

FINANCE COMMITTEE MEETING AGENDA

October 22, 2020 Meeting at 12:00 p.m.

2.	ROLL CALL		
3.	APPROVAL OF AGENDA	Approve	
4.	APPROVAL OF PREVIOUS MINUTES	Approve	
	A. September 9, 2020 Finance Committee Minutes		Page 2
	B. September 28, 2020 Finance Committee Minutes		Page 5
5.	FINANCIAL REPORTS: AUGUST 2020	Accept	
	A. Agency Financial Statements		Page 7
	B. Head Start Financial Status Report		Page 10
6.	2019 TAX RETURN		
	A. 2019 Tax Return	Accept	Page 13
7.	HHS HEAD START 0-5 MONITORING STATUS UPDATE		
	A. HHS Head Start 0-5 Monitoring Update	Information	Page 86
8.	NON-COMPETITIVE PROCUREMENT		
	A. Non-Competitive Procurement	Information	Page 108
9.	HEALTH INSURANCE REPORT		
	A. Health Insurance Report	Information	Page 110
10.	VARIANCE REPORTS		
	A. Variance Reports	Information	Page 112
11.	OTHER BUSINESS • NEXT MEETING: MONDAY, NOVEMBER 9, 2020 AT 12:00 PM		

12. ADJOURNMENT

1. CALL TO ORDER



Linda Hayes Board Chair

Emilia Reyes Chief Executive Officer

www.FresnoEOC.org

FINANCE COMMITTEE MEETING Fresno EOC Wednesday, September 9, 2020 12:00 p.m.

MINUTES

1. CALL TO ORDER

Charles Garabedian, Chair, called the meeting to order at 12:07 PM.

2. ROLL CALL

Roll was called and a quorum was established.

COMMITTEE MEMBERS PRESENT		STAFF & GUEST			
Charles Garabedian (chair)	✓	Emilia Reyes	Rosa Pineda		
Oliver Baines	✓	Michelle Tutunjian	Kathleen Shivaprasad		
Amparo Cid		Jim Rodriguez	Monty Cox		
Michael Reyna	\checkmark	Rebecca Heinricy	Tate Hill		
Itzi Robles	✓	Steve Warnes	Thelma Harrison		
		Janet Berberian	Arthur Montejano		
GUEST COMMISSIONER			Karina Perez		
Amy Arambula		GUEST	Monica Moua		
		Brian Henderson			

3. APPROVAL OF AGENDA

M/S/C – Baines/Robles to approve the agenda. All in favor.

4. APPROVAL OF MINUTES

A. August 12, 2020 Meeting Minutes *M/S/C* – *Reyna/Robles to approve the August 12, 2020 meeting minutes. All in favor.*

5. FINANCIAL REPORTS: JULY 2020

A. Agency Financial Statements

Steve Warnes, Assistant Finance Director, presented the Statement of Activities for the five-month period ending July 31, 2020. Warnes reported total cash revenue of \$52,195,335; in kind revenue of \$18,344,124; total revenue and support of \$70,539,459; grant revenue of \$37,726,013 at 46% of budget (slightly lower from July 2019); personnel costs of \$33,776,171 at 51% of annual budget (slightly higher from July 2019); total cash expenditures of \$51,195,676 at 49% of annual budget; and total expenditures of \$69,539,800. Warnes noted June and July personnel costs are lower than the year-to-date percentage due to having Head Start staff off during the summer and due to the impact of COVID-19. Warnes also notes in-kind revenues match in-kind expenses.



Warnes presented the Statement of Financial Position as of July 31, 2020 which reported total assets of \$52,779,799 (higher than previous year), total liabilities of \$22,671,282 (higher than previous year), and health insurance reserve of \$3,256,715.

Warnes notes there is a detailed health insurance report later on in the agenda. There were no questions or discussion.

B. Head Start Financial Status Report

Janet Berberian, Fiscal Compliance Manager, presented the July 31, 2020 Head Start and Early Head Start Financial Status Reports:

HS/EHS	Annual Budget	Expenses	% of Budget
Head Start Basic	\$38,762,694	\$18,750,726	48%
Head Start T&TA	\$390,276	\$31,969	8%
Early Head Start Basic	\$5,127,707	\$2,593,167	51%
Early Head Start T&TA	\$106,922	\$2,623	2%

Berberian notes the July 2020 credit card balance was \$12,331 for Head Start and \$3,091 for Early Head Start. There were no questions.

M/S/C – Robles/Baines to accept the Agency and Head Start financial reports presented. All in favor.

6. HEAD START ATTESTATION REPORT

A. Head Start Attestation Report

Brian Henderson, External Auditor from Hudson Henderson & Company Inc., presented the Head Start Attestation Report. Henderson emphasized that the Independent Accountants' Draft Report was limited to the amount of Fresno EOC records retained. A full audit from 1999 to 2019 was not possible due to retention policy of documents per federal, local, and internal policies (ranging from 3-7 years). Instead the report is based on data from 2013 to current. Despite this scope limitation the data represented in the report did not affect any variables such as: expenses, interest charge, depreciation, and allocations Henderson also discussed changes in coding allocations with the Head Start program based on location and occupancy percentage.

Henderson notes that he will also provide a second schedule that will show a breakdown of the federal interest percentage in addition to the one included in the report.

Henderson projects the timeline for pending items is to: work with managers on QIP plan, finalize draft report, and have HHC staff train Fresno EOC staff and Board representatives.

Discussion took place about the statute of limitation for records and how there is no set guidelines for record keeping. Henderson also elaborated on how all allocations were based on data for 2019 in order to have a more material estimate of usage per location (i.e. board room). There was also questions on if Fresno EOC has to give back funds due to disallowed costs. Henderson responds this is still to be determined.

M/S/C – *Reyna/Robles to accept the Head Start attestation report. All in favor.*

7. INFORMATIONAL ITEMS

A. HHS Head Start 0-5 Monitoring Status Update

Jim Rodriguez, Chief Financial Officer, presented an update on the HHS Head Start 0-5 Monitoring. Rodriguez recommended both Board and Finance committee members to attend the training outlined in the QIP improvement plan. Charles Garabedian and Michael Reyna volunteered to attend training.

Discussion took place on making the QIP training a regular and mandatory standard practice for Board members. Rodriguez notes this is a good possibility, but for now the QIP training is only a onetime training in order to fulfill the Head Start obligation. Reyna suggests videotaping the training for other board members to encourage interest and involvement in being a part of the Finance Committee. Jim notes training dates are still to be determined based on the schedule availability of interested Board members and that we will plan to record the training session for future use.

8. HEALTH INSURANCE REPORT

Steve Warnes, Assistant Finance Director, presented the Health Insurance Report for July 31, 2020. Warnes reported program/employee contributions of \$6,940,783 and fund expenses of \$6,438,413 with a positive current net balance of \$502,371 for a total ending balance of \$3,256,715.

Warnes notes the recent decrease in monthly revenue is consistent with Head Start staff being out. The expenses for health claims paid had a slight increase while prescriptions paid are below the monthly average making the overall total expenses to be slightly higher than the average monthly period. However, despite this the plan is still doing well. Warnes states Fresno EOC costs will mostly likely increase in our health care plans and final recommendations from the health plan brokers will be presented to the Board soon via the HR Committee to have approval of health insurance premium and plan changes to take place at the September Board meeting in advance of Open Enrollment.

Discussion took place of on how Head Start staff effects health care contributions. Warnes and Heinricy elaborate that Head Start staff who are not paid during the summer months have their contributions split between 10 months instead of 12 months. Heinricy clarifies that this difference impacts the timing of cash and that there is no lapse in coverage for employees.

9. VARIANCE REPORTS 0:44:30

Rebecca Heinricy presented the variance report for Transit Systems for July 2019 - June 2020. Heinricy reported revenue is at 94% of budget and expenses at 99.6% of budget. Heinricy notes that \$560,987 of LTF funding originally for 2019-2020 will be carried over into 2020-2021 for utilization within both rural and urban programs. Heinricy states there were also one-time investments that included: computer technology purchases, electric car charger purchases, and fleet changes.

Discussion took place on how the loss in Transit revenue was reallocated. Heinricy states there was a detailed review around cost allocation and discussions on how to more effectively and accurate allocate costs to the various functional areas within Transit. Heinricy also mentions several contracts were renegotiated to support the wage increases implemented in prior periods which were previously unfunded.

10. OTHER BUSINESS

Next meeting: Wednesday, October 14, 2020 at 12:00 PM

11. ADJOURNMENT

Meeting adjourned at 12:57 PM. *M/S/C* – *Reyna/Robles to adjourn the meeting. All in favor*

Respectfully submitted,

Charles Garabedian, Chair



Linda Hayes Board Chair

Emilia Reyes Chief Executive Officer

www.FresnoEOC.org

FINANCE COMMITTEE MEETING Fresno EOC Monday, September 28, 2020 5:00 p.m.

MINUTES

1. CALL TO ORDER

Charles Garabedian, Chair, called the meeting to order at 5:23 PM.

2. ROLL CALL

Roll was called and a quorum was established.

COMMITTEE MEMBERS	PRESENT	T STAFF & GUESTS		
Charles Garabedian (chair)	✓	Emilia Reyes	Steve Warnes	
Oliver Baines		Jim Rodriguez	Karina Perez	
Amparo Cid	✓	Kathleen Shivaprasad		
Michael Reyna		Arthur Montejano		
Itzi Robles	\checkmark			

3. APPROVAL OF AGENDA

M/S/C – Cid/Robles to approve the agenda. All in favor.

4. HEAD START QUALITY IMPROVEMENT PLAN (QIP)

A. Head Start Quality Improvement Plan (QIP)

Jim Rodriguez, Chief Financial Officer, presented the Quality Improvement Plan (QIP). Rodriguez notes that option #3 is highly favorable in comparison to the other choices on total disallowed costs. Rodriguez also notes that it is urgent that the review of the QIP plan by HHS happens before the end of December due to retirement of an individual who is experienced in closing out facility matters such as those involved with our corrective action plan.

Charles Garabedian comments it's hard to do item#1 and #2 because of inaccurate and incomplete records due to the time frame in which EOC retains records. He inquired if there is a statute of limitations to impact the retention and requirement to provide records from these prior periods. Rodriguez states the Office of Head Start has regulations around the retention of records.

Garadebian suggests negotiation of a payment plan to be paid over time instead of lump sum settlement. Rodriguez clarifies retroactive payment plan is still to be reviewed and it depends on negotiations with HHS.

Rodriguez clarifies option 1 and 2 in regards to cost estimation is more in line with the term "cost avoidance" then "cost prohibitive". Rodriguez notes time is of the essence; options 1 and 2 would require more time and would incur more in professional/legal fees. There is no actual or estimated



numerical amount tied to these projected costs. Commissioners provided feedback that revisions be made to options 1 and 2 to clarify this.

Rodriguez also clarifies the purpose of this special Finance meeting is to go into detail and outline the steps in the QIP on the three deficiencies that was not presented at the prior Finance Committee meeting by Brian Henderson, HHC external auditor. Emilia Reyes, Chief Executive Officer, and Rodriguez reiterates the QIP recommendations allows Fresno EOC staff to meet with Head Start to negotiate and ensure Fresno EOC's Head Start program meets Head Start obligations.

Reyes suggests adding a clause in QIP where Board of Commissioners are included in getting updates on the revision plan(s) once negotiations between Fresno EOC and Head Start is complete.

Garabedian suggests rewording "negotiate" to "working with Head Start" in Fiscal Impact section to provide clarification to the procedure and the amount due and the importance of proceeding without jeopardizing the program. Reves notes the almost half a million is small in comparison to the size of the program and the multiple years under review, so it is very unlikely to jeopardize program.

M/S/C – Cid/Robles to approve the Head Start Quality Improvement Plan. All in favor.

5. ADJOURNMENT

Meeting adjourned at 6:05 P.M.

Respectfully submitted,

Charles Garabedian, Chair

M/S/C – Robles/Cid to adjourn the meeting. All in favor.



FINANCE COMMITTEE MEETING

Date: October 22, 2020	Program: Finance
Agenda Item #: 5	Officer: Rebecca Heinricy
Subject: Financial Reports	Officer: Jim Rodriguez

Recommended Action

Staff recommends Committee acceptance for full Board consideration of the unaudited consolidated Financial Statements as of August 2020 as well as acceptance of the unaudited Financial Status Report for the Head Start 0-5 program as of August 2020.

Background

In accordance with the Agency's bylaws, the Finance Committee shall advise in the preparation and administration of the operating budget and oversee the administration, collection, and disbursement of the financial resources of the organization. Additionally, the Treasurer is to ensure that the commissioners understand the financial situation of the organization, which includes ensuring that financial statements for each month are available for each meeting of the Board of Commissioners. Monthly financials for Fresno EOC (consolidated) and for Head Start are provided for review and acceptance.

Fiscal Impact

(A) Agency Statement of Activities and Statement of Financial Position:

As of August 31, 2020, the Agency had preliminary revenue of \$80.4 million, including \$21.1 million of in-kind contributions, and net operating surplus of \$122,331. In comparison, the Agency had revenue of \$83.6 million including in-kind of \$23.4 million as of the corresponding period of the preceding year.

