
70	Washer and Dryer	3/23/16	2,122				2,122	5 MO S/L	955	424
71	Stack Dryer	4/28/16	1,784				1,784	5 MO S/L	773	357
72	4 Shade Sails-Preschool	11/20/15	8,900				8,900	10 MO S/L	2,299	890
73	Closet - Preschool	2/02/16	5,664				5,664	10 MO S/L	1,369	566
74	Kitchen Remodel - Preschool	6/30/16	13,650				13,650	10 MO S/L	2,730	1,365
75	Possible purchase fees; St Andrews Plaza	11/14/15	6,835				6,835	0 -- Memo	0	0
76	2001 Subaru	7/01/16	1,000				1,000	5 MO S/L	400	200
77	Land - Friendly Manor	10/04/16	117,766				117,766	0 -- Land	0	0
78	Bldg - Friendly Manor	10/04/16	2,300,621				2,300,621	25 MO S/L	161,043	92,025
79	Furniture - Data Mgr.	2/01/17	1,097				1,097	5 MO S/L	311	219
80	Furniture	12/27/16	8,182				8,182	5 MO S/L	2,455	1,636
81	Coin Op Washer	4/13/17	1,201				1,201	5 MO S/L	300	240
82	Solar Power System	12/16/16	53,982				53,982	25 MO S/L	3,239	2,159
83	Renovations	12/05/16	56,704				56,704	25 MO S/L	3,591	2,268
84	Sewer Lateral replacement	9/07/16	33,350				33,350	25 MO S/L	2,446	1,334
85	Circulation Pump	10/03/16	6,525				6,525	10 MO S/L	1,142	652
86	Roof Repair	12/15/16	3,696				3,696	10 MO S/L	585	370
87	Exterior Painting	6/16/17	33,666				33,666	25 MO S/L	1,347	1,346
88	Painting - FR Manor	5/30/17	26,700				26,700	25 MO S/L	1,157	1,068
	Total Other Depreciation		<u>9,872,301</u>				<u>9,872,301</u>		<u>2,484,476</u>	<u>331,016</u>
	Total ACRS and Other Depreciation		<u>9,872,301</u>				<u>9,872,301</u>		<u>2,484,476</u>	<u>331,016</u>
	Grand Totals		9,887,633				9,872,956		2,499,284	331,226
	Less: Dispositions and Transfers		0				0		0	0
	Less: Start-up/Org Expense		0				0		0	0
	Net Grand Totals		<u>9,887,633</u>				<u>9,872,956</u>		<u>2,499,284</u>	<u>331,226</u>