- (B) Head Start 0-5 Financial Status Report for the following areas:
 - Head Start Basic;
 - Head Start Training & Technical Assistance (T&TA)
 - Early Head Start Basic;
 - Early Head Start Training & Technical Assistance (T&TA)

The request to carryover funding from 2019 into 2020 was approved by HHS



FRESNO ECONOMIC OPPORTUNITIES COMMISSION STATEMENT OF ACTIVITIES For The Eight Month Period Ended August 31, 2020 and 2019

		Α		В			A - B	С		D	B - D
		BUDGET		ACTUAL			BUDGET	ACTUAL		ACTUAL	ACTUAL
	•	JAN - DEC		AUGUST	•		BALANCE	JAN - DEC		AUGUST	2020 vs 2019
		2020		2020		R	EMAINING	2019		2019	Differences
REVENUES AND SUPPORT GRANT REVENUE	¢	82.020.680	<u>م</u>	44 202 000	E 4 0/	¢	27 705 074	70 050 477	¢	44 007 440	(000.040)
GRANT REVENUE - LENDING CAPITAL	\$	82,029,680	\$	44,303,806 438,674	54%	\$	37,725,874	72,958,177	\$	44,987,119 131,700	(683,313)
CHARGES FOR SERVICES		- 16,426,275		436,674	65%		(438,674) 5,727,395	1,780,014		10,804,905	306,974 (106,025)
OTHER PROGRAM REVENUE		3,536,400		- , ,	61%		5,727,395 1,384,939	15,752,967		2,320,449	(/ /
CONTRIBUTIONS		5,550,400 69,685		2,151,461 70,542	101%		(857)	4,312,232 327,748		2,320,449 286,652	(168,988) (216,110)
MISCELLANEOUS INCOME		219,265		87.398	40%		131,867	244,210		244,694	(157,296)
INTEREST & INVESTMENT INCOME		96,000		67,114	70%		28,886	182,609		244,094 93,896	(137,290) (26,782)
AFFILIATE INTEREST INCOME		977,720		619,559	63%		358,161	957,410		555,876	63,683
RENTAL INCOME		1,256,595		850,917	68%		405,678	1,242,500		829,588	21,329
RENTAE INCOME		1,200,000									21,323
TOTAL CASH REVENUE	\$	104,611,620	\$	59,288,351	57%	\$	45,323,269	\$ 97,757,867	\$	60,254,879	(966,528)
IN KIND REVENUE	\$	32,991,055	\$	21,110,750	64%	\$	11,880,305	36,675,481	\$	23,367,452	(2,256,702)
TOTAL REVENUE & SUPPORT		107 600 675		80.200.404	58%		57,203,574	104 400 040		00 600 004	(2,002,020)
IOTAL REVENUE & SUPPORT		137,602,675		80,399,101	56%		57,203,574	134,433,348		83,622,331	(3,223,230)
EXPENDITURES											
PERSONNEL COSTS	\$	66,198,180	\$	39,147,216	59%		\$27,050,964	59,731,920	\$	39,176,572	(29,356)
ADMIN SERVICES	· ·	5,810,400		3,051,987	53%		2,758,413	5,030,645	·	3,113,096	(61,109)
PROFESSIONAL SERVICES - AUDIT		103,915		60,426	58%		43,489	95,682		59,123	1,303
CONTRACT SERVICES		11,712,675		4,454,701	38%		7,257,974	9,082,693		5,396,223	(941,522)
FACILITY COSTS		5,345,730		3,724,978	70%		1,620,752	5,145,268		3,272,395	452,583
TRAVEL, MILEAGE, VEHICLE COSTS		2,691,175		1,092,155	41%		1,599,020	2,903,417		1,845,965	(753,810)
EQUIPMENT COSTS		1,717,700		637,979	37%		1,079,721	1,568,644		775,926	(137,947)
DEPRECIATION - AGENCY FUNDED		345,000		240,442	70%		104,558	342,955		227,758	12,684
OFFICE EXPENSE		1,877,600		1,514,083	81%		363,517	1,804,779		1,148,727	365,356
INSURANCE		804,060		484,454	60%		319,606	761,139		476,375	8,079
PROGRAM SUPPLIES & CLIENT COSTS		7,625,880		4,495,856	59%		3,130,024	6,834,280		4,446,351	49,505
INTEREST EXPENSE		145,275		202,227	139%		(56,952)	144,274		60,449	141,778
OTHER COSTS		234,030		59,516	25%		174,514	882,821		136,054	(76,538)
TOTAL CASH EXPENDITURES	\$	104,611,620	\$	59,166,020	57%	\$	45,445,600	94,328,517	\$	60,135,014	(968,994)
IN KIND EXPENSES	\$	32,991,055	\$	21,110,750	64%	\$	11,880,305	36,675,481	\$	23,367,452	(2,256,702)
TOTAL EXPENDITURES		137,602,675		80,276,770	58%		57,325,905	131,003,998		83,502,466	(3,225,696)
OPERATING SURPLUS (DEFICIT)	\$	-	\$	122,331		\$	(122,331)	\$ 3,429,350	\$	119,865	2,466
OTHER INCOME / EXPENSE TRANSIT GRANT ASSET DEPRECIATION				(262,906)			262,906	(414,107)		(265,086)	2,180
NET SURPLUS (DEFICIT)	\$		\$	(140,575)			140,575	\$ 3,015,243	\$	(145,221)	4,646

FRESNO ECONOMIC OPPORTUNITIES COMMISSION STATEMENT OF FINANCIAL POSITION As of August 31, 2020

ASSETS CASH & INVESTMENTS ACCOUNTS RECEIVABLE	\$ 2020 13,109,762 10,407,409	\$ 2019 11,593,527 7,596,218	D \$	ifferences 1,516,235 2,811,191
PREPAIDS/DEPOSITS INVENTORIES PROPERTY, PLANT & EQUIPMENT NOTES RECEIVABLE (net)	10,407,409 239,486 186,199 14,099,937 15,455,924	192,975 138,198 14,885,814 13,471,180		2,811,191 46,511 48,001 (785,877) 1,984,744
TOTAL ASSETS	\$ 53,498,717	\$ 47,877,912	\$	5,620,805
LIABILITIES ACCOUNTS PAYABLE ACCRUED PAYROLL LIABILITIES DEFERRED REVENUE NOTES PAYABLE HEALTH INSURANCE RESERVE OTHER LIABILITIES	\$ 1,627,849 3,940,893 595,328 12,511,649 3,184,319 2,295,127	\$ 1,631,200 3,726,410 439,868 12,298,533 2,172,473 2,004,865	\$	(3,351) 214,483 155,460 213,116 1,011,846 290,262
TOTAL LIABILITIES	\$ 24,155,165	\$ 22,273,349	\$	1,881,816
FUND BALANCE CURRENT OPERATING EARNINGS (YTD) UNRESTRICTED NET ASSETS REVOLVING LOAN FUND INVESTMENT IN GENERAL FIXED ASSETS	\$ 122,331 15,959,556 2,788,196 10,473,469	\$ 119,865 12,178,953 2,366,895 10,938,850	\$	2,466 3,780,603 421,301 (465,381)
TOTAL FUND BALANCE	\$ 29,343,552	\$ 25,604,563	\$	3,738,989
TOTAL LIABILITIES AND FUND BALANCE	\$ 53,498,717	\$ 47,877,912	\$	5,620,805

Fresno Economic Opportunities Commission Head Start/Early Head Start Financial Status Monthly Report August 31, 2020

	Head Start - Basic				Head Start - T & TA					
		Current		Balance	Annual	Current	YTD	Balance		
Description	Annual Budget	Expenses	YTD Expenses	Remaining	Budget	Expenses	Expenses	Remaining		
Personnel	\$21,816,613	\$1,207,970	\$10,604,245	\$11,212,368						
Fringe Benefits	7,995,804	395,675	5,022,776	2,973,028						
Total Personnel	29,812,417	\$1,603,645	15,627,021	14,185,396						
Travel	10,977	0	15	10,962	-	-	-	-		
Equipment*	-	-	-	-	-	-	-	-		
Supplies	1,944,238	90,862	838,991	1,105,247	43,156	4,651	4,756	38,400		
Contractual	1,196,672	34,362	647,818	548,854	468	9	43	425		
Facilities /Construction										
Other:										
Food Cost	1,040,745	5,423	695,082	345,663						
Transportation	580,105	2,275	283,466	296,639						
Staff Mileage	219,774	7,814	94,101	125,673						
Field Trips, including Transportation	34,783	-	-	34,783						
Space	748,831	67,377	533,019	215,812						
Utilities / Telephone / Internet	498,258	39,885	251,309	246,949						
Publication/Advertising/Printing	42,168	9,750	24,728	17,440						
Repair/Maintenance Building	471,703	8,673	182,477	289,226						
Repair/Maintenance Equipment	97,900	0	9,116	88,784						
Property & Liability Insurance	154,446	23,608	92,131	62,315						
Parent Involvement / CWPC	78,859	(57)	10,245	68,614						
Other Costs*	36,657	23,194	69,826	(33,169)						
Staff & Parent Training					319,424	10,728	40,328	279,096		
Total Direct Charges	\$36,968,533	\$1,916,810	19,359,345	\$17,609,188	\$363,048	15,389	\$45,127	\$317,921		
Total Indirect Charges	\$2,701,311	\$143,761	\$1,451,951	\$1,249,360	\$27,228	\$1,155	\$3,385	\$23,843		
Total Federal Expenditures	\$39,669,844	\$2,060,571	20,811,296	\$18,858,548	\$390,276	16,544	\$48,512	\$341,764		
% of Annual Budget Expended to Date			52%			. = / = / •	12%	/		
Non-Federal Share	\$8,955,825	\$515,143	\$5,202,824	\$3,753,000	\$97,569	\$4,136	\$12,128	\$85,441		

Credit Card Expenses: Credit o August 2020 expenses	ard stat	ement dated 8/1/20 - 8/31/20
Staff Training	\$	1,050 Every Child California - annual membership for six staff
Staff Training	\$	495 WIPFLI - Registration fees- New updates to Uniform Guidance, 3 staff
Staff Training		792 Generation Wellness-Registr. fee Relaunching Resilience in Classrooms
Staff Training		107 HS in-service meeting
Staff Training Supplies	\$	4,651 Sweetwater Sound - audio & visual equipment for training events
Office Supplies	\$	213 Print Shack - NCR Standards of Confidentiality & Ethic forms
Program Supplies - Classroom		4365 Dollar Tree; Walmart; Amazon - classroom supplies, t-shirts, pencils,
		glue sticks, buttons, glitters, craft items
Contract Services-Facility repair	\$	230 AZUGA - Vehicle Tracking Maintenance support vehicles.
	\$	11,903

Fresno Economic Opportunities Commission Head Start/Early Head Start Financial Status Monthly Report August 31, 2020

	Head Start - Duration Start-Up/Operatio							
	Current Ba							
Description	Annual Budget	Expenses	YTD Expenses	Remaining				
Personnel	\$0	-	-	\$0				
Fringe Benefits	-	-	-	-				
Total Personnel	\$0	\$0	\$0	\$0				
Travel	-	-	-	-				
Equipment*	94,000	-	-	94,000				
Supplies	366,376	6,481	6,481	359,895				
Contractual	429,400	48,453	48,453	380,947				
Facilities /Construction	1,057,160	-	-	1,057,160				
Other:								
Food Cost	-	-	-	-				
Transportation	-	-	-	-				
Staff Mileage	-	-	-	-				
Field Trips, including Transportation	-	-	-	-				
Space	-	-	-	-				
Utilities / Telephone / Internet	-	-	-	-				
Publication/Advertising/Printing	-	-	-	-				
Repair/Maintenance Building	-	-	-	-				
Repair/Maintenance Equipment	-	-	-	-				
Property & Liability Insurance	-	-	-	-				
Parent Involvement / CWPC	-	-	-	-				
Other Costs*	54,700	5,397	5,397	49,303				
Staff & Parent Training	-	-	-	-				
Total Direct Charges	2,001,636	\$60,332	\$60,332	\$1,941,304				
Total Indirect Charges	\$0	\$0	\$0	\$0				
Total Federal Expenditures	\$2,001,636	\$60,332	\$60,332	\$1,941,304				
% of Annual Budget Expended to Date			3%					
Non-Federal Share	\$500,409	\$0	\$0	\$500,409				

Fresno Economic Opportunities Commission Head Start/Early Head Start Financial Status

Monthly Report August 31, 2020

	Early Head Start - Basic				Early Head St	art - T & TA		
	Current			Balance	Annual	Current	YTD	Balance
Description	Annual Budget	Expenses	YTD Expenses	Remaining	Budget	Expenses	Expenses	Remaining
Personnel	\$3,242,979	\$301,917	\$1,784,843	\$1,458,136	\$44,714	\$0	\$0	\$44,714
Fringe Benefits	736,872	85,509	618,963	117,909	11,608	-	-	11,608
Total Personnel	3,979,851	387,426	2,403,806	1,576,045	56,322	-	-	56,322
Travel	-	-	-	-	-	-	-	-
Equipment*	-	-	-	-	-	-	-	-
Supplies	312,185	25,094	143,007	169,178	1,500	-	-	1,500
Contractual	155,811	15,866	125,368	30,443	128	15	18	110
Facilities /Construction	616,000							
Other:								
Food Cost	10,638	23	8,890	1,748				
Transportation	3,371	530	2,909	462				
Staff Mileage	37,680	305	9,933	27,747				
Field Trips, including Transportation	-	-	-	-				
Space	77,171	12,942	94,065	(16,894)				
Utilities / Telephone / Internet	67,717	9,719	52,228	15,489				
Publication/Advertising/Printing	5,640	1,196	4,565	1,075				
Repair/Maintenance Building	77,484	940	7,732	69,752				
Repair/Maintenance Equipment	18,150	0	168	17,982				
Property & Liability Insurance	20,007	3,277	12,483	7,524				
Parent Involvement / CWPC	4,630	0	621	4,009				
Other Costs*	7,626	264	4,057	3,569				
Staff & Parent Training					41,512	12,454	14,891	26,621
Total Direct Charges	\$5,393,961	457,583	2,869,831	\$2,524,130	\$99,462	\$12,469	\$14,909	\$84,553
Total Indirect Charges	\$357,746	\$34,318	\$215,237	\$142,509	\$7,460	\$935	\$1,118	\$6,342
Total Federal Expenditures	\$5,751,707	491,901	\$3,085,068	\$2,666,639	\$106,922	\$13,404	\$16,027	\$90,895
% of Annual Budget Expended to Date			54%				15%	
Non-Federal Share	\$1,318,820	\$122,975	\$771,267	\$666,660	\$26,730	\$3,351	\$4,007	\$22,724

Credit Card Expenses: Credit card statement dated 8/1/20 - 8/31/20 August 2020 expenses

\$

Staff Training

27 WIPFLI; Zoom - registration fee to Uniform Guidance ; EHS in-service

Program Supplies - Disposables

3,355 Target, Costco - Diapers, baby wipe, fisher price deluxe fasteners

Contract Services-Facility repair

23 Vehicle Tracking Maintenance Support Vehicles 3,405



FINANCE COMMITTEE MEETING

Date: October 22, 2020	Program: Finance
Agenda Item #: 6	Officer: Rebecca Heinricy
Subject: 2019 Tax Return	Officer: Jim Rodriguez

Recommended Action

Staff recommends Committee acceptance for full Board consideration of the following 2019 Federal and State tax returns from Fresno Economic Opportunities Commission.

Background

Following best practices, the below tax returns will be presented in draft format. The filing deadline for the 2019 tax return has been extended to November 15, 2020. Kaku & Mersino, LLP is the paid preparer for these returns. The following are included:

- Return of Organization Exempt From Income Tax (990)
- Exempt Organization Business Income Tax Return (990-T)
- California Exempt Organization Annual Information Return (199)
- California Exempt Organization Business Income Tax Return (109)
- Annual Registration Renewal Fee Report (RRF-1)

Fiscal Impact

An organization that normally has \$50,000 or more in gross receipts and that is required to file an exempt organization information return must file Form 990, *Return of Organization Exempt from Income Tax*. Form 990 is intended to provide the government and interested members of the public with a snapshot of the organization's activities for that year, such as an overview of the organization's activities, governance, and detailed financial information. Additionally, donors and other funding entities may base their gifting/funding decisions based on the information contained within the Form 990.

Conclusion

Timely filing of the 990 tax return series on an annual basis is required for Fresno EOC.



Form 9	9(
--------	----	--

(Rev. January 2020)

Department of the Treasury

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.

Open to Public Inspection

OMB No. 1545-0047

2019

B Check if applicable: C FRESNO COUNTY ECONOMIC Address change FRESNO COUNTY ECONOMISSION 94-1606519 Initial return FRESNO, CA 93721 E Telephone number Application pending F Name and address of principal officer: EMILIA REYES G Gross receipts \$ 108,008,352 I Tax-exempt status: X 501(c)(3) 501(c) () ◄ (insert no.) 4947(a)(1) or 527 J Website: ► WWW. FRESNOEOC.ORG H(a) Is this a group return for subordinates: Yes N K Form of organization: X Corporation Trust Association Other ► L Year of formation: 1965 M State of legal domicile: CA Part1 Summary 1 Briefly describe the organization's mission or most significant activities: A COMMUNITY ACTION AGENCY WHOSE TO HUMANELY FOCUS ALL AVAILABLE RESOURCES TO EMPOWER LOW-INCOME FAMILIES AND INDIVIDUALS WorkING TOWARDS THE SKILLS, KNOWLEDGE, AND MOTIVATION FOR SELF-SUFFICIENCY. 2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 OUT Number of voting members of the governing body (Part VI, line 1a) 3 2	A	Eor ti	he 2019 calen	dar year, or tax year begin								
Index change Index change Index change Index there dange Accessed and the constraints of the con				, , , ,	iiiig		, 201 <i>3</i> , a		<u> </u>	Employer id	, Ientification nur	nber
Image change OPPORTUNITIES COMMISSION 1520 MARIPOSA MALL [559 263-1030 Image change Same change [559 263-1030 [559 263-1030 Image change Same change Same change [Same change <td< th=""><th>Б</th><th></th><th></th><th>-</th><th>ONONTO</th><th></th><th></th><th></th><th></th><th></th><th></th><th>ibei</th></td<>	Б			-	ONONTO							ibei
Instant return Final return Head Application pandar Application pa			-						-			
Image data and the stand of the stand o			5						'			-
Image: deciman and address of principal affect: EMILIA REYES SAME as C ABOVE Image: deciman and address of principal affect: EMILIA REYES Image: deciman and set of the state		In	itial return							(559)	263-103	0
Application pending F terms and access of principal officer: EMILIA REYES Mol 3 and 2		Fir	nal return/terminated									
[SAME AS C ABOVE [Website: + WWW.FRESNOEOC.ORG Website: + WWW.FRESNOEOC.ORG Website: + WWW.FRESNOEOC.ORG H(a) Group exemption number + Website: + WWW.FRESNOEOC.ORG Text Association 1 on the + Lever of torneation: 1965 M State of level of exemption number + Website: + WWW.FRESNOEOC.ORG Text Association 1 on the + Lever of torneation: 1965 M State of level of exemption number + Hig Group exemption number > Earned organization: Since or most significant activities: A COMMUNITY ACTION AGENCY. WHOSE Imit IES AND INDIVIDUALS WORKING TOWARDS THE SKITLES, KNOWLEDGE, AND MOTIVATION FOR SELF-SUFFICIENCY. 2 Check this box + _ f the organization discontinued its operations or disposed of more than 25% of its net assets. Number of independent voting members of the governing body (Part VI, line 1b). 3 a 2 A Number of independent voting members of the governing body (Part VI, line 2a). 5 1,76 6 3,000 7a Total number of undividuals employed in calendar year 2019 (Part VI, line 2a). 5 1,776 900,548 7b Net unrelated business reveue from Form 990-T, line 39. Prior Year Current Year 7b Organ service reveue (Part VIII, column (A), lines 3.4, and 2de 125,137.52,98.25,445,861 13 (197,160.11,660,902 10 Investment income (Part VIII, column (A), lines 3.4, and 2de 125,177.298.25,445,861 126,464,125.24,921,507		Ar	mended return									
[SAME AS C ABOVE [Website: + WWW.FRESNOEOC.ORG Website: + WWW.FRESNOEOC.ORG Website: + WWW.FRESNOEOC.ORG H(a) Group exemption number + Website: + WWW.FRESNOEOC.ORG Text Association 1 on the + Lever of torneation: 1965 M State of level of exemption number + Website: + WWW.FRESNOEOC.ORG Text Association 1 on the + Lever of torneation: 1965 M State of level of exemption number + Hig Group exemption number > Earned organization: Since or most significant activities: A COMMUNITY ACTION AGENCY. WHOSE Imit IES AND INDIVIDUALS WORKING TOWARDS THE SKITLES, KNOWLEDGE, AND MOTIVATION FOR SELF-SUFFICIENCY. 2 Check this box + _ f the organization discontinued its operations or disposed of more than 25% of its net assets. Number of independent voting members of the governing body (Part VI, line 1b). 3 a 2 A Number of independent voting members of the governing body (Part VI, line 2a). 5 1,76 6 3,000 7a Total number of undividuals employed in calendar year 2019 (Part VI, line 2a). 5 1,776 900,548 7b Net unrelated business reveue from Form 990-T, line 39. Prior Year Current Year 7b Organ service reveue (Part VIII, column (A), lines 3.4, and 2de 125,137.52,98.25,445,861 13 (197,160.11,660,902 10 Investment income (Part VIII, column (A), lines 3.4, and 2de 125,177.298.25,445,861 126,464,125.24,921,507		Ap	oplication pending	F Name and address of principal	officer: EMI	LIA REYES			.,			
1 Taxeesempti status: X[50](c)(3) [20](c)(-) (-) (inset no.) [497(a)(1) or] 52 Website: WWIN (FRESNOECC. ORG He) Group exemption number ▶ Form of organization: X[20pontion] Trust Association Other ▶ L Year of formation: 1965 M State of kepil dencible: CA I Briefly describe the organization's mission or most significant activities: A COMMUNITY ACTION AGENCY WHOSE				SAME AS C ABOVE					H(b) Are all su If "No," a	ubordinates incl ttach a list. (se	uded? e instructions)	Yes No
K Form of organization: X Corporation: X Corporation: Y L view of formation: 1965 M state of legal domcile: CA Part II Summary Summary Mission or most significant activities: A COMMUNITY ACTION AGENCY WHOSE MISSION IS TO HUMANELY FOCUS ALL AVAILABLE RESOURCES TO EMPOWER LOW-INCOME FAMILIES AND INDIVIDUALS WORKING TOWARDS THE SKIILS, KNOWLEDGE, AND MOTIVATION FOR SELF-SUFFICIENCY. 2 Check this box • II if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of viding members of the governing body (Part V, line 1a). 3 2 4 Number of viding members of the governing body (Part V, line 2a). 5 1,76 5 Total number of viding members of the governing body (Part V, line 2a). 7 5 1,776 6 Total number of viding members of the governing body (Part V, line 2a). 7 5 1,776 6 Total number of viding members of the governing body (Part V, line 2a). 7 5 1,776 7 Total number of viding members of the governing body (Part V, line 2a). 7 5 1,776 9 Priory rear Current Year 9 7 5	1	Tax-	exempt status:	X 501(c)(3) 501(c) ()◀ (in	sert no.) 49	947(a)(1) or	527			,	
Part I Summary Briefly describe the organization's mission or most significant activities: A COMMUNITY ACTION AGENCY WHOSE MISSION IS TO HUMANELY FOCUS ALL AVAILABLE RESOURCES TO EMPOWER LOW-INCOME FAMILIES AND INDIVIDUALS WORKING TOWARDS THE SKILLS, KNOWLEDGE, AND MOTIVATION FOR SELF-SUFFICIENCY. 2 Check this box + if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 4 Number of independent voting members of the governing body (Part VI, line 1a) 3 5 Total number of voting members of the governing body (Part VI, line 1a) 3 6 3,000 7a 7a total number of votinteers (settimate if necessary). 5 7a total number of votinteers (settimate if necessary). 7b 7a total unrelated business revenue from Part VII, column (C), line 12. 7b, 434,103. 9 Program service revenue (Part VIII, line 1b) 125,197. 12 Total revenue (Part VIII, column (A), lines 3, 4, and 7d 108, 756, 460. 13 Grants and similar amounts paid (Part XX, column (A), lines 1-3). 25,175,298. 14 Benefits paid to or for members (Part IX, column (A), line 4). 57, 405,922. 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5). 109,045,345. 109,095,095 14 Benefits paid to or fore	J	We	bsite: 🕨 🕅	W.FRESNOEOC.ORG					H(c) Group ex	emption numbe	er 🕨	
I Briefly describe the organization's mission or most significant activities: A COMMUNITY ACTION AGENCY WHOSE MISSION IS TO HUMANELY FOCUS ALL AVAILABLE RESOURCES TO EMPOWER LOW-INCOME FAMILIES AND INDIVIDUALS WORKING TOWARDS THE SKILLS, KNOWLEDGE, AND MOTIVATION FOR SELF-SUFFICIENCY. 2 Check this box - if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a). 3 4 Number of voting members of the governing body (Part VI, line 2a). 5 5 Total number of independent voting members of the governing body (Part VI, line 2a). 6 6 Total number of volunteers (estimate if necessary). 7 7 Total number of volunteers (estimate if necessary). 7 9 Program service revenue (Part VIII, column (C), line 12. 7 9 Program service revenue (Part VIII, line 1h). 95, 434, 103. 10 Investiment income (Part VIII, clumn (A), lines 3, 4, and 7d 108, 756, 460. 11 Grants and similar amounts paid (Part X, noturn (A), lines 1-3). 25, 175, 298. 12 Total revenue – add lines 8 through 11 (nust equal Part VII, column (A), lines 5-10. 108, 756, 460. 13 Grants and similar amounts paid (Part X, column (A), lines 5-10. 108, 756, 450. 109, 045, 345. 13 Total expenses. (Part IX, column (A), line 12. 26, 464, 125. 24, 921, 507. 14 Benefit	Κ	Form	n of organization:	X Corporation Trust	Association	Other ►	L Ye	ar of formati	on: 1965	M State	of legal domicile	e: CA
MISSION IS TO HUMANELY FOCUS ALL AVAILABLE RESOURCES TO EMPORER LOW-INCOME FAMILIES AND INDIVIDUALS WORKING TOWARDS THE SKILLS, KNOWLEDGE, AND MOTIVATION FOR SELF-SUFFICTENCY. 3 Number of voltage members of the governing body (Part VI, line 1a). 3 2 4 Number of independent voting members of the governing body (Part VI, line 1a). 3 2 5 Total number of independent voting members of the governing body (Part VI, line 1a). 3 2 4 Number of independent voting members of the governing body (Part VI, line 1a). 3 2 5 Total number of volunteers (settimate if necessary). 6 3,000 7a Total number of volunteers (settimate if necessary). 6 3,000 7a Total number of volunteers (settimate if necessary). 7a 590,548 9 Not unrelated business ravable income from Form 990-T, line 39 97,434,103. 96,287,501 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d (a). 13,197,160. 11,660,902 11 Other revenue (Part VIII, column (A), lines 4. 125,175,298. 25,445,861 12 Total revenue – add lines 8 through 11 (must equal Part IX, column (A), lines 5-10). 57,405,922. 58,727,727 13 Grants and similar amounts paid (Part IX, column (A), lines 4. 26,464,125. 24,921,507 13 Salaries, other compensation, employee benefits (Pa	Pa									÷		
PATLILES AND INDIVIDUALS WORKING TOWARDS THE SKILLS, KNOWLEDGE, AND MOTIVATION FOR SELF-SUFFICTENCY. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a). 4 Number of independent voting members of the governing body (Part VI, line 1a). 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a). 6 Total number of volumeers (estimate if necessary). 7 To Total number of volumeers (estimate if necessary). 8 Contributions and grants (Part VIII, line 1h). 9 Program service revenue (Part VIII, line 2p). 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 4, and 7d) 12 Total revenue - add lines 8 through 11 mus equal Part VII. column (A), lines 1-3). 13 Grants and similar amounts part (Part IX, column (A), lines 4). 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 16 a Professional fundraising expenses (Part IX, column (A), line 21). 19 Revenue less expenses. Subtract line 18 from line 12. 10 Salaries, other compensation, employee benefits (Part IX, column (A), line 25). 17 Other expenses (Part IX, column (A), line 1a-11d, 11f-24e). 18 a total supenses. Subtract line 18 from line 12. 10 assets (Part X, line 16).<		1										1
4 Number of independent voting members of the governing body (Part VI, line 1b)	e											
4 Number of independent voting members of the governing body (Part VI, line 1b)	anc				WORKING	TOWARDS	THE SKI	LLS, K	NOWLEDO	GE, AND M	<u>IOTIVATI</u>	ON FOR
4 Number of independent voting members of the governing body (Part VI, line 1b)	Ë											
4 Number of independent voting members of the governing body (Part VI, line 1b)	Ň											
b Net unrelated business taxable income from Form 990-T, line 39. 7b -56,042 Prior Year Current Year 9 Prior Year Current Year 13 Contributions and grants (Part VIII, column (A), lines 3, 4, and 7d) 113, 197, 160. 11, 660, 902 12 Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10d, ang 11e) 108, 756, 460. 108, 756, 460. 108, 756, 460. 108, 756, 460. 108, 756, 460. 108, 756, 460. 108, 756, 460. 108, 756, 460. 108, 756, 460. 108, 708, 702, 922. 58, 727, 727 16 Professional fundraising fees (Part IX, column (A), line 11e). 5 26, 464, 125. 24, 921, 507	ত প											24
b Net unrelated business taxable income from Form 990-T, line 39. 7b -56,042 Prior Year Current Year 9 Prior Year Current Year 13 Contributions and grants (Part VIII, column (A), lines 3, 4, and 7d) 113, 197, 160. 11, 660, 902 12 Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10d, ang 11e) 108, 756, 460. 108, 756, 460. 108, 756, 460. 108, 756, 460. 108, 756, 460. 108, 756, 460. 108, 756, 460. 108, 756, 460. 108, 756, 460. 108, 708, 702, 922. 58, 727, 727 16 Professional fundraising fees (Part IX, column (A), line 11e). 5 26, 464, 125. 24, 921, 507	Se				-	• • •						24
b Net unrelated business taxable income from Form 990-T, line 39. 7b -56,042 Prior Year Current Year 9 Prior Year Current Year 13 Contributions and grants (Part VIII, column (A), lines 3, 4, and 7d) 113, 197, 160. 11, 660, 902 12 Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10d, ang 11e) 108, 756, 460. 108, 756, 460. 108, 756, 460. 108, 756, 460. 108, 756, 460. 108, 756, 460. 108, 756, 460. 108, 756, 460. 108, 756, 460. 108, 708, 702, 922. 58, 727, 727 16 Professional fundraising fees (Part IX, column (A), line 11e). 5 26, 464, 125. 24, 921, 507	viti											
b Net unrelated business taxable income from Form 990-T, line 39. 7b -56,042 Prior Year Current Year 9 Prior Year Current Year 13 Contributions and grants (Part VIII, column (A), lines 3, 4, and 7d) 113, 197, 160. 11, 660, 902 12 Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10d, ang 11e) 108, 756, 460. 108, 756, 460. 108, 756, 460. 108, 756, 460. 108, 756, 460. 108, 756, 460. 108, 756, 460. 108, 756, 460. 108, 756, 460. 108, 708, 702, 922. 58, 727, 727 16 Professional fundraising fees (Part IX, column (A), line 11e). 5 26, 464, 125. 24, 921, 507	cti											
Big Prior Year Current Year 9 Program service revenue (Part VIII, line 1p)	4										-	
8 Contributions and grants (Part VIII, line 1h)		2									-	
9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 13, 197, 160. 11, 660, 902 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 125, 197. 59, 949 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 9c, 9c, and 125, 197. 125, 197. 59, 949 12 Total revenue – add lines 8 through 11 (must equal Part VII, column (A), lines 1-3) 25, 175, 298. 25, 445, 861 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 25, 175, 298. 25, 445, 861 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 25, 175, 298. 25, 445, 861 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 57, 405, 922. 58, 727, 727 16a Professional fundraising expenses (Part IX, column (D), line 25) • 10 109, 045, 345. 109, 095, 095 17 Other expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 109, 045, 345. 109, 095, 095 -288, 885. -1, 086, 743. 18 Revenue less expenses. Subtract line 18 from line 12. -288, 885. -1, 086, 743. 34, 564, 547. 33, 674, 532 12 Total assets (Part X, line 26) 21, 315, 228. 20, 260, 625 <th></th> <th>8</th> <th>Contributions</th> <th>and grants (Part VIII, line</th> <th>1h)</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>		8	Contributions	and grants (Part VIII, line	1h)							
12 Total revenue – add lines 8 through 11 (miscequal Part VII, column (A), line 12) 108, 756, 460. 108, 008, 352 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 25, 175, 298. 25, 445, 861 14 Benefits paid to or for members (Part IX, column (A), line 4) 57, 405, 922. 58, 727, 727 16 Professional fundraising fees (Part IX, column (A), line 11e) 57, 405, 922. 58, 727, 727 16 Professional fundraising fees (Part IX, column (A), line 25) > 26, 464, 125. 24, 921, 507 17 Other expenses (Part IX, column (A), line 11a-11d, 11f-24e) 26, 464, 125. 24, 921, 507 18 Total assets (Part X, line 16)	Jue											
12 Total revenue – add lines 8 through 11 (miscequal Part VII, column (A), line 12) 108, 756, 460. 108, 008, 352 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 25, 175, 298. 25, 445, 861 14 Benefits paid to or for members (Part IX, column (A), line 4) 57, 405, 922. 58, 727, 727 16 Professional fundraising fees (Part IX, column (A), line 11e) 57, 405, 922. 58, 727, 727 16 Professional fundraising fees (Part IX, column (A), line 25) > 26, 464, 125. 24, 921, 507 17 Other expenses (Part IX, column (A), line 11a-11d, 11f-24e) 26, 464, 125. 24, 921, 507 18 Total assets (Part X, line 16)	ver											
13 Grants and similar amounts paid (Pan IX, column (A), lines 1-3)	В						11e)					
14 Benefits paid to or for members (Part X, column (A), line 4) 15 16 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 57, 405, 922. 58, 727, 727 16a Professional fundraising fees (Part IX, column (D), line 25) 57, 405, 922. 58, 727, 727 17 Other expenses (Part IX, column (D), line 25) 26, 464, 125. 24, 921, 507 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 109, 045, 345. 109, 095, 095 19 Revenue less expenses. Subtract line 18 from line 12. -288, 885. -1, 086, 743 20 Total assets (Part X, line 16) 34, 564, 547. 33, 674, 532 21 Total liabilities (Part X, line 26) 13, 249, 319. 13, 413, 907 22 Net assets or fund balances. Subtract line 21 from line 20 21, 315, 228. 20, 260, 625 Part II Signature Block Under penatities of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date		12	Total revenue	e – add lines 8 through 11	(must equal	Part VIII, colu	mn (A), line	e 12)	. 108,	756,460	. 108,	008,352.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 57,405,922. 58,727,727 16a Professional fundraising fees (Part IX, column (A), line 11e) b 57,405,922. 58,727,727 16a Professional fundraising expenses (Part IX, column (A), line 11e) b 57,405,922. 58,727,727 16a Professional fundraising expenses (Part IX, column (A), line 11e) b 57,405,922. 58,727,727 16a Professional fundraising expenses (Part IX, column (A), line 11e) b 57,405,922. 58,727,727 17 Other expenses (Part IX, column (D), line 25) 26,464,125. 24,921,507 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 109,045,345. 109,095,095 19 Revenue less expenses. Subtract line 18 from line 12. -288,885. -1,086,743 20 Total assets (Part X, line 16) Beginning of Current Year End of Year 21 Total liabilities (Part X, line 26) 13,249,319. 13,413,907 22 Net assets or fund balances. Subtract line 21 from line 20. 21,315,228. 20,260,625 Signature Block Signature of officer <th></th> <th>13</th> <th>Grants and s</th> <th>imilar amounts paid (Part I</th> <th>X, column (A</th> <th>A), lines 1-3)</th> <th></th> <th></th> <th>. 25,</th> <th>175,298</th> <th>25,</th> <th>445,861.</th>		13	Grants and s	imilar amounts paid (Part I	X, column (A	A), lines 1-3)			. 25,	175,298	25,	445,861.
16a Professional fundraising fees (Part IX, column (A), line 11e)		14	Benefits paid	l to or for members (Part I)	(, column (A), line 4)						
17 Other expenses (Part IX, column (A), lines TIa-TId, TIf-24e)		15	Salaries, othe	er compensation, employee	e benefits (Pa	art IX, column	(A), lines 5	5-10)	. 57,	405,922	58,	727,727.
17 Other expenses (Part IX, column (A), lines TIa-TId, TIf-24e)	ses	16a	Professional	fundraising fees (Part IX, c	olumn (A), l	ine 11e)						
17 Other expenses (Part IX, column (A), lines TIa-TId, TIf-24e)	per	b	Total fundrais	sing expenses (Part IX, col	umn (D). line	e 25) ►						
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 109,045,345. 109,095,095 19 Revenue less expenses. Subtract line 18 from line 12 -288,885. -1,086,743 109,045,345. 109,095,095 -288,885. -1,086,743 109,045,345. 109,095,095 -288,885. -1,086,743 109,045,345. 109,095,095 -288,885. -1,086,743 109,045,345. 109,095,095 -288,885. -1,086,743 109,045,345. 109,095,095 -288,885. -1,086,743 109,045,345. 109,095,095 -288,885. -1,086,743 109,045,345. 109,095,095 -288,885. -1,086,743 101,010,010,010,010,010,010,010,010,010	Щ								26	161 125	21	921 507
19 Revenue less expenses. Subtract line 18 from line 12. -288,885. -1,086,743 8 -288,885. -1,086,743 Beginning of Current Year End of Year 20 Total assets (Part X, line 16). 34,564,547. 21 Total liabilities (Part X, line 26). 13,249,319. 22 Net assets or fund balances. Subtract line 21 from line 20. 21,315,228. 20 Total rependities of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date EMILIA REYES CEO			•			,			= • /			
Beginning of Current Year End of Year 20 Total assets (Part X, line 16)												· · · · · · · · · · · · · · · · · · ·
20 Total assets (Part X, line 16)	× %									•		
² • 22 Net assets or fund balances. Subtract line 21 from line 20	ance ance	20	Total assets	(Part X. line 16)								
² • 22 Net assets or fund balances. Subtract line 21 from line 20	A Bal											
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 Date EMILIA REYES CEO	und	22	Net assets or	fund balances. Subtract li	ne 21 from li	ne 20						
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 EMILIA REYES CEO	_								. 21,	515,220	20,	200,023.
Sign Here EMILIA REYES CEO			, j		rp including acc		es and stateme	ants and to	the best of my	knowledge and	belief it is true	correct and
Here EMILIA REYES CEO	com	olete. D	eclaration of prepa	arer (other than officer) is based on a	all information of	which preparer has	s any knowledg	je.	une best of my	KIIOWIEuge allu	beller, it is true,	correct, and
Here EMILIA REYES CEO												
Here EMILIA REYES CEO	Sic	ın	Signatu	ire of officer					Date			
	He	re	EMI	LIA REYES					CEO			
			Type or	r print name and title								
Print/Type preparer's name Preparer's signature Date Check if PTIN			Print/Type p	preparer's name	Preparer's sign	ature		Date	C	heck if	PTIN	
Paid THOMAS J KAKU THOMAS J KAKU self-employed P00850237	Pa	id	THOMAS	S J KAKU	THOMAS	J KAKU			s	elf-employed	P00850)237
Preparer Firm's name KAKU & MERSINO, LLP			Firm's name	⊧ ► KAKU & MERSIN								
Use Only Firm's address ► 1588 SHAW AVENUE Firm's EIN ► 77-0494454	Us	e On							F	irm's EIN 🕨 🗍	77-04944	54
CLOVIS, CA 93611 Phone no. 559 324-7097												
	May	/ the I	IRS discuss th	•		e? (see instruc	ctions)					
BAA For Paperwork Reduction Act Notice, see the separate instructions. TEEA0101L 01/21/20 Form 990 (2011	_					-						