CA Asset Report

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Asset	Description	Date In Service	Cost	Basis for Depr	CA Prior	CA Current	Federal Current	Difference Fed - CA
Prior MACRS:								
89	Printer	10/30/17	1,256	1,256	251	402	0	-402
90	Stackable Washer/Dryer	8/17/17	1,310	1,310	262	419	210	-209
91	Alarm System	11/02/17	3,638	3,638	728	1,164	0	-1,164
92	Heat Pump	11/15/17	9,128	9,128	1,304	2,235	0	-2,235
			<u>15,332</u>	<u>15,332</u>	<u>2,545</u>	<u>4,220</u>	<u>210</u>	<u>-4,010</u>
Other Depreciation:								
2	1997 Toyota Tacoma P/U	6/30/97	15,181	15,181	15,181	0	0	0
3	Seat Covers for Lumina	8/31/97	302	302	302	0	0	0
4	Exceed Software	7/21/99	3,195	3,195	3,195	0	0	0
5	Floor Polishing Machine	7/30/99	958	958	958	0	0	0
6	Flowpoint Software	5/22/00	428	428	428	0	0	0
7	Chairs - Preschool	5/24/00	385	385	385	0	0	0
8	13 Double Lockers	6/20/01	2,374	2,374	2,374	0	0	0
9	Computer for Fundraising	7/26/02	824	824	824	0	0	0
10	MS Office XP Publisher	2/27/03	420	420	420	0	0	0
11	60 Stack Chairs	6/30/04	2,000	2,000	2,000	0	0	0
12	Dell Computer	6/07/05	1,186	1,186	1,186	0	0	0
13	Dell Computer	6/30/05	1,034	1,034	1,034	0	0	0
14	Dell Computer	9/16/05	1,406	1,406	1,406	0	0	0
15	Dell Computer	11/18/05	1,706	1,706	1,706	0	0	0
16	Kitchen Equipment	8/04/06	7,220	7,220	7,220	0	0	0
17	Audio Equipment	10/16/06	3,300	3,300	3,300	0	0	0
18	Computer Server	12/15/06	7,242	7,242	7,242	0	0	0
19	Dyson Vacuum Cleaner	12/15/06	289	289	289	0	0	0
20	Lockers for Shelter	12/21/06	517	517	517	0	0	0
21	Eureka Vacuum Cleaner	12/21/06	230	230	230	0	0	0
22	Computer	2/03/07	2,031	2,031	2,031	0	0	0
23	Brockhurst Remodel	3/31/07	1,542,181	1,542,181	693,981	61,688	61,688	0
24	San Pablo Land	4/30/07	324,143	324,143	0	0	0	0
25	San Pablo Building	4/30/07	324,143	324,143	144,784	12,966	12,966	0
26	Brockhurst Remodel	12/31/07	53,629	53,629	22,524	2,145	2,145	0
27	San Pablo Building Improvements	6/30/08	328,631	328,631	131,452	13,146	13,146	0
28	Brockhurst Remodel	6/30/08	11,287	11,287	4,515	451	451	0
29	Brockhurst Courtyard	6/30/09	322,077	322,077	115,948	12,883	12,884	1
30	San Pablo Renovation	11/10/08	15,312	15,312	5,921	612	612	0
31	San Pablo Renovation	3/02/09	1,200	1,200	448	48	48	0
32	Brockhurst Land	11/07/08	757,071	757,071	0	0	0	0
33	Brockhurst Building	11/07/08	1,892,810	1,892,810	731,887	75,712	75,713	1
34	San Pablo Preschool Land	11/07/08	330,999	330,999	0	0	0	0
35	San Pablo Preschool Building	11/07/08	236,947	236,947	91,620	9,477	9,478	1
36	Monitor	3/30/09	172	172	172	0	0	0
37	Umbrellas	6/03/09	830	830	830	0	0	0
38	Refrigerator	8/18/08	7,201	7,201	7,201	0	0	0
39	Stove	11/24/08	6,018	6,018	6,018	0	0	0
40	Chairs - Homeless	4/21/10	553	553	553	0	0	0
41	Chairs - Shelter	4/21/10	553	553	553	0	0	0
42	Chairs - O & A	4/21/10	553	553	553	0	0	0
43	Refrigerator - Closer To Home	5/28/10	767	767	767	0	0	0
44	925 Brockhurst Remodel	12/01/09	142,742	142,742	49,008	5,710	5,710	0
45	Garage Door	3/09/10	1,050	1,050	350	42	42	0
46	Heat Pump	6/21/10	4,249	4,249	4,249	0	0	0
47	Playground & Planters	6/01/10	46,862	46,862	37,880	4,686	4,686	0
48	Playground Alteration	7/13/10	6,900	6,900	5,520	690	690	0
49	Vacuum Cleaner	9/07/11	403	403	403	0	0	0
50	Computer for Sr. Joanna	11/15/11	517	517	517	0	0	0
51	Telephone system	11/30/12	1,341	1,341	1,341	0	0	0
52	Ricoh 6002 SP copy machine	5/23/13	11,277	11,277	11,277	0	0	0
53	Chairs	3/26/13	1,504	1,504	1,504	0	0	0
54	8 Computers	6/26/13	5,668	5,668	5,668	0	0	0
55	Offices in mulit-purpose	11/30/12	79,508	79,508	79,508	0	0	0
56	Roof replacement	11/27/12	26,000	26,000	14,517	2,600	2,600	0
57	Lockers for Shelter	2/03/14	2,237	2,237	1,647	373	373	0
58	Furniture	5/07/14	1,821	1,821	1,518	303	303	0
59	Dishwasher	9/03/13	6,754	6,754	6,529	225	225	0
60	Computer Server	8/14/14	3,139	3,139	2,459	628	628	0
61	Office chairs	4/02/15	1,306	1,306	849	261	261	0

CA Asset Report

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Asset	Description	Date In Service	Cost	Basis for Depr	CA Prior	CA Current	Federal Current	Difference Fed - CA
62	Office Chairs	6/01/15	3,280	3,280	2,023	656	656	0
63	Concrete Foot Path	11/24/14	2,504	2,504	359	100	100	0
64	Iron Gate	8/11/14	1,800	1,800	705	180	180	0
65	1114-1118 32nd St Land	4/01/15	187,371	187,371	0	0	0	0
66	1114-1118 32nd Bldg	4/01/15	437,198	437,198	56,836	17,488	17,488	0
69	Table and Chairs	6/01/16	4,120	4,120	1,717	824	824	0
70	Washer and Dryer	3/23/16	2,122	2,122	955	424	424	0
71	Stack Dryer	4/28/16	1,784	1,784	773	357	357	0
72	4 Shade Sails-Preschool	11/20/15	8,900	8,900	2,299	890	890	0
73	Closet - Preschool	2/02/16	5,664	5,664	1,369	566	566	0
74	Kitchen Remodel - Preschool	6/30/16	13,650	13,650	2,730	1,365	1,365	0
75	Possible purchase fees; St Andrews Plaza	11/14/15	0	0	0	0	0	0
76	2001 Subaru	7/01/16	1,000	1,000	400	200	200	0
77	Land - Friendly Manor	10/04/16	117,766	117,766	0	0	0	0
78	Bldg - Friendly Manor	10/04/16	2,300,621	2,300,621	161,043	92,025	92,025	0
79	Furniture - Data Mgr.	2/01/17	1,097	1,097	311	219	219	0
80	Furniture	12/27/16	8,182	8,182	2,455	1,636	1,636	0
81	Coin Op Washer	4/13/17	1,201	1,201	300	240	240	0
82	Solar Power System	12/16/16	53,982	53,982	3,239	2,159	2,159	0
83	Renovations	12/05/16	56,704	56,704	3,591	2,268	2,268	0
84	Sewer Lateral replacement	9/07/16	33,350	33,350	2,446	1,334	1,334	0
85	Circulation Pump	10/03/16	6,525	6,525	1,142	652	652	0
86	Roof Repair	12/15/16	3,696	3,696	585	370	370	0
87	Exterior Painting	6/16/17	33,666	33,666	1,347	1,346	1,346	0
88	Painting - FR Manor	5/30/17	26,700	26,700	1,157	1,068	1,068	0
Total Other Depreciation			<u>9,865,466</u>	<u>9,865,466</u>	<u>2,484,481</u>	<u>331,013</u>	<u>331,016</u>	<u>3</u>
Total ACRS and Other Depreciation			<u>9,865,466</u>	<u>9,865,466</u>	<u>2,484,481</u>	<u>331,013</u>	<u>331,016</u>	<u>3</u>
Grand Totals			9,880,798	9,880,798	2,487,026	335,233	331,226	-4,007
Less: Dispositions			0	0	0	0	0	0
Less: Start-up/Org Expense			0	0	0	0	0	0
Net Grand Totals			<u>9,880,798</u>	<u>9,880,798</u>	<u>2,487,026</u>	<u>335,233</u>	<u>331,226</u>	<u>-4,007</u>

AMT Asset Report

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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
Prior MACRS:											
89	Printer	10/30/17	1,256			X	0	5	HY 200DB	1,256	0
90	Stackable Washer/Dryer	8/17/17	1,310			X	655	5	HY 200DB	786	210
91	Alarm System	11/02/17	3,638			X	0	5	HY 200DB	3,638	0
92	Heat Pump	11/15/17	9,128			X	0	7	HY 200DB	9,128	0
			<u>15,332</u>				<u>655</u>			<u>14,808</u>	<u>210</u>
Other Depreciation:											
2	1997 Toyota Tacoma P/U	6/30/97	15,181				15,181	5	MO S/L	15,181	0
3	Seat Covers for Lumina	8/31/97	302				302	5	MO S/L	302	0
4	Exceed Software	7/21/99	3,195				3,195	5	MO S/L	3,195	0
5	Floor Polishing Machine	7/30/99	958				958	5	MO S/L	958	0
6	Flowpoint Software	5/22/00	428				428	5	MO S/L	428	0
7	Chairs - Preschool	5/24/00	385				385	5	MO S/L	385	0
8	13 Double Lockers	6/20/01	2,374				2,374	5	MO S/L	2,374	0
9	Computer for Fundraising	7/26/02	824				824	5	MO S/L	824	0
10	MS Office XP Publisher	2/27/03	420				420	5	MO S/L	420	0
11	60 Stack Chairs	6/30/04	2,000				2,000	5	MO S/L	2,000	0
12	Dell Computer	6/07/05	1,186				1,186	5	MO S/L	1,186	0
13	Dell Computer	6/30/05	1,034				1,034	5	MO S/L	1,034	0
14	Dell Computer	9/16/05	1,406				1,406	5	MO S/L	1,406	0
15	Dell Computer	11/18/05	1,706				1,706	5	MO S/L	1,706	0
16	Kitchen Equipment	8/04/06	7,220				7,220	5	MO S/L	7,220	0
17	Audio Equipment	10/16/06	3,300				3,300	5	MO S/L	3,300	0
18	Computer Server	12/15/06	7,242				7,242	5	MO S/L	7,242	0
19	Dyson Vacuum Cleaner	12/15/06	289				289	5	MO S/L	289	0
20	Lockers for Shelter	12/21/06	517				517	5	MO S/L	517	0
21	Eureka Vacuum Cleaner	12/21/06	230				230	5	MO S/L	230	0
22	Computer	2/03/07	2,031				2,031	5	MO S/L	2,031	0
23	Brockhurst Remodel	3/31/07	1,542,181				1,542,181	25	MO S/L	694,065	61,688
24	San Pablo Land	4/30/07	324,143				324,143	0	-- Land	0	0
25	San Pablo Building	4/30/07	324,143				324,143	25	MO S/L	144,784	12,966
26	Brockhurst Remodel	12/31/07	53,629				53,629	25	MO S/L	22,440	2,145
27	San Pablo Building Improvements	6/30/08	328,631				328,631	25	MO S/L	131,451	13,146
28	Brockhurst Remodel	6/30/08	11,287				11,287	25	MO S/L	4,515	451
29	Brockhurst Courtyard	6/30/09	322,077				322,077	25	MO S/L	115,947	12,884
30	San Pablo Renovation	11/10/08	15,312				15,312	25	MO S/L	5,919	612
31	San Pablo Renovation	3/02/09	1,200				1,200	25	MO S/L	448	48
32	Brockhurst Land	11/07/08	757,071				757,071	0	-- Land	0	0
33	Brockhurst Building	11/07/08	1,892,810				1,892,810	25	MO S/L	731,885	75,713
34	San Pablo Preschool Land	11/07/08	330,999				330,999	0	-- Land	0	0
35	San Pablo Preschool Building	11/07/08	236,947				236,947	25	MO S/L	91,620	9,478
36	Monitor	3/30/09	172				172	5	MO S/L	172	0
37	Umbrellas	6/03/09	830				830	5	MO S/L	830	0
38	Refrigerator	8/18/08	7,201				7,201	5	MO S/L	7,201	0
39	Stove	11/24/08	6,018				6,018	5	MO S/L	6,018	0
40	Chairs - Homeless	4/21/10	553				553	5	MO S/L	553	0
41	Chairs - Shelter	4/21/10	553				553	5	MO S/L	553	0
42	Chairs - O & A	4/21/10	553				553	5	MO S/L	553	0
43	Refrigerator - Closer To Home	5/28/10	767				767	5	MO S/L	767	0
44	925 Brockhurst Remodel	12/01/09	142,742				142,742	25	MO S/L	49,009	5,710
45	Garage Door	3/09/10	1,050				1,050	25	MO S/L	350	42
46	Heat Pump	6/21/10	4,249				4,249	5	MO S/L	4,249	0
47	Playground & Planters	6/01/10	46,862				46,862	10	MO S/L	37,880	4,686
48	Playground Alteration	7/13/10	6,900				6,900	10	MO S/L	5,520	690
49	Vacuum Cleaner	9/07/11	403				403	5	MO S/L	403	0
50	Computer for Sr. Joanna	11/15/11	517				517	5	MO S/L	517	0
51	Telephone system	11/30/12	1,341				1,341	5	MO S/L	1,341	0
52	Ricoh 6002 SP copy machine	5/23/13	11,277				11,277	5	MO S/L	11,277	0
53	Chairs	3/26/13	1,504				1,504	5	MO S/L	1,504	0
54	8 Computers	6/26/13	5,668				5,668	5	MO S/L	5,668	0
55	Offices in mult-purpose	11/30/12	79,508				79,508	5	MO S/L	79,508	0
56	Roof replacement	11/27/12	26,000				26,000	10	MO S/L	14,517	2,600
57	Lockers for Shelter	2/03/14	2,237				2,237	6	MO S/L	1,647	373
58	Furniture	5/07/14	1,821				1,821	5	MO S/L	1,518	303
59	Dishwasher	9/03/13	6,754				6,754	5	MO S/L	6,529	225
60	Computer Server	8/14/14	0				0	0	HY	0	0
61	Office chairs	4/02/15	0				0	0	HY	0	0