Forn	n 990 (2019) FRESNO COUNTY ECONOMIC	94-1606519	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	Х
1			
	SEE SCHEDULE O		
2	Did the organization undertake any significant program services during the year which were not listed on the pri	ior	
-	Form 990 or 990-EZ?		X No
	If "Yes," describe these new services on Schedule O.		11 110
3	Did the organization cease conducting, or make significant changes in how it conducts, any program se	ervices? Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation and revenue, if any, for each program service reported.	vices, as measured by ns to others, the total e	expenses. expenses,
4	a (Code:) (Expenses \$ 37,721,046. including grants of \$) (F EDUCATION - PROVIDES COMPREHENSIVE CHILD DEVELOPMENT AND FAMILY A GOAL OF SCHOOL READINESS FOR FAMILIES AND CHILDREN 0-5 YEARS O QUALITY CHILDCARE TO CHILDREN 5-12 YEARS OF AGE; PROVIDES ALTERN ENVIRONMENTS THROUGH TWO CHARTER SCHOOL PROGRAMS TO EITHER HIGH TO 12TH GRADES OR YOUNG ADULTS 18-24 YEARS OF AGE WORKING TO OBT DIPLOMA; PROVIDES EDUCATION TO 12-24 YEAR OLDS REGARDING PREGNAN HEALTH MATTERS. PROGRAM SERVICES PROVIDED TO 4,705 INDIVIDUALS.	SUPPORT SERVIC F AGE; PROVIDE ATIVE LEARNING RISK STUDENTS AIN A HIGH SCH	S IN_9TH OOL
		A	
	FOOD AND NUTRITION - PROVIDED SUPPLEMENTAL NUTRITION ASSISTANCE CHILDREN (WIC) WITH A GOAL OF IMPROVING LIFELONG HEALTH AND NUTR SERVED INCLUDING NUTRITION EDUCATION SERVICES AND BREASTFEEDING PROVIDES VARIOUS FOOD SERVICES TO CLIENTS SUCH AS MEALS TO CHILD SETTING AND/OR WHEN SCHOOL IS NOT IN SESSION, HOME DELIVERED MEA CANNOT OR PREFERS NOT TO PREPARE ALL OF THEIR OWN BALANCED DAILY PROVIDED TO INDIVIDUALS AND FAMILIES RESIDING IN RURAL COMMUNITI AREAS. MATCH FUNDING RECEIVED VIA EBT CARDS AT SELECT FARMER'S M PARTICIPANTS TO INCREASE ACCESS TO HEALTHY FRUITS AND VEGETABLES 41,787 INDIVIDUALS.	TO WOMEN, INFAN ITION OF THE C SUPPORT. REN IN AN EDUCA LS TO ANYONE WI MEALS. FOOD ES AND INNER C ARKETS TO ENRO . PROGRAMS SER	LIENTS ATIONAL_ HO IS ITY LLED
	ENERGY - ASSIST LOW-INCOME RESIDENTS WITH THE MANAGEMENT AND RED COSTS. THIS INCLUDES EMERGENCY FINANCIAL ASSISTANCE FOR FAMILIES WITH PAYMENT OF A PORTION OF A UTILITY BILL. ADDITIONALLY, ASSIS A LONG-TERM REDUCTION OF ENERGY BILLS BY INSTALLING WEATHERIZATI LOW-INCOME HOUSEHOLDS MORE ENERGY-EFFCIENT, INCLUDING SOLAR SYST 27,674 INDIVIDUALS.	UCTION OF ENER IN FINANCIAL (TANCE IS PROVI) ON MEASURES TO EMS. PROGRAM SI	GY CRISIS DED_IN MAKE ERVES
	d Other program services (Describe on Schedule O.) SEE SCHEDULE O (Expenses \$ 22,141,585. including grants of \$) (Revenue \$ e Total program service expenses ► 102,046,217.	20,825,539.)
BAA		Forn	n 990 (2019)