AMT Asset Report

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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
62	Office Chairs	6/01/15	0				0	0	HY	0	0
63	Concrete Foot Path	11/24/14	0				0	0	HY	0	0
64	Iron Gate	8/11/14	0				0	0	HY	0	0
65	1114-1118 32nd St Land	4/01/15	0				0	0	HY	0	0
66	1114-1118 32nd Bldg	4/01/15	0				0	0	HY	0	0
69	Table and Chairs	6/01/16	0				0	0	HY	0	0
70	Washer and Dryer	3/23/16	0				0	0	HY	0	0
71	Stack Dryer	4/28/16	0				0	0	HY	0	0
72	4 Shade Sails-Preschool	11/20/15	0				0	0	HY	0	0
73	Closet - Preschool	2/02/16	0				0	0	HY	0	0
74	Kitchen Remodel - Preschool	6/30/16	0				0	0	HY	0	0
75	Possible purchase fees; St Andrews Plaza	11/14/15	0				0	0	HY	0	0
76	2001 Subaru	7/01/16	0				0	0	HY	0	0
77	Land - Friendly Manor	10/04/16	111,766				111,766	0	-- Land	0	0
78	Bldg - Friendly Manor	10/04/16	2,300,621				2,300,621	25	MO S/L	161,043	92,025
79	Furniture - Data Mgr.	2/01/17	1,097				1,097	5	MO S/L	311	219
80	Furniture	12/27/16	8,182				8,182	5	MO S/L	2,455	1,636
81	Coin Op Washer	4/13/17	1,201				1,201	5	MO S/L	300	240
82	Solar Power System	12/16/16	53,982				53,982	25	MO S/L	3,239	2,159
83	Renovations	12/05/16	56,704				56,704	25	MO S/L	3,591	2,268
84	Sewer Lateral replacement	9/07/16	33,350				33,350	25	MO S/L	2,446	1,334
85	Circulation Pump	10/03/16	6,525				6,525	10	MO S/L	1,142	652
86	Roof Repair	12/15/16	3,696				3,696	10	MO S/L	585	370
87	Exterior Painting	6/16/17	33,666				33,666	25	MO S/L	1,347	1,346
88	Painting - FR Manor	5/30/17	26,700				26,700	25	MO S/L	1,157	1,068
	Total Other Depreciation		<u>9,185,628</u>				<u>9,185,628</u>			<u>2,411,002</u>	<u>307,077</u>
	Total ACRS and Other Depreciation		<u>9,185,628</u>				<u>9,185,628</u>			<u>2,411,002</u>	<u>307,077</u>
	Grand Totals		9,200,960				9,186,283			2,425,810	307,287
	Less: Dispositions and Transfers		0				0			0	0
	Net Grand Totals		<u>9,200,960</u>				<u>9,186,283</u>			<u>2,425,810</u>	<u>307,287</u>

Bonus Depreciation Report**Form 990, Page 1**

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
89	Printer	10/30/17	1,256		0	0	1,256	0
90	Stackable Washer/Dryer	8/17/17	1,310		0	0	655	655
91	Alarm System	11/02/17	3,638		0	0	3,638	0
92	Heat Pump	11/15/17	9,128		0	0	9,128	0
Grand Total			<u>15,332</u>		<u>0</u>	<u>0</u>	<u>14,677</u>	<u>655</u>

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
<u>MACRS Adjustments:</u>						
Page 1	1	89	Printer	0	0	0
Page 1	1	90	Stackable Washer/Dryer	210	210	0
Page 1	1	91	Alarm System	0	0	0
Page 1	1	92	Heat Pump	0	0	0
				<u>210</u>	<u>210</u>	<u>0</u>

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
89	Printer	10/30/17	1,256	0	0
90	Stackable Washer/Dryer	8/17/17	1,310	125	125
91	Alarm System	11/02/17	3,638	0	0
92	Heat Pump	11/15/17	9,128	0	0
			<u>15,332</u>	<u>125</u>	<u>125</u>

Other Depreciation:

2	1997 Toyota Tacoma P/U	6/30/97	15,181	0	0
3	Seat Covers for Lumina	8/31/97	302	0	0
4	Exceed Software	7/21/99	3,195	0	0
5	Floor Polishing Machine	7/30/99	958	0	0
6	Flowpoint Software	5/22/00	428	0	0
7	Chairs - Preschool	5/24/00	385	0	0
8	13 Double Lockers	6/20/01	2,374	0	0
9	Computer for Fundraising	7/26/02	824	0	0
10	MS Office XP Publisher	2/27/03	420	0	0
11	60 Stack Chairs	6/30/04	2,000	0	0
12	Dell Computer	6/07/05	1,186	0	0
13	Dell Computer	6/30/05	1,034	0	0
14	Dell Computer	9/16/05	1,406	0	0
15	Dell Computer	11/18/05	1,706	0	0
16	Kitchen Equipment	8/04/06	7,220	0	0
17	Audio Equipment	10/16/06	3,300	0	0
18	Computer Server	12/15/06	7,242	0	0
19	Dyson Vacuum Cleaner	12/15/06	289	0	0
20	Lockers for Shelter	12/21/06	517	0	0
21	Eureka Vacuum Cleaner	12/21/06	230	0	0
22	Computer	2/03/07	2,031	0	0
23	Brockhurst Remodel	3/31/07	1,542,181	61,687	61,687
24	San Pablo Land	4/30/07	324,143	0	0
25	San Pablo Building	4/30/07	324,143	12,966	12,966
26	Brockhurst Remodel	12/31/07	53,629	2,145	2,145
27	San Pablo Building Improvements	6/30/08	328,631	13,145	13,145
28	Brockhurst Remodel	6/30/08	11,287	452	452
29	Brockhurst Courtyard	6/30/09	322,077	12,883	12,883
30	San Pablo Renovation	11/10/08	15,312	613	613
31	San Pablo Renovation	3/02/09	1,200	48	48
32	Brockhurst Land	11/07/08	757,071	0	0
33	Brockhurst Building	11/07/08	1,892,810	75,712	75,712
34	San Pablo Preschool Land	11/07/08	330,999	0	0
35	San Pablo Preschool Building	11/07/08	236,947	9,478	9,478
36	Monitor	3/30/09	172	0	0
37	Umbrellas	6/03/09	830	0	0
38	Refrigerator	8/18/08	7,201	0	0
39	Stove	11/24/08	6,018	0	0
40	Chairs - Homeless	4/21/10	553	0	0
41	Chairs - Shelter	4/21/10	553	0	0
42	Chairs - O & A	4/21/10	553	0	0
43	Refrigerator - Closer To Home	5/28/10	767	0	0
44	925 Brockhurst Remodel	12/01/09	142,742	5,709	5,709
45	Garage Door	3/09/10	1,050	42	42
46	Heat Pump	6/21/10	4,249	0	0
47	Playground & Planters	6/01/10	46,862	4,296	4,296
48	Playground Alteration	7/13/10	6,900	690	690
49	Vacuum Cleaner	9/07/11	403	0	0
50	Computer for Sr. Joanna	11/15/11	517	0	0
51	Telephone system	11/30/12	1,341	0	0
52	Ricoh 6002 SP copy machine	5/23/13	11,277	0	0
53	Chairs	3/26/13	1,504	0	0
54	8 Computers	6/26/13	5,668	0	0
55	Offices in mulit-purpose	11/30/12	79,508	0	0
56	Roof replacement	11/27/12	26,000	2,600	2,600
57	Lockers for Shelter	2/03/14	2,237	217	217
58	Furniture	5/07/14	1,821	0	0