Part M Checklist of Required Schedules 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (ather than a private foundation)? If Yes, 'complete Schedule B, Schedule C, Carit I, X 1 2 Is the organization engage in direct or index classing and activities on behalf or in opposition to candidates 3 X 3 Did the organization engage in direct or index classing and activities on behalf or in opposition to candidates 3 X 4 Exclose 100(C) organization engage in (biblying activities, or have a sector 50(c)) election 4 X 5 Is the organization assection 50(c)(A), or 531(c)(G), or ganization that receives membership dues, assessments, or similar amounts as defined for anomacia's nuss thinds or account's for which doros have the organization matrian any donor adveed tunks or any inter tunks or account's for which doros have the organization matrian collections of which doros and the samilar assets? If Yes, a special data associal and the samilar assets and the samilar assets? 8 X 9 Dub the organization matrian and classition since the samilar assets? 9 X 9 X 9			4-1606519		F	Page 3
1 is the organization described in section 501(c)(3 or 4947(a)(1) (other than a private foundation?) if "Yes," complete Schedule B, Schedule B, Schedule C Cantrolutors (see instructions)? 1 2 is the organization required to complete Schedule B, Schedule C, Part II. 2 X 3 Out the organization requered in certor inder object privates on behalf of or in opposition to candidates. 3 X 4 Section SG(C)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election. 4 X 5 Is the organization a section SQ(C) oppositization and the organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-1971 "Yes," complete Schedule C, Part II. 5 X 6 Did the organization maxima any ordon adviced times any similar function accounts in which doros have the right by provide solve on the distribution or investment of amounts in such funds or accounts in which doros have the right by provide solve on the distribution or investment of any similar function accounts in the section 1000 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Pai	rt IV Checklist of Required Schedules				
3 Del the organization engage in direct or indirect patilical compage activities, or have a section 50 (i)(e) election in effect during the 'xey, are patients' Schedule C, Part I. 3 Section 50 (i)(e) and indirect the organization engage in lobbying activities, or have a section 50 (i)(e) election in effect during the 'xey, are patient's Schedule C, Part II. 4 Section 50 (i)(e)(3) organization activities, or have a section 50 (i)(e) election in effect during the 'xey, are patient's schedule (C, C)(e), or 50 (i)(e)(f) organization that receives membership dues, 5 xey, are section 50 (i)(e)(f), or 50 (i)(f) organization that receives membership dues, 5 xey, are the reprint to provide activities or simular analysed trucks or any similar funds or accursts for which dones have the right to prove activities or investment of a mounts in such 10 related organization metal and any donar advesed trucks or any similar funds or accursts for which dones have the right to prove activities or investment and and the analysis must funds or accursts for which dones share the right to prove activity or induced or an instance activity. If 'Yes', complete Schedule D, Part II. 7 x. 9 Del the organization metal collections of which or anticolate trucks or an accurst in the activity or through a related organization, club management, crudi repair. or dott regulation for a mount in Part X, line 21, for escrew or castidial accurr Habitity, serve as a custodian to in quantification report and annoust in the relation complete Schedule D, Part II. 8 x 10 Ub the organization metal metal that do static structures in Part X, line 10, Part S, line X, line 21, for escrew or castidial accurr Habitity, serve as a custodian to in quantification report an anount in relation advesse in doorn restricted endowments 10 x 11 If the organizati	1		mplete	1		No
to public Office? If 'Yes' complete Schedule C, Part I. 3 X A Section SU(Cs) organizations. Did the organization engage in lobbying activities, or have a section SU(t) election 4 X sessessments, or similar amounts as defined in Revenue Procedure 96-197 If 'Yes', complete Schedule D, Part II. 5 X Dot the organization neutran any doorn advices the finds or any similar finds or accounts? If 'Yes', complete Schedule D, Part II. 5 X Dub the organization maintain any doorn advices through the distribution or investment of amounts in such finds or accounts? If 'Yes', complete Schedule D, Part I. 6 X Dub the organization maintain collections of works of art. historical treasures, or other similar assets? If 'Yes', emplete Schedule D, Part I. 8 X Dub the organization maintain collections of works of art. historical treasures, or other similar assets? If 'Yes', emplete Schedule D, Part V. 8 X Dub the organization meants in vestor the organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes', complete Schedule D, Part V. 9 X Dub the organization report an amount for head, buildings, and equipment in Part X, line 10? If 'Yes', complete Schedule D, Part V. 9 X Dub the organization report an amount for head buildings, and equipment in Part X, line 10? If 'Yes', complete Schedule D, Part V. 10 X of but denganization report an amount for	2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		2		Х
4 Section 501(c)3 organizations. Did the organization engage in lobbying activities, or have a section 501(b) election in effect during the fax year? If Yes, complete Schedule C, Part II. 4 X 5 Is the organization a section 501(c)(6), 501(c)(6) organization that receives membership dues; assessments, or similar anounds as defined in Revenue Proceeding 93-197 (IY-s; complete Schedule C, Part III. 5 X 6 Did the organization maintain any donor advised thinks or ary similar funds or accounts for which donors have the right to provide avide on the distribution or investment of amounts in such that do accounts for which donors have the right. 6 X 7 Did the organization metantic and excess, or histons structures? If Yes, complete Schedule D, Part II. 7 X 8 Did the organization region a mount in Part X, Line 21, for secrew or custodial account lability, serve as a custodian for amounts in such excession. 8 X 9 Did the organization region a mount in Part X, Line 21, for secrew or custodial account lability, serve as a custodian for amounts in section. 9 X 10 Did the organization region a mount in Part X, Line 21, for secrew or custodial account lability, serve as a custodian for amounts in velocide counted and accounts for which explaints. 10 X 11 The organization region a mount in relation constructions in Yes, complete Schedule D, Part X, UN, VII, VII, VII, X 2 X 10 Did the organization region a mount in relation site Yes, then complete Schedule D, Part X, VII, VII, VII, X 2 X 11 The organization region a mount in relation the	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidate for public office? If 'Yes,' complete Schedule C, Part I.	es	3		Х
assessments, or similar amounts as defined in Revenue Procedure 98-197. If Yes," complete Schedule D, Part II	4		election	-		
to provide advice on the distribution or investment of anounfs in such funds or accounts? If Yes, 'complete Schedule D, Part II. 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If Yes, 'complete Schedule D, Part II	5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Pa	art III	5		Х
environment, historic land areas, or historic structures? If Yes, complete Schedule D, Part II. 7 X B Did the organization maintain collections of works of art, historical treasures, or other similar assets? If Yes,' 8 X Port the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian or services? If Yes,' 8 X 10 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian or in quasi endowments? If Yes, 'complete Schedule D, Part V. 9 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If Yes, 'complete Schedule D, Part V. 10 X 11 X Did the organization report an amount for investiments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If Yes, 'complete Schedule D, Part V. 11a X 11 Did the organization report an amount for investiments – other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If Yes, 'complete Schedule D, Part V. 11t X 12 Did the organization report an amount for investiments – other securities in Part X, line 16? If Yes, 'complete Schedule D, Part X. 11t X 13 Schedule D, Part X. 11a X 11t X 14	6	to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule	ht 9 <i>D,</i>	6		Х
complete Schedule D, Part III. 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian or services? If Yes,' complete Schedule D, Part IX. 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If Yes,' complete Schedule D, Part V. 10 11 X 11 If the organization assets to any of the following questions is Yes', then complete Schedule D, Part SV. 10 X 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If Yes,' complete Schedule D, Part VI. 11a X 14 Did the organization report an amount for investments – other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If Yes,' complete Schedule D, Part VII. 11c X 14 Did the organization report an amount for other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If Yes,' complete Schedule D, Part VIII. 11d X 12 Did the organization report an amount for other liabilities in Part X bite 35% or more of its total assets reported in Part X, line 16? If Yes,' complete Schedule D, Part X. 11d X 12 Did the organization report an amount for other liabilities in Part X bite 35% or more of its total assets reported in Part X. 11d X 13 Did the organization report an amount for othere	7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II		7		Х
to ramouts not listed in Part X: or provide credit counseling, debt management, credit repair, or debt negotiation services? If Yes, 'complete Schedule D, Part V. 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If Yes,' complete Schedule D, Part V. 10 X 11 If the organization asswer to any of the following questions is Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. 11a X 12 Did the organization report an amount for investments – other securities in Part X, line 10? If Yes,' complete Schedule D, Part VII. 11b X 13 Did the organization report an amount for investments – other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If Yes,' complete Schedule D, Part VII. 11c X 14 Did the organization report an amount for other assets in Part X, line 16? If Yes,' complete Schedule D, Part VII. 11c X 16 Did the organization report an amount for other assets in Part X, line 15; 5% or more of its total assets reported in Part X, line 16? If Yes,' complete Schedule D, Part VII. 11c X 11 Did the organization report an amount for other liabilities in Part X, line 15; 5% or more of its total assets reported in part as a mount for other liabilities in Part X, line 16? If Yes,' complete Schedule D, Part X. 11c X 11	8		, ,	8		Х
or in quasi endowments? If Yes,' complete Schedule D, Part V. 10 X 11 If the organization's answer to any of the following questions is Yes', then complete Schedule D, Parts VI, VII, VIII, VII, VII, VII, VII, VII	9	for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation	n	9		Х
or X as applicable. 11a X a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI. 11a 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? If 'Yes,' complete Schedule D, Part VI. 11b X c Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VI. 11c X d Did the organization report an amount for other isolitities in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part X. 11c X f Did the organization report an amount for other isolitidities in Part X, line 25? If Yes,' complete Schedule D, Part X. 11e X 12a Did the organization report an amount for other isolitides inarelia statements for the tax year? If Yes,' complete Schedule D, Part X. 11e X 12a Did the organization otabin separate, independent audited financial statements for the tax year? If Yes,' complete Schedule D, Part X. 11f X 12a X Was the organization aschool described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. 13 X 13 is the organization aschool described in section 170(b)(1)(A)(ii)? If	10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V.		10		Х
D. Part VI. 11a 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? If 'Yes,' complete Schedule D, Part VII. 11b X c Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII. 11c X d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported 11d X f Did the organization report an amount for other liabilities in Part X, line 57 If Yes,' complete Schedule D, Part XI. 11e X f Did the organization report an amount for other liabilities in Part X, line 57 If Yes,' complete Schedule D, Part X. 11e X 11d X 11e X 11e X 12a X 11f X 11e X 12a X 11e X 11e X 12a X 11e	11		Χ,			
assets reported in Part X, line 167 If Yes,' complete Schedule D, Part VII. 11b 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 167 If Yes,' complete Schedule D, Part VII. 11c X d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported. 11c X e Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported. 11d X e Did the organization report an amount for other liabilities in Part X, line 257 If Yes,' complete Schedule D, Part X. 11e X 12a Did the organization bial negareta or consolidated financial statements for the tax year? If Yes,' complete Schedule D, Part X. 11f X 21a Did the organization obtain separate, independent audited financial statements for the tax year? If Yes,' complete Schedule D, Part X. 11t X 12a Did the organization maintain an office, employees, or agents outside of the United States? 1aa X 13 Is the organization maintain an office, employees, or agents outside of the United States? 1aa X 14a Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garats or other assistance to or for any foreign organization? 14b X 15 Did the organization report on Part IX, column (A), li		D, Part VI		11 a	Х	
assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII. 11c X d Did the organization report an amount for other assets in Part X, line 15, that is 5% or mole of the total assets reported 11d X e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization is liability for uncertain tax positions under YINA 85 (AC 740)? If 'Yes,' complete Schedule D, Part X. 11e X 12a Did the organization is biblify for uncertain tax positions under YINA 85 (AC 740)? If 'Yes,' complete Schedule D, Part X. 11e X 12a Did the organization included in consolidated, independent andited financial statements for the tax year? If 'Yes,' and 'If the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII. 12a X 13 Is the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization report on Part IX, column (A), line 3, more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule C, Part' II and IV. 16 X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule G, Part III and IV. 16 X 17 Did the organization neport on Part IX, column (A), line 3, more than	ł			11 b		Х
 in Part X, line 16? If 'Yes,' complete Schedule D, Part IX. e Did the organization report an amount for other liabilities in Part X. Inc 25? If 'Yes,' complete Schedule D, Part X. f Did the organization's liability for uncertain tax positions under NM48 (ASC 740)? If 'Yes,' complete Schedule D, Part X. 12a Did the organization bearate, independent a dided innancial statements for the tax year include a footnote that addresses b Was the organization obtain separate, independent a dided innancial statements for the tax year? If 'Yes,' complete Schedule D, Part X. b Was the organization answered 'No' to line 12a, then completing Schedule D, Part X XI and XII. a Is the organization answered 'No' to line 12a, then completing Schedule D, Part X XI and XII is optional. 11a X 12b X 13 Is the organization aschool described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. b Did the organization have agregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts II and IV. 16 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 report nore than \$15,000 of express for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If 'Yes,' complete Schedule G, Part II and IV. 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule G, Part II and IV. 17 Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3 and II. 		assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII		11 c		Х
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 RNV48 (48C 740)? If 'Yes,' complete Schedule D, Part X. 111 X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Part X. 12a 12a 12a X b Was the organization included in consolidated, wndependent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional. 12a X 13 Is the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization report on Part IX, column (A), line 3, more than \$10,000 from grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of garants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts II and IV. 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garants or other assistance to or for any foreign individuals? If 'Yes,' complete Schedule G, Part II and IV. 14b X 16 X 17 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule G, Part II and IV. 16 X 17	(Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.		11 d		Х
the organization's liability for uncertain tax positions under RNV48 (ASC 740)? If 'Yes,' complete Schedule D, Part X. 11 f X 12 a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII. 12a X b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional. 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization new aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts II and IV. 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garts or other assistance to or for any foreign individuals? If 'Yes,' complete Schedule G, Part II and IV. 15 X 17 Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3. 17 X 18 Did the organization report more than \$15,000 of grass income and contributions on Part IX, column (A), line 3. 17				11 e	Х	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional. 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization maintain an office, employees, or agents outside the United States? 14a X b Did the organization maintain an office, employees, or agents outside the United States, or aggregate foreign investments valued at \$100,000 rm more? If 'Yes,' complete Schedule F, Parts I and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gagregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts II and IV 15 X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule G, Part I (see instructions) 16 X 17 Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 3 and A? If 'Yes,' complete Schedule		the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete</i>	, Part X		Х	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. 13 X 14 a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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? If 'Yes,' complete Schedule F, Parts I and IV 14a 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 report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts II and IV 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions). 17 18 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' 18 X 19 Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H. 20a X 20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H. 20a X 19	ł	• Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' an	d	-	v	<u>X</u>
14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV 14a X 15 14b X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV 16 X 17 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If 'Yes,' complete Schedule G, Part II (see instructions). 16 X 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 6 and 11e? If 'Yes,' complete Schedule G, Part II. 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' 19 X 20a Did the organization operate one or more hospital facilities? If 'Yes,' comp	13			-	Λ	Х
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If Yes,' complete Schedule F, Parts I and IV. 14b 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 individuals? If 'Yes,' complete Schedule F, Parts II and IV. 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts II and IV. 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part II (see instructions). 17 X 18 Did the organization report more than \$15,000 of gross income and contributions on Part VIII, lines 9 and 8? If 'Yes,' complete Schedule G, Part II. 18 X 19 Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H. 20a X 20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H. 20a X 19 Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H. 20b 20a X			-	-		
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV. 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV. 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions). 17 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' 18 X 19 Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H. 20a X 20a Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule H. 20a X 20a Did the organization report more than \$15,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule H. 20a X 20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H. 20b 20b 21 Did the organ		Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	F			
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV. 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions). 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 9a? If 'Yes,' complete Schedule G, Part II. 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' 19 X 20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H. 20a X b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 X	15			15		Х
column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions). 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II. 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' 19 X 20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H. 20a X b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II. 21 X		Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance t	to			
lines 1c and 8a? If 'Yes,' complete Schedule G, Part II. 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' 19 X 20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H. 20a X b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization operate on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II. 21 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)		17		Х
complete Schedule G, Part III 19 X 20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H. 20a X b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II. 21 X	18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.		18		Х
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II. 21 X	19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.		19		X
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H		20a		Х
domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	Ł	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		20b		
	21	domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II				

	n 990 (2019) FRESNO COUNTY ECONOMIC 94-160651	9	F	Page 4
Pa	t IV Checklist of Required Schedules (continued)		1	
	Did the exercise time remert more than #5,000 of events or other assistance to ar far demostic individuals on Dart IV		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22	Х	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete			
	Schedule J.	23	Х	
24 :	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and			
	complete Schedule K. If 'No, 'go to line 25a	24a		Х
I	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
(Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
I	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
i	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> 'Yes,' complete Schedule L, Part IV	28a		Х
I	A family member of any individual described in line 28a? If 'Yes,' complete Schedule L. Part IV.	28b		Х
(A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			37
29	Yes,' complete Schedule L, Part IV. Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M.	28c 29		X X
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30	contributions? If 'Yes,' complete Schedule M.	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34	х	
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
I	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Pa	rt 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
1:	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 278		res	INO
	a Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1.	X	
BAA		form	A 990 ((2019)

	990 (2019) FRESNO COUNTY ECONOMIC 94-1606519		F	Page 5
Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		1	
			Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return 2a			
	ments, filed for the calendar year ending with or within the year covered by this return 2a <u>1,766</u> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	24	X	
D	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	2 b	Λ	_
3 9	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule 0</i>	3b		-
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	0.0		
4 a	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If 'Yes,' enter the name of the foreign country►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
С	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		X
h	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	/ 0		
•	Form 8282?	7 c		Х
	If 'Yes,' indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
L.	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 g		
	Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
	organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand 13c			
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year? If 'Yes,' see instructions and file Form 4720, Schedule N.	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
-	If 'Yes,' complete Form 4720, Schedule O.			