Future Depreciation Report**FYE: 6/30/20****Form 990, Page 1**

Asset	Description	Date In Service	Cost	Tax	AMT
59	Dishwasher	9/03/13	6,754	0	0
60	Computer Server	8/14/14	3,139	52	0
61	Office chairs	4/02/15	1,306	196	0
62	Office Chairs	6/01/15	3,280	601	0
63	Concrete Foot Path	11/24/14	2,504	100	0
64	Iron Gate	8/11/14	1,800	180	0
65	1114-1118 32nd St Land	4/01/15	187,371	0	0
66	1114-1118 32nd Bldg	4/01/15	437,198	17,488	0
69	Table and Chairs	6/01/16	4,120	823	0
70	Washer and Dryer	3/23/16	2,122	425	0
71	Stack Dryer	4/28/16	1,784	356	0
72	4 Shade Sails-Preschool	11/20/15	8,900	890	0
73	Closet - Preschool	2/02/16	5,664	567	0
74	Kitchen Remodel - Preschool	6/30/16	13,650	1,365	0
75	Possible purchase fees; St Andrews Plaza	11/14/15	6,835	0	0
76	2001 Subaru	7/01/16	1,000	200	0
77	Land - Friendly Manor	10/04/16	117,766	0	0
78	Bldg - Friendly Manor	10/04/16	2,300,621	92,025	92,025
79	Furniture - Data Mgr.	2/01/17	1,097	220	220
80	Furniture	12/27/16	8,182	1,636	1,636
81	Coin Op Washer	4/13/17	1,201	240	240
82	Solar Power System	12/16/16	53,982	2,159	2,159
83	Renovations	12/05/16	56,704	2,269	2,269
84	Sewer Lateral replacement	9/07/16	33,350	1,334	1,334
85	Circulation Pump	10/03/16	6,525	653	653
86	Roof Repair	12/15/16	3,696	369	369
87	Exterior Painting	6/16/17	33,666	1,347	1,347
88	Painting - FR Manor	5/30/17	26,700	1,068	1,068
	Total Other Depreciation		<u>9,872,301</u>	<u>329,246</u>	<u>306,003</u>
	Total ACRS and Other Depreciation		<u>9,872,301</u>	<u>329,246</u>	<u>306,003</u>
	Grand Totals		<u>9,887,633</u>	<u>329,371</u>	<u>306,128</u>

Asset	Description	Date In Service	Cost	CA
Prior MACRS:				
89	Printer	10/30/17	1,256	241
90	Stackable Washer/Dryer	8/17/17	1,310	252
91	Alarm System	11/02/17	3,638	698
92	Heat Pump	11/15/17	9,128	1,597
			<u>15,332</u>	<u>2,788</u>
Other Depreciation:				
2	1997 Toyota Tacoma P/U	6/30/97	15,181	0
3	Seat Covers for Lumina	8/31/97	302	0
4	Exceed Software	7/21/99	3,195	0
5	Floor Polishing Machine	7/30/99	958	0
6	Flowpoint Software	5/22/00	428	0
7	Chairs - Preschool	5/24/00	385	0
8	13 Double Lockers	6/20/01	2,374	0
9	Computer for Fundraising	7/26/02	824	0
10	MS Office XP Publisher	2/27/03	420	0
11	60 Stack Chairs	6/30/04	2,000	0
12	Dell Computer	6/07/05	1,186	0
13	Dell Computer	6/30/05	1,034	0
14	Dell Computer	9/16/05	1,406	0
15	Dell Computer	11/18/05	1,706	0
16	Kitchen Equipment	8/04/06	7,220	0
17	Audio Equipment	10/16/06	3,300	0
18	Computer Server	12/15/06	7,242	0
19	Dyson Vacuum Cleaner	12/15/06	289	0
20	Lockers for Shelter	12/21/06	517	0
21	Eureka Vacuum Cleaner	12/21/06	230	0
22	Computer	2/03/07	2,031	0
23	Brockhurst Remodel	3/31/07	1,542,181	61,687
24	San Pablo Land	4/30/07	324,143	0
25	San Pablo Building	4/30/07	324,143	12,965
26	Brockhurst Remodel	12/31/07	53,629	2,146
27	San Pablo Building Improvements	6/30/08	328,631	13,145
28	Brockhurst Remodel	6/30/08	11,287	452
29	Brockhurst Courtyard	6/30/09	322,077	12,883
30	San Pablo Renovation	11/10/08	15,312	613
31	San Pablo Renovation	3/02/09	1,200	48
32	Brockhurst Land	11/07/08	757,071	0
33	Brockhurst Building	11/07/08	1,892,810	75,712
34	San Pablo Preschool Land	11/07/08	330,999	0
35	San Pablo Preschool Building	11/07/08	236,947	9,478
36	Monitor	3/30/09	172	0
37	Umbrellas	6/03/09	830	0
38	Refrigerator	8/18/08	7,201	0
39	Stove	11/24/08	6,018	0
40	Chairs - Homeless	4/21/10	553	0
41	Chairs - Shelter	4/21/10	553	0
42	Chairs - O & A	4/21/10	553	0
43	Refrigerator - Closer To Home	5/28/10	767	0
44	925 Brockhurst Remodel	12/01/09	142,742	5,709
45	Garage Door	3/09/10	1,050	42
46	Heat Pump	6/21/10	4,249	0
47	Playground & Planters	6/01/10	46,862	4,296
48	Playground Alteration	7/13/10	6,900	690
49	Vacuum Cleaner	9/07/11	403	0
50	Computer for Sr. Joanna	11/15/11	517	0
51	Telephone system	11/30/12	1,341	0
52	Ricoh 6002 SP copy machine	5/23/13	11,277	0
53	Chairs	3/26/13	1,504	0
54	8 Computers	6/26/13	5,668	0
55	Offices in mulit-purpose	11/30/12	79,508	0
56	Roof replacement	11/27/12	26,000	2,600
57	Lockers for Shelter	2/03/14	2,237	217
58	Furniture	5/07/14	1,821	0