I	Enter the number of voting members included on line 1a, above, who are independent 1b 24			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents	5		Λ
	since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			Х
6	Did the organization have members or stockholders?	6		Х
7 :	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7 a		Х
I	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8 a	Х	
	Each committee with authority to act on behalf of the governing body?	8 b	Х	
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? <i>If 'Yes,' provide the names and addresses on Schedule Q</i>	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ue C	ode.)
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10 a		Х
I	• If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х	
I	Describe in Schedule O the process, if any used by the organization to review this Form 990. SEE SCHEDULE O			
12 a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If 'Yes,' describe in Schedule O how this was done</i> SEESCHEDULE . Q	12 c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
i	The organization's CEO, Executive Director, or top management official	15 a	Х	
I	Other officers or key employees of the organizationSEE . SCHEDULE. O	15b	Х	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).			
16 a	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		X
I	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?	16 b		
	tion C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed <u>CA</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 5 available for public inspection. Indicate how you made these available. Check all that apply	01(c)(3)s or	nly)
	available for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available the public during the tax year. SEE SCHEDULE O	able to		
20	State the name, address, and telephone number of the person who possesses the organization's books and records \blacktriangleright			
	EMILIA REYES 1920 MARIPOSA MALL FRESNO CA 93721 559-263-1030			
BAA	TEEA0106L 07/31/19	Form	990	(2019)

Form 990 (2019)	FRESNO	COUNTY	ECONOMIC	

Section A. Governing Body and Management

If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad

authority to an executive committee or similar committee, explain on Schedule O.

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

1 a

Check if	Schedule C	contains a	response	or note	to any	/ line	in t	his I	Part \	/I
UNEUN II	Schedule C	, contains a	response		to any		11 I U	1115 1	aitv	/ 1

1 a Enter the number of voting members of the governing body at the end of the tax year.....

94-1606519

24

Page 6

Х

No

Yes

Form 990 (2019) FRESNO COUNTY ECONOMIC	94-1606519	Page 7							
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Higher Independent Contractors	st Compensated Employe	es, and							
Check if Schedule O contains a response or note to any line in this Part VII									
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees									
1 a Complete this table for all persons required to be listed. Report compensation for the calendar year endir organization's tax year.	ig with or within the								
 List all of the organization's current officers, directors, trustees (whether individuals or organization compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. 	ations), regardless of amount of								

• List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the

organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

		(C)								
(A) Name and title	(B) Average hours per	Pos thar is		an off ctor/ti	ficer ruste	and a e)		(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations
(1) BRIAN ANGUS CEO	<u>40</u> 5			X				194,762.	0.	19,585.
(2) NAOMI MIZUMOTO	40			~					0.	19,303.
CHIEF PROGRAMS OFFICER	0				Х			178,261.	0.	20,948.
(3) SALAM NALIA CHIEF FINANCIAL OFFICER	$-\frac{40}{13}$	7			X			151,899.	0.	21,427.
(4) REBECCA HEINRICY FINANCIAL OFFICER	$-\frac{40}{0}$					Х		123,733.	0.	20,069.
(5) ELAINE JIMENEZ-OBESO PHYSICIAN ASST.	<u>40</u> 0					Х		119,403.	0.	19,802.
(6) MARK WILSON	40									
CHIEF ACADEMIC OFF	0					Х		123,683.	0.	13,102.
(7) HEATHER BROWN HUMAN RES. OFFICER	$-\frac{40}{0}$					х		120,652.	0.	13,620.
(8) KARIN CHAO	40									- /
INNOVATION OFFICER	0					Х		127,676.	0.	0.
(9) LEE ANN EAGER TREASURER	<u>5</u> 2	х		X				0.	0.	0.
(10) LEROY CANDLER	5	Λ		~				0.	0.	0.
DIRECTOR	0	Х						0.	0.	0.
(11) ZINA BROWN-JENKINS	5									
DIRECTOR	0	Х						0.	0.	0.
(12) MISTY FRANKLIN	5									
DIRECTOR	0	Х						0.	0.	0.
(13) JEROME COUNTEE DIRECTOR	5	v						0		0
(14) LUPE JAIME-MILEHAM	1 5	Х	\vdash	+				0.	0.	0.
DIRECTOR		х						0.	0.	0.
BAA	TEEA0		07/31/	19					•••	Form 990 (2019)

Form 990 (2019) FRESNO COUNTY ECONOMIC

94-1606519

Page 8

Part VII Section A. Officers, Directors, Tr	ustees, l	Key	Em	plo	oye	es, a	n	d Highest Com	pensated Emp	
	(B)			(0						
(A) Name and title	Average hours per week	box	, unle: cer an	ss pe id a d	erson direct	e than o is both or/truste	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	(list any hours for related organiza - tions below dotted	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	-ormer	(W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations
(15) ANGIE ISAAK	line)	ě	tee			sated				
1ST VICE CHAIR	2	Х		Х				0.	0.	0.
(16) LINDA R. HAYES	<u>5</u> 2	X		Х				0.	0.	0.
(17) BARIGYE MCCOY DIRECTOR	<u>5</u> 0	Х						0.	0.	0.
(18) REY LEON DIRECTOR	<u>5</u> 1	x						0.	0.	0.
(19) PASTOR BRUCE MCALISTER DIRECTOR	51	x						0.	0.	0.
(20) CHARLES GARABEDIAN, JR.	5									
DIRECTOR (21) CHUCK RIOJAS	0	X						0.	0.	0.
DIRECTOR (22) MICHAEL REYNA	0	X						0.	0.	0.
2ND VICE CHAIR (23) DANIEL T. PARRA	0	Х		Х				0.	0.	0.
DIRECTOR (24) ELAINE ROBLES-MCGRAW	0	Х						0.	0.	0.
DIRECTOR	2	x					Ν	0.	0.	0.
(25) CELESTE CABRERA DIRECTOR	5	X						0.	0.	0.
1 b Subtotal	U.					•	•	1,140,069.	0.	128,553.
c Total from continuation sheets to Part VII, Sect d Total (add lines 1b and 1c)						···· Þ	•	0.	0.	0. 128,553.
2 Total number of individuals (including but not limite from the organization ► 17	d to those I	isted	abov	/e) v	who	receiv	ed	more than \$100,00	0 of reportable comp	bensation
										Yes No
3 Did the organization list any former officer, dire on line 1a? <i>If 'Yes,' complete Schedule J for su</i>	ch individu	al		••••				· · · · · · · · · · · · · · · · · · ·		. 3 X
4 For any individual listed on line 1a, is the sum of the organization and related organizations great such individual	er than \$1	50,00)0'?	nsa <i>lf '}</i>	tion <i>es,</i>	and o comp	oth olei	er compensation f te Schedule J for	rom	. 4 X
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Ye	ue comper s,' comple	isatio te So	n fro ched	om i ule	any <i>J fo</i>	unrela r such	ate	d organization or erson	individual	. 5 X
Section B. Independent Contractors										
 Complete this table for your five highest competi- compensation from the organization. Report competition 	nsated indensation for	epen the c	dent aleno	cor dar	ntrao year	ctors t endin	tha g w	t received more the vith or within the org	ian \$100,000 of ganization's tax year	
(A) (B) Description of services (C)								(C) Compensation		
SUNDOWNER INSULATION 1495 RAILROAD AVENUE CLOVIS, CA 93612 WEATHERIZATION								2,806,363.		
PRECISION CUSTOM CONSTRUCTION, INC 12731 MESA DR MADERA, CA 93636 CONSTRUCTION & REPAIR								530,733.		
GEIL ENTERPRISES, INC DBA VALLEY SECURITY 1945 N HELM AVE FRESNO, CA SECURITY AND JANITORIAL							194,878.			
JL PIERETTI CONSTRUCTION CO. 3208 N. 11TH STREET FRESNO, CA 93726 CONSTRUCTION & REPAIR								156,592.		
TURNING POINT OF CENTRAL CA, INC 4415 N. CLARK STREET FRESNO, CA 937 TRANSITION/RAPID HOUSING 148,7 2 Total number of independent contractors (including but not limited to those listed above) who received more than 148,7									148,744.	
\$100,000 of compensation from the organization	n► 12									
BAA		TEEAO	100	07/3	21/10					Form 990 (2019)

Continuation Sheet for Form 990

OMB No. 1545-0047

2019

Department of the Treasury Internal Revenue Service

Name of the Organization

Employler Identification number

FRESNO COUNTY ECONOMIC									94-1606519	
Part VII Continuation: Officers, D Highest Compensated Er	irectors nployee	, Tru s	ste	es,	Ke	y En	ıplo	oyees, and		
(A)	(B)			(0)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for related organiza- tions below dotted line)	Individual truster or director		(checl Officer	Key employee	hat employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
CATHERINE ROBLES	5									
DIRECTOR	2	Х						0.	0.	0.
LISA NICHOLS	<u>5</u>	Х						0.	0.	0.
AMY ARAMBULA	5									
DIRECTOR	0	Х						0.	0.	0.
MAIYER_VANG	5	ļ								
DIRECTOR JIMI RODGERS	2 5	Х						0.	0.	0.
DIRECTOR DANIEL MARTINEZ	0	Х						0.	0.	0.
DIRECTOR	1	Х						0.	0.	0.
RICHARD KEYES DIRECTOR	 	X							0.	0.
	 					~	1	MA	0.	0.
	-9	V								
		-								
	·									
		-								
		-								
		-								
		-								
		-								
	·	 								
	·	 								
		Ļ	1	1			1	1		

Form 990 Cont 2019

Form 990 (2019) FRESNO COUNTY ECONOMIC Part VIII Statement of Revenue

94-1606519

Page 9

Par	t V	Statement of		a rocr	anco or noto to on	v line in this Part V	111		П
		Check if Scheduli	e o contains			(A) Total revenue	III (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	ł	 a Federated campaig b Membership dues c Fundraising events. 		1a 1b 1c					
, Gifts		d Related organization e Government grants (contri		1 d 1 e	95,959,753.				
outions her Sin	f	f All other contributions, g similar amounts not inclu	jifts, grants, and uded above	1 f	327,748.				
Sontrik		 g Noncash contributions in lines 1a-1f. h Total. Add lines 1a- 		1 g		96,287,501.			
	-				Business Code	50,207,501.			
Program Service Revenue	-	a <u>related program</u> b	M_SERVICES_			11,660,902.		590,548.	11,070,354.
ervice		c							
ш Х	e	e							
ogra		f All other program s							
ā	9 3	g Total. Add lines 2a- Investment income (i				11,660,902.			
		other similar amour Income from invest	nts)		• • • • • • • • • • • • • • • • • • • •	59,949.			59,949.
	4 5	Royalties			•				
	~		(i) R	eal	(ii) Personal		NAIL		
			6a 6b				AAL		
		c Rental income or (loss)							
	C	d Net rental income o							
	78	a Gross amount from sales of assets	(i) Secu	irities	(ii) Other				
	ł	other than inventory b Less: cost or other basis	7a 7b						
		'	7c						
		d Net gain or (loss)		· · · · ·	▶				
Other Revenue	8 a	a Gross income from fundr (not including \$ of contributions reported	-	_					
Å		See Part IV, line 18		8					
the		 b Less: direct expens c Net income or (loss 		8					
0		a Gross income from gamin See Part IV, line 19	ing activities.	9					
	ł	b Less: direct expens		9		•			
		c Net income or (loss		g acti	vities ►				
		a Gross sales of inventory, returns and allowances		10					
		 b Less: cost of goods c Net income or (loss 		10 of inve					
ম			-,		Business Code				
le le	11 a	a							
scellaneo Revenue		р с							
Miscellaneous Revenue		d All other revenue			<u> </u>				
Σ		e Total. Add lines 11a	a-11d		Þ				
BAA	12	Total revenue. See	instructions.			108008352.	0.	590,548.	11,130,303. Form 990 (2019)

Part IX Statement of Functional Expenses

	tion 501(c)(3) and 501(c)(4) organizations must com		ner organizations must co	mplete column (A).	
	Check if Schedule O contains a re				
	not include amounts reported on lines 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	25,445,861.	25,445,861.		
3	Grants and other assistance to foreign organizations, foreign governments, and for- eign individuals. See Part IV, lines 15 and 16				
4					
5	Compensation of current officers, directors, trustees, and key employees	194,762.	0.	194,762.	0.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	42,330,668.	38,395,181.	3,935,487.	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,655,868.	1,511,105.	144,763.	
9	Other employee benefits	10,927,252.	10,493,119.	434,133.	
10	Payroll taxes	3,619,177.	3,313,914.	305,263.	
11	Fees for services (nonemployees):				
	a Management				
	b Legal	254,467.	23,431.	231,036.	
	Accounting	85,732.	85,732.		
	d Lobbying				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule 0.)				
	Advertising and promotion.		050 540	156 404	
13	Office expenses	1,028,973.	852,549.	176,424.	
14 15	Information technology				
16	Occupancy	2,115,122.	1,866,578.	248,544.	
17	Travel.	1,769,096.	1,662,304.	106,792.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	1,109,090.	1,002,304.	100,752.	
19	Conferences, conventions, and meetings	35,258.	32,348.	2,910.	
20	Interest	13,891.	6,987.	6,904.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	334,812.	315,669.	19,143.	
23 24	Insurance Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.).	746,699.	701,150.	45,549.	
i	CONTRACTING SERVICES	8,545,043.	8,226,384.	318,659.	
	PROGRAM COSTS	3,693,757.	3,607,272.	86,485.	
	REPAIRS AND MAINTENANCE	1,533,466.	1,525,079.	8,387.	
	GRANT_FUNDED_DEPRECIATION	1,352,359.	1,352,359.		
(e All other expenses	3,412,832.	2,629,195.	783,637.	
25	Total functional expenses. Add lines 1 through 24e	109,095,095.	102,046,217.	7,048,878.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► if following				
	SOP 98-2 (ASC 958-720)				Earm 000 (2010)

Form 990 (2019) FRESNO COUNTY ECONOMIC

94-1	6065	19
------	------	----

Page 11

Part X Balance Sheet

Гđ	irt X	Balance Sneet Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	512,243.	1	488,924.
	2	Savings and temporary cash investments.	5,650,244.	2	6,303,205.
	3	Pledges and grants receivable, net	10,916,448.	3	9,155,478.
	4	Accounts receivable, net	301,033.	4	1,170,039.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net	705,469.	7	669,328.
ts	8	Inventories for sale or use	134,498.	8	150,793.
Assets	9	Prepaid expenses and deferred charges	361,849.	9	289,196.
As	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 46,737,650.			
		Less: accumulated depreciation 10b 31,706,881.	15,565,963.	10 c	15,030,769.
	11	Investments – publicly traded securities		11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets.		14	
	15	Other assets. See Part IV, line 11	416,800.	15	416,800.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	34,564,547.	16	33,674,532.
	17	Accounts payable and accrued expenses	6,665,102.	17	5,917,010.
	18	Grants payable		18	
	19	Deferred revenue	1,298,059.	19	880,197.
	20	Tax-exempt bond liabilities		20	
ie.	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
-		Secured mortgages and notes payable to unrelated third parties		23	900,000.
	24	Unsecured notes and loans payable to unrelated third parties	966,143.	24	1,522,649.
	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.	4,320,015.	25	4,194,051.
	26	Total liabilities. Add lines 17 through 25	13,249,319.	26	13,413,907.
ces		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
an	27	Net assets without donor restrictions	21,315,228.	27	20,260,625.
Ba	28	Net assets with donor restrictions		28	20/200/0201
Fund Balances		Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
5	29	Capital stock or trust principal, or current funds		29	
2	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
ŝ	31	Retained earnings, endowment, accumulated income, or other funds		31	
				-	
Net Assets or	32	Total net assets or fund balances	21,315,228.	32	20,260,625.

BAA

Form	n 990 (2	019)	FRESN	0 0	COUN	TY I	ECON	OMIC												94	-160	06519		Pa	age 12
Par	t XI	Reco	nciliatio	n c	of Ne	et As	sets																		
			if Schedu								-														
1	Total r	evenue	(must ed	qual	Part	VIII,	column	(A), li	ne 1	12)											1	1	08,0	08,3	352.
2	Total e	xpense	es (must	equa	al Par	rt IX,	columr	n (A), li	ine 2	25)											2	2 1	09,0	95,0)95.
3			expense																			3	-1,0	86,	743.
4	Net as	sets or	fund bala	ance	es at	begin	ning of	year (mus	st equ	ual Pa	art X	i, line	32,	colu	ımn (A))				4	1	21,3	15,2	228.
5			d gains (l		,																_			32,3	L40.
6			ices and																		-				
7			kpenses .																						
8			idjustmer																						
9		-	s in net a																		. 9)			0.
10	columr	n (B)).	und balan																		10		20,2	60,0	525.
Par	t XII	Finan	cial Sta	iten	nent	s an	d Rep	oortin	g																
	(Check	if Schedu	ile C) cont	tains	a respo	onse or	r not	te to a	any li	ine iı	n this	s Par	t XII	I									
									_	_			-			_								Yes	No
1	Accour	nting m	ethod us	ed to	o pre	pare	he For	m 990:	:	Cas	sh	Х	Acc	rual		0	ther								
	If the c in Sche	organiza edule C	ation cha).	nge	d its i	metho	d of ac	counti	ng fi	rom a	a pric	or ye	ar or	chec	cked	I 'Oth	er,' e	expla	in						
2 a	Were t	he orga	anization'	s fir	iancia	al stat	ements	s comp	oiled	or re	eview	ed b	y an	inde	pend	dent a	accoi	untar	nt?				2a		Х
	separa	te basi	k a box b s, consol e basis		<u>ed</u> ba	isis, c			_	_	ll stat th cor				2			•	ed or	reviev	ved o	n a			
ł	Were t	he orga	anization'	s fir	iancia	al stat	ements	s audite	ed b	y an	inde	pend	dent a	accou	untai	nt?							2 b	Х	
	basis,	consoli	k a box b dated ba te basis	sis,	or bo	th:	e whetl lated b		_	ancial Bot					-				d on a	a sepa	rate				
C	If 'Yes' review	to line , or cor	2a or 2b, npilation	does of it	s the o ts fina	organi ancial	zation ł statem	nave a d nents a	comr and s	mittee select	e that tion c	assu of an	umes i inde	respo epend	onsit dent	oility f acco	ior ov untai	ersigi nt?	ht of t	he audi	it, 		2 c	Х	
	on Sch	edule (-										1											
	Audit A	Act and	a federal a OMB Cir	rcula	ar A-1	33?.													• • • • • •				3a	Х	
ł			e organiza Ilain why							y ste	ps ta	ken	to ur	nderg									3 b	Х	
BAA										TE	EEA01	12L (01/21/	20									Form	99 0	(2019)

SCHEDULE A	Public Charity Status and
(Form 990 or 990-EZ)	Complete if the organization is a section 501(4947(a)(1) nonexempt char
	Attach to Form 990 or Form
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for instruction
	RESNO COUNTY ECONOMIC PPPORTUNITIES COMMISSION
Part I Reason fo	r Public Charity Status (All organizations must
The organization is not	a private foundation because it is: (For lines 1 through 12
1 A church, conv	vention of churches, or association of churches described in se

Public Support

(c)(3) organization or a section ritable trust. orm 990-EZ.

OMB No. 1545-0047 2019

Open to Public Inspection

Departi Interna	ment of the Treasury I Revenue Service	► (ao to <i>www.irs.gov/F</i> o	orm990 for instructions	and the	latest i	nformation.	Inspection
Name			NTY ECONOMIC				Employer identifica	
Par			IES COMMISSIO	N organizations must (comple	to this	94-160651	-
				(For lines 1 through 12,				
1	A church, con	vention of church	es, or association of c	hurches described in sec	tion 170(b)(1)(A)(i).	
2				Schedule E (Form 990 of				
3		•		nization described in se				
4	A medical re name, city, a			unction with a hospital				nter the hospital's
5	An organizat		the benefit of a colle	ege or university owned				escribed in
6	A federal, sta	ate, or local gov	ernment or governme	ental unit described in s	section 1	70(b)(1)	(A)(∨).	
7	X An organization in section 17	on that normally r 70(b)(1)(A)(vi). (eceives a substantial Complete Part II.)	part of its support from a	governm	ental uni	t or from the general put	blic described
8				(A)(vi). (Complete Part				
9	or university of	or a non-land-grai	nt college of agriculture	ction 170(b)(1)(A)(ix) oper e (see instructions). Ente	r the nan	ne, city,		
10	An organization from activitien investment in June 30, 197	on that normally r es related to its e ncome and unre '5. See section !	eceives: (1) more thar exempt functions—su lated business taxab 509(a)(2). (Complete	n 33-1/3% of its support fu bject to certain exception le income (less section Part III.)	rom contr ons, and 511 tax)	ributions (2) no i from bi	more than 33-1/3% of i usinesses acquired by t	ts support from gross
11		-	•	ely to test for public saf	-	1		
12	An organizat or more publ lines 12a three	tion organized an licly supported o ough 12d that de	nd operated exclusive rganizations describe escribes the type of s	ely for the benefit of, to ed in section 509(a)(1) o supporting organization	perform or sectio and com	the fun n 509(a) plete lii	ctions of, or to carry ou (2). See section 509(a) les 12e, 12f, and 12g.	ut the purposes of one ((3). Check the box in
а	Type I. A support	porting organizati s) the power to re I rt IV, Sections A	on operated, supervise gularly appoint or elec	ed, or controlled by its sup a majority of the directo	ported or trus	rganizat stees of t	ion(s), typically by giving he supporting organization	the supported on. You must
b	Type II. A su management must comple	pporting organiz of the supporting ete Part IV, Sect	ation supervised or or organization vested in ions A and C.	controlled in connection the same persons that c	with its ontrol or	support manage	ed organization(s), by the supported organization	having control or ion(s). You
с	Type III functi	ionally integrated (s) (see instructi	A supporting organiza ons). You must com	tion operated in connectio	n with, ai A, D, an	nd functio d E.	onally integrated with, its	supported
d	functionally i	ntegrated. The c	prognization generall	ganization operated in con y must satisfy a distribu ns A and D, and Part V.	ition rea	with its s uiremen	supported organization(s) t and an attentiveness	that is not requirement (see
e	integrated, o	r Type III non-fu	nctionally integrated	ten determination from supporting organization	٦.			· · · · · · ,
f	Enter the number	er of supported of supported of supported of supported of the support of the supp	organizations n about the supporte	d organization(s).				
	(i) Name of supported		(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) I organizat	s the ion listed	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						nent?		
(4)								
(A)								
(B)								
(C)								
(D)								
(E)								
Total								

Schedule A (Form 990 or 990-EZ) 2019 FRESNO COUNTY ECONOMIC

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 alify under the tests listed below, please complete Part III.)

Section A. Public Support

begi	ndar year (or fiscal year nning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	88147062.	88806584.	92922353.	94502608.	95870294.	460248901.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	88147062.	88806584.	92922353.	94502608.	95870294.	460248901.
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)						0.
6	Public support. Subtract line 5 from line 4						460248901.
Sec	tion B. Total Support						
		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	88147062.	88806584.	92922353.	94502608.	95870294.	460248901.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	155,415.	66,048.	58,079.	125,197.	59,949.	464,688.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	8,730.	11,361.	1,958.	9,994.	-56,042.	-23,999.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	V					0.
	through 10						460689590.
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	69,581,930.
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, th	ird, fourth, or fifth t	tax year as a sectio	on 501(c)(3)	►
Sec	tion C. Computation of Pu	blic Support P	ercentage				
		•	.,				99.90 %
15	Public support percentage from	2018 Schedule A,	Part II, line 14			15	99.87 %
16a	33-1/3% support test-2019. If t and stop here. The organization	he organization di qualifies as a pul	d not check the b plicly supported of	ox on line 13, and rganization	d line 14 is 33-1/3	8% or more, check	this box ► X
b							
17a	on its behalf. Image: services of facilities furnished by a governmental unit to the organization without charge. 88147062. 88806584. 92922353. 94502608. 95870294. 46024 4 Total. Add lines 1 through 3 (other mental unit to publicly supported organization) included on line 1 that exceeds 2% of the amount of the than a governmental unit or publicly support. 88147062. 88806584. 92922353. 94502608. 95870294. 46024 Section B. Total Support. 88147062. 88806584. 92922353. 94502608. 95870294. 46024 Section B. Total Support. Subtract line 5 Image: section B. Total Support. 46024 Section B. Total Support. Subtract line 5 Image: section B. Total Support. 8147062. 88806584. 92922353. 94502608. 95870294. 46024 Section B. Total Support. Sattract line 5 Image: section B. Total Support. 8147062. 88806584. 92922353. 94502608. 95870294. 46024 Section B. Total Support. Image: section form interest, dividends, payments received on securities loans, rerist. Image: section B. Total Support. 155,415. 66,048. 58,001. 125,197. 59,949. 464 Disiness acativities, whether or nortinelues as is rec		VI how				
	or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstances test. The organiza	s' test, check this ation qualifies as a	box and stop her a publicly support	e. Explain in Parled organization.	t VI how the
18	Private foundation. If the organized	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions 🕨
BAA					Sch	edule A (Form 9	00 or 000_F7) 2010

Schedule A (Form 990 or 990-EZ) 2019

94-1606519

	org	anı	zatio	n fails	s to	qua
	-	_		-		

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Calend	lar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2	Gross receipts from admissions,						
	merchandise sold or services performed, or facilities						
	furnished in any activity that is						
	related to the organization's						
3	tax-exempt purpose						
3	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						
	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 disgualified persons that						
	exceed the greater of \$5,000 or						
	1% of the amount on line 13 for the year						
<u>د</u>	Add lines 7a and 7b.						
8	Public support. (Subtract line					_	
U	7c from line 6.)						
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
1 0 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from						
	similar sources						
b	Unrelated business taxable income (less section 511						
	taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on						
14	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 organization, check this box and	is for the organiza	ation's first, secor	nd, third, fourth, c	or fifth tax year as	a section 501(c)(³⁾ ► □
Sec	tion C. Computation of Pul						
	Public support percentage for 20			ine 13 column (f))		00
16	Public support percentage from 2	•					00
	tion D. Computation of Inv						Ū.
17	Investment income percentage f				ստո (ք)		00
18	Investment income percentage f	-		-			00 00
	33-1/3% support tests –2019. If t						
130	is not more than 33-1/3%, check						
b	33-1/3% support tests-2018. If t	he organization d	lid not check a bo	ox on line 14 or lir	ne 19a, and line 1	6 is more than 33	-1/3%, and 🛛
	line 18 is not more than 33-1/3%	, check this box a	and stop here. Th	ne organization qu	alifies as a public	ly supported orga	nization 🕨
20	Private foundation. If the organized	zation did not che	ck a box on line	14, 19a, or 19b, c	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 Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below. 3a **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in **Part VI** when and how the organization made the determination. 3b 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. 3c 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. 4a **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. Δh **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. 4c 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If Yes' answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by 5a 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? 5b c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one 6 or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of 6 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). 7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' 8 complete Part I of Schedule L (Form 990 or 990-EZ). 8 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI. 9a **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If 'Yes,' provide detail in Part VI*. 9b c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If 'Yes,' provide detail in Part VI*. 9c 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.)

10a

10b

94-1606519

		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? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
 - The organization satisfied the Activities Test. Complete line 2 below. а
 - The organization is the parent of each of its supported organizations. Complete line 3 below. h
 - The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). С

2 Activities Test. Answer (a) and (b) below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in **Part VI** the role played by the organization in this regard.