Asset	Description	Date In Service	Cost	CA
59	Dishwasher	9/03/13	6,754	0
60	Computer Server	8/14/14	3,139	52
61	Office chairs	4/02/15	1,306	196
62	Office Chairs	6/01/15	3,280	601
63	Concrete Foot Path	11/24/14	2,504	100
64	Iron Gate	8/11/14	1,800	180
65	1114-1118 32nd St Land	4/01/15	187,371	0
66	1114-1118 32nd Bldg	4/01/15	437,198	17,488
69	Table and Chairs	6/01/16	4,120	823
70	Washer and Dryer	3/23/16	2,122	425
71	Stack Dryer	4/28/16	1,784	356
72	4 Shade Sails-Preschool	11/20/15	8,900	890
73	Closet - Preschool	2/02/16	5,664	567
74	Kitchen Remodel - Preschool	6/30/16	13,650	1,365
75	Possible purchase fees; St Andrews Plaza	11/14/15	0	0
76	2001 Subaru	7/01/16	1,000	200
77	Land - Friendly Manor	10/04/16	117,766	0
78	Bldg - Friendly Manor	10/04/16	2,300,621	92,025
79	Furniture - Data Mgr.	2/01/17	1,097	220
80	Furniture	12/27/16	8,182	1,636
81	Coin Op Washer	4/13/17	1,201	240
82	Solar Power System	12/16/16	53,982	2,159
83	Renovations	12/05/16	56,704	2,269
84	Sewer Lateral replacement	9/07/16	33,350	1,334
85	Circulation Pump	10/03/16	6,525	653
86	Roof Repair	12/15/16	3,696	369
87	Exterior Painting	6/16/17	33,666	1,347
88	Painting - FR Manor	5/30/17	26,700	1,068
	Total Other Depreciation		<u>9,865,466</u>	<u>329,246</u>
	Total ACRS and Other Depreciation		<u>9,865,466</u>	<u>329,246</u>
	Grand Totals		<u>9,880,798</u>	<u>332,034</u>

Form 990	Two Year Comparison Report	2017 & 2018
For calendar year 2018, or tax year beginning 07/01/18 , ending 06/30/19		

Name **St. Mary's Center** Taxpayer Identification Number **68-0172229**

		2017	2018	Differences
Revenue	1. Contributions, gifts, grants	2,363,234	3,025,087	661,853
	2. Membership dues and assessments			
	3. Government contributions and grants	1,433,134	1,485,337	52,203
	4. Program service revenue	207,048	200,655	-6,393
	5. Investment income	5,700	6,135	435
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	-115		115
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	19,672	17,500	-2,172
	12. Total revenue. Add lines 1 through 11	4,028,673	4,734,714	706,041
Expenses	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.			
	16. Salaries, other compensation, and employee benefits	1,915,922	2,203,399	287,477
	17. Professional fundraising fees			
	18. Other professional fees	198,033	120,034	-77,999
	19. Occupancy, rent, utilities, and maintenance			
	20. Depreciation and Depletion	347,899	336,651	-11,248
	21. Other expenses	668,155	657,680	-10,475
	22. Total expenses. Add lines 13 through 21	3,130,009	3,317,764	187,755
	23. Excess or (Deficit). Subtract line 22 from line 12	898,664	1,416,950	518,286
Other Information	24. Total exempt revenue	4,028,673	4,734,714	706,041
	25. Total unrelated revenue			
	26. Total excludable revenue	232,305	224,290	-8,015
	27. Total assets	11,231,722	11,360,364	128,642
	28. Total liabilities	1,657,323	369,015	-1,288,308
	29. Retained earnings	9,574,399	10,991,349	1,416,950
	30. Number of voting members of governing body	9	9	
31. Number of independent voting members of governing body	9	9		
32. Number of employees	66	60		
33. Number of volunteers	205	200		

Form 990	Tax Return History	2018
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Name St. Mary's Center	Employer Identification Number 68-0172229
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	2014	2015	2016	2017	2018	2019
Contributions, gifts, grants	3,237,397	2,175,036	5,687,897	3,796,368	4,510,424	
Membership dues						
Program service revenue	69,504	311,459	140,964	207,048	200,655	
Capital gain or loss	-4,802	-607	-131	-115		
Investment income	926	3,417	4,080	5,700	6,135	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue	360	570	73,714	19,672	17,500	
Total revenue	3,303,385	2,489,875	5,906,524	4,028,673	4,734,714	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.	80,007	99,382	99,918			
Other compensation	1,420,856	1,710,161	1,936,431	1,915,922	2,203,399	
Professional fees	136,760	150,106	150,223	198,033	120,034	
Occupancy costs						
Depreciation and depletion	231,542	246,011	324,196	347,899	336,651	
Other expenses	439,969	565,564	628,708	668,155	657,680	
Total expenses	2,309,134	2,771,224	3,139,476	3,130,009	3,317,764	
Excess or (Deficit)	994,251	-281,349	2,767,048	898,664	1,416,950	
Total exempt revenue	3,303,385	2,489,875	5,906,524	4,028,673	4,734,714	
Total unrelated revenue						
Total excludable revenue	65,988	314,839	218,627	232,305	224,290	
Total Assets	7,534,987	7,336,653	10,270,297	11,231,722	11,360,364	
Total Liabilities	1,444,874	1,527,884	1,594,562	1,657,323	369,015	
Net Fund Balances	6,090,113	5,808,769	8,675,735	9,574,399	10,991,349	