3b

Yes

1

2

No

1	Page	6

_	f the organization satisfied the Integral Part Test as a qua All other Type III non-functionally integrated supporting of	-		(B) Current Year
ection A – Adjus	sted Net Income		(A) Prior Year	(optional)
1 Net short-term ca	apital gain	1		
2 Recoveries of pr	or-year distributions	2		
3 Other gross inco	me (see instructions)	3		
4 Add lines 1 throu	igh 3.	4		
5 Depreciation and	depletion	5		
income or for ma	ng expenses paid or incurred for production or collection of gro inagement, conservation, or maintenance of property hele ome (see instructions)			
7 Other expenses	(see instructions)	7		
8 Adjusted Net Inc	ome (subtract lines 5, 6, and 7 from line 4)	8		
ection B – Minin	num Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1 Aggregate fair m tax year or asset	arket value of all non-exempt-use assets (see instructions s held for part of year):	s for short		
a Average monthly	value of securities	1a		
b Average monthly	cash balances	1b		
c Fair market value	e of other non-exempt-use assets	1c		
d Total (add lines	1a, 1b, and 1c)	1d		
	d for blockage or other n detail in Part VI):			
2 Acquisition indet	tedness applicable to non-exempt-use assets	2		
3 Subtract line 2 fr	om line 1d.	3		
4 Cash deemed he see instructions)	Id for exempt use. Enter 1-1/2% of line 3 (for greater am	ount, 4		
5 Net value of non	-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by	.035.	6		
	or-year distributions	7		
8 Minimum Asset	Amount (add line 7 to line 6)	8		
ection C – Distri	butable Amount			Current Year
1 Adjusted net inco	ome for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line		2		
	mount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of		4		
5 Income tax impo	· · ·	5		
	nount. Subtract line 5 from line 4, unless subject to emergion (see instructions).	lency 6		

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

BAA

Schedule A (Form 990 or 990-EZ) 2019

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	tions (continued)	
Sec	tion D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	rposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity	S,		
3	Administrative expenses paid to accomplish exempt purposes of su	pported 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 in Part VI). See instructions.	on is responsive (provide	details	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sec	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required – explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
Ł	P From 2015			
	From 2016			
<u> </u>	From 2017			
	Prom 2018			
	f Total of lines 3a through e			
ç	Applied to underdistributions of prior years			
ŀ	Applied to 2019 distributable amount			
	Carryover from 2014 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7:			
a	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
Ł	Excess from 2016			
c	Excess from 2017			
C	Excess from 2018			
e	Excess from 2019			

BAA

Schedule A (Form 990 or 990-EZ) 2019

Page 8 94-1606519 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. Part VI (See instructions.)

DO NOT MAIL

SCHEDULE D Supplemen			plemental Financial Sta	tements	ļ	OMB No. 1545-0047
(Form 990) ► Complet		te if the organization answered 'Ye	es' on Form 990,		20 19	
Department of the Treasury		6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. .gov/Form990 for instructions and the latest information.			Open to Public	
Internal Revenue Service Name of the organization				the latest mornation.	Employer ic	Inspection Ientification number
	FRESNO CO	OUNTY ECONOMIC				
	OPPORTUNI	TIES COMMISSION			94-160	6519
Pai	ti Complete	ions Maintaining Dong if the organization ans	or Advised Funds or Other S wered 'Yes' on Form 990, Pa	Similar Funds or Acc art IV line 6	counts.	
	Complete		(a) Donor advised fund	,	unds and o	other accounts
1	Total number at e	end of year				
2		tributions to (during year)				
3		nts from (during year)				
4		at end of year				
5	are the organizati	on's property, subject to the	nor advisors in writing that the ass organization's exclusive legal cont	rol?		Yes No
6	for charitable pur	poses and not for the benefi	ors, and donor advisors in writing the tof the donor or donor advisor, or	for any other purpose co	nferring	Yes No
Pai		tion Easements.	wered 'Yes' on Form 990, Pa	ort IV (line 7		
1		9	y the organization (check all that a	,		
•		f land for public use (for exam		Preservation of a histo	orically imp	ortant land area
	Protection of	natural habitat		Preservation of a certi	fied historie	c structure
		of open space		_		
2	Complete lines 2a last day of the tax		held a qualified conservation contribution	tion in the form of a conser	vation ease	ment on the
	-	-			Held at the	End of the Tax Year
				2a		
	Ũ	-	ments fied historic structure included in (a	2b		
	structure listed in	the National Register				
3	Number of conserv tax year ►	ation easements modified, tra	nsferred, released, extinguished, or te	rminated by the organization	on during th	е
4	Number of states w	where property subject to conse	ervation easement is located ►			
5	Does the organization and enforcement	ation have a written policy re of the conservation easeme	egarding the periodic monitoring, in nts it holds?	spection, handling of vio	ations,	Yes No
6	Staff and volunteer ►	hours devoted to monitoring,	inspecting, handling of violations, and	l enforcing conservation ea	sements du	iring the year
7	Amount of expense ►\$	es incurred in monitoring, inspe	ecting, handling of violations, and enf	orcing conservation easem	ents during	the year
8	Does each conser and section 170(h	rvation easement reported o i)(4)(B)(ii)?	n line 2(d) above satisfy the require	ements of section 170(h)	(4)(B)(i)	Yes No
9	In Part XIII, descr include, if applica conservation ease	ble, the text of the footnote	ports conservation easements in its to the organization's financial state	revenue and expense stements that describes the	atement ar organizati	nd balance sheet, and on's accounting for
Pai	t III Organizat Complete	ions Maintaining Colle if the organization ans	ections of Art, Historical Tre wered 'Yes' on Form 990, Pa	asures, or Other Sir art IV, line 8.	nilar Ass	ets.
1;	historical treasure	es, or other similar assets he	r FASB ASC 958, not to report in i Id for public exhibition, education, al statements that describes these	or research in furtheranc	l balance s e of public	heet works of art, service, provide in
I	following amounts	, or other similar assets held f s relating to these items:	r FASB ASC 958, to report in its re or public exhibition, education, or res	earch in furtherance of pub	lic service,	t works of art, provide the
	••		line 1			
r			nistoriaal traccurac, or other cimilar a		-	
	amounts required	to be reported under FASB	nistorical treasures, or other similar as ASC 958 relating to these items:			lowing
			. 1		_	
			e Instructions for Form 990.			ule D (Form 990) 2019

Schedule D (Form 990) 2019 FRESN Part III Organizations Maintai			ical Treasures. or	94-1606 Other Similar Asso		Page 2 (ed)
 3 Using the organization's acquisition, items (check all that apply): 			· ·			<u> </u>
$\mathbf{a} \square Public exhibition$		d Loan or	exchange program			
b Scholarly research		e Other				
 c Preservation for future generation 4 Provide a description of the organization 		l explain how they f	urther the organization's	exempt purpose in		
Part XIII.			-			
5 During the year, did the organizat to be sold to raise funds rather th	ion solicit or receive an to be maintained	e donations of art, I as part of the org	historical treasures, or ganization's collection?	other similar assets	Yes	No
Part IV Escrow and Custodial line 9, or reported an a	Arrangements.	Complete if th	e organization ans		m 990, Par	t IV,
1 a Is the organization an agent, trus	tee, custodian or ot	ner intermediary fo	or contributions or othe	r assets not included		
on Form 990, Part X? b If 'Yes,' explain the arrangement				· · · · · · · · · · · · · · · · · · ·	Yes	No
				,	Amount	
c Beginning balance				1c		
d Additions during the year						
e Distributions during the year						
f Ending balance						
2 a Did the organization include an ar b If 'Yes,' explain the arrangement				-		No
			mon has been provided	1 011 Fait Alli	· · · · · · · · · · · ·	
Part V Endowment Funds. Co	omplete if the or	ganization ans	wered 'Yes' on Fo	rm 990, Part IV, lin	ie 10.	
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four year	s back
1 a 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		NO				
g End of year balance						
2 Provide the estimated percentage		end balance (line	1g, column (a)) held a	as:		
a Board designated or quasi-endowme b Permanent endowment ►		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
c Term endowment	°					
The percentages on lines 2a, 2b, an	d 2c should equal 10	0%.				
3 a Are there endowment funds not in th			a hold and administored	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 relation					3b	
4 Describe in Part XIII the intended Part VI Land, Buildings, and B	-		it iulius.			
Complete if the organiz		'Yes' on Form	990 Part IV line	11a See Form 990) Part X li	ne 10
Description of property	1	t or other basis	(b) Cost or other	(c) Accumulated	(d) Book va	
	(a) 003 (ir	ivestment)	basis (other)	depreciation		
1 a Land			856,323.			,323.
b Buildings			32,197,876.	19,709,969.	12,487	<u>,907.</u>
c Leasehold improvements d Equipment			13 602 101	11 006 010	1 606	520
e Other			13,683,451.	11,996,912.	1,686	, , , , , , , , , , , , , , , , , , , ,
Total. Add lines 1a through 1e. (Column		rm 990, Part X, co	olumn (B), line 10c.)		15,030	,769.
BAA					ule D (Form 990	

	D (Form 990) 2019 FRESNO COUNTY ECON	IOMIC	9	4-1606519	Page 3
Part VII	Investments – Other Securities. Complete if the organization answered	'Yes' on Form 990	N/A D, Part IV, line 11b. See F	orm 990, Part X	(, line 12.
	cription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	t or end-of-year market v	alue
	cial derivatives				
	y held equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D) (E)					
(E) (F)					
(G)					
$\frac{(G)}{(H)}$ – – –					
$\frac{(1)}{(1)}$					
	nn (b) must equal Form 990, Part X, column (B) line 12.) 🕨				
	Investments – Program Related.		N/A		
	Complete if the organization answered				
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	or end-of-year mar	ket value
(1)					
(2)					
(3)					
<u>(4)</u>					
(5) (6)					
(7)					
(8)					
(9)					
(10)					
	nn (b) must equal Form 990, Part X, column (B) line 13.) 🕨				
Part IX	Other Assets.	N/A	D David IV/ Jime 11d Care F		Line 1E
	Complete if the organization answered	scription	J, Part IV, line TTu. See F	(b) Book	
(1)	(4) 50.				
(2)					
(3)					
(4)					
(5)					<u> </u>
(6) (7)					
(8)					
(9)					
(10)					
Total. (Co	olumn (b) must equal Form 990, Part X, column (E	3) line 15.)		►	
Part X	Other Liabilities.	000 D 1 1/1 1		1. 05	
1.	Complete if the organization answered 'Yes' on F	ption of liability	Te or TIF. See Form 990, Part X,	(b) Book	valuo
	eral income taxes				value
	ALTH INSURANCE RESERVE			2.7	76,891.
	IER LIABILITES				17,160.
(4)					
(5)					
(6)					
(7) (8)					
(9)					
(10)					
(11)					
Total. (Colur	nn (b) must equal Form 990, Part X, column (B) line 25.)	·····	<u></u>	► 4,1	94,051.
	or uncertain tax positions. In Part XIII, provide the text of the foo				

tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII. Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 FRESNO COUNTY ECONOMIC	94-1606519	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue	nue per Return. N/A	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12		
1 Total revenue, gains, and other support per audited financial statements	1	
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		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.		
3 Subtract line 2e from line 1		
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		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b		
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Part XII Reconciliation of Expenses per Audited Financial Statements With Expe	enses per Return. N/A	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12		
1 Total expenses and losses per audited financial statements		
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		
c Other losses.		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.		
3 Subtract line 2e from line 1		
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		
b Other (Describe in Part XIII.)		
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	
Part XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part II, 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 X - FASB ASC 740 FOOTNOTE

THE AGENCY HAS QUALIFIED AS A NON-PROFIT ORGANIZATION AND HAS BEEN GRANTED

TAX-EXEMPT STATUS PURSUANT TO INTERNAL REVENUE CODE SECTION 501(C)(3) AND CALIFORNIA

REVENUE AND TAXATION CODE SECTION 23701(D) AND IS EXEMPT FROM FEDERAL AND STATE OF

CALIFORNIA INCOME TAXES.

THE AGENCY IS ALSO SUBJECT TO FEDERAL AND STATE INCOME TAX ON ANY UNRELATED BUSINESS

TAXABLE INCOME.

BAA

Schedule D (Form 990) 2019

PART X - FASB ASC 740 FOOTNOTE (CONTINUED)

GENERALLY ACCEPTED ACCOUNTING PRINCIPLES PROVIDES ACCOUNTING AND DISCLOSURES GUIDANCE ABOUT POSITIONS TAKEN BY AN ENTITY IN ITS TAX RETURNS THAT MIGHT BE UNCERTAIN. MANAGEMENT HAS CONSIDERED ITS TAX POSITIONS AND BELIEVES THAT ALL OF THE POSITIONS TAKEN IN ITS FEDERAL AND STATE EXEMPT ORGANIZATION TAX RETURNS ARE MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION. THE AGENCY'S RETURNS ARE SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES, GENERALLY FOR THREE YEARS AND FOUR YEARS, RESPECTIVELY, AFTER THEY ARE FILED.

DO NOT MAIL

SCHEDULE I (Form 990)		Gov	vernments, a	her Assistance nd Individuals i	n the United St	ates	ŀ	OMB No. 1545-0047		
Department of the Treasury		Comple		on answered 'Yes' on F ► Attach to Form 99		21 or 22.		Open to Public		
Internal Revenue Service			► Go to www.i	rs.gov/Form990 for the	latest information.			Inspection		
	RESNO COUNTY						Employer identifie 94-160651			
		rants and Assista								
the selection crite	eria used to award t	he grants or assistant	ce?	assistance, the grantees				X Yes No		
				inds in the United States.			ART IV			
Part II Grants and Form 990,				and Domestic Gov nore than \$5,000. I						
1 (a) Name and addr or gove	ess of organization rnment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
(1)										
(2)										
(3)				O NOT	n A L					
				Tou	NI -					
<u>(4)</u>			6	ON'						
			V	V						
(5)										
<u>(6)</u>										
(7)										
<u> </u>										
(8)										
<u> </u>										
2 Enter total number	er of section 501(c)	(3) and government o	rganizations listed	in the line 1 table	<u> </u>	[]	•	0		
			-					0		
BAA For Paperwork R	eduction Act Notic	e, see the Instruction	s for Form 990.		TEEA3901L	07/10/19	Schedu	e I (Form 990) (2019)		

94-1606519 2 Form 990 Part IV line 22 F

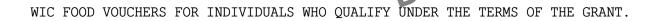
Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 WIC VOUCHERS	27,721	19,902,012.			
2 UTILITY VOUCHERS	26,612	5,543,849.			
3					
4					
5					
6					
7					

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

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

PART III. UTILITY VOUCHERS FOR INDIVIDUALS WHO QUALIFY UNDER THE TERMS OF THE GRANT.



QUALIFICATION DOCUMENTS FOR INDIVIDUAL RECIPIENTS ARE MAINTAINED IN ACCORDANCE WITH

THE GRANT REQUIREMENTS.

Page 2

SCHEDULE J Compensation Information								
(Form 990)	For certain Officers, Directors, Trustees, Key Employee		yees 2019					
	 Complete if the organization answered 'Yes' Attach to Form 							
Department of the Treasury Internal Revenue Service	► Go to www.irs.gov/Form990 for instructio		Open to Inspe		iC			
Name of the organization	FRESNO COUNTY ECONOMIC	Employer identificatio	n number	mber				
	OPPORTUNITIES COMMISSION	94-1606519						
Part I Question	is Regarding Compensation			V	N.			
1 a Check the appro VII, Section A,	priate box(es) if the organization provided any of the following line 1a. Complete Part III to provide any relevant informati	to or for a person listed on Form 990, Part on regarding these items.		Yes	No			
First-class	or charter travel Housing	allowance or residence for personal use						
Travel for c	ompanions Paymen	ts for business use of personal residence						
Tax indemr	ification and gross-up payments	r social club dues or initiation fees						
Discretiona	ry spending account Persona	l services (such as maid, chauffeur, chef)						
b If any of the box reimbursement	es on line 1a are checked, did the organization follow a written or provision of all of the expenses described above? If 'No	policy regarding payment or ,