Federal Statements

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
Interest Income	\$ <u>6,135</u>		14			
Total	\$ <u><u>6,135</u></u>					

Federal Statements

Form 990, Part IX, Line 24e - All Other Expenses

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
Workers' Compensation	\$ 56,091	\$ 52,082	\$ 1,347	\$ 2,662
Printing & Copying	24,147	3,406	2,878	17,863
Dues & Subscriptions	16,861	11,046	4,726	1,089
Miscellaneous	12,843	7,470	4,774	599
Staff Training	12,410	6,872	620	4,918
Real Estate Taxes	10,971	-19,780	30,751	
Garden Supplies & Materia	9,857	4,916	4,941	
Postage	4,119	2,323	1,284	512
Total	<u>\$ 147,299</u>	<u>\$ 68,335</u>	<u>\$ 51,321</u>	<u>\$ 27,643</u>

Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
General contributions	\$ 218,885
Contributed Services	930
Capital Campaign	800,000
Contribution-Debt Forgiveness	1,343,916
Sisters of St. Joseph Healthcare Cash Contribution	50,000
St. Joan of Arc Parish Cash Contribution	11,290
Lyda and Rico De Luca Foundation, Cash Contribution	8,400
Steve & Peg Wilcox Cash Contribution	6,445
Order of Malta Western Association Cash Contribution	28,500
The Carl Gellert & Celia Berta Cash Contribution	10,000
Cornell Maier & Deidre Smith Cash Contribution	13,000
Sisters of the Holy Names Cash Contribution	5,000
Cressey Nakagawa Cash Contribution	25,000
Nadine Durant Cash Contribution	8,750
USDA Food & Nutrition Services Cash Contribution	18,992
US Dept of Health & Human Svcs Cash Contribution	898,625
US Dept of Homeland Security Cash Contribution	14,550
State of California Cash Contribution	221,422
County of Alameda Cash Contribution	94,806
Dept of Housing and Urban Developmen Cash Contribution	236,942
East Bay Community Foundation Cash Contribution	20,000

Federal Statements

Schedule A, Part II, Line 1(e) (continued)

<u>Description</u>	<u>Amount</u>
Bernard E & Alba Witkin Charitable	\$
Cash Contribution	15,000
New Harbinger Publications Inc	
Cash Contribution	5,000
George & Barbara Hegarty	
Cash Contribution	10,000
John & Maureen Graf	
Cash Contribution	5,000
Valerie Fregulia	
Cash Contribution	5,000
Crescent Porter Hale Foundation	
Cash Contribution	40,000
Ronald and Betty Courtney	
Cash Contribution	8,100
John and Beth Dzenitis	
Cash Contribution	5,240
Mark Bichsel & Carol Johnson Bichsel	
Cash Contribution	8,170
Herman Auerbach Memorial Fund Trust	
Cash Contribution	10,000
Tulloch Corporation	
Cash Contribution	5,000
The Banks Family Foundation	
Cash Contribution	10,000
West Davis & Bergard Foundation	
Cash Contribution	6,000
Sunlight Giving	
Cash Contribution	15,000
Cynthia Sheval & Elaine Selo	
Cash Contribution	5,000
James Patterson	
Cash Contribution	6,000
Nint Foundation	
Cash Contribution	10,000
Margaret Koval	
Cash Contribution	11,250
Kaiser Permanente-Public Affairs Dep	
Cash Contribution	5,000

Federal Statements

Schedule A, Part II, Line 1(e) (continued)

<u>Description</u>	<u>Amount</u>
Tom & Tamara Haw	\$
Cash Contribution	10,850
Al Fortis	
Cash Contribution	5,790
Anonymous	
Cash Contribution	15,000
Anonymous	
Cash Contribution	50,000
Anonymous	
Cash Contribution	10,000
Hofmann Family Foundation	
Cash Contribution	5,000
Mary & Ray Bartolotti	
Cash Contribution	10,000
Mike & Michele Kourey	
Cash Contribution	6,650
Randall & Cindy Pond	
Cash Contribution	6,000
Silicon Valley Community Foundation	
Cash Contribution	10,000
Stephen Schick	
Cash Contribution	10,000
The East Bay Foundaiton on Aging	
Cash Contribution	30,000
Vernon Davison	
Cash Contribution	5,000
Dinner & Auction	
Cash Contribution	115,921
Total	\$ <u>4,510,424</u>

Federal Statements

Schedule A, Part II, Line 5 - Excess Gifts

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
The Thomas Long Fdn	\$ 250,000	\$
Cressey Nakagawa	500,000	88,474
Total	\$ <u>750,000</u>	\$ <u>88,474</u>

Federal Statements

Schedule A, Part II, Line 8(e)

Description	Amount
Interest Income	\$ 6,135
Total	\$ 6,135

Schedule A, Part II, Line 10(e)

Description	Amount
Private Contracts	\$
Total	\$ 0

Schedule A, Part II, Line 12 - Current year

Description	Amount
Meal & Program Fees	\$ 200,655
Other Income, net	17,500
Dinner & Auction	58,464
Total	\$ 276,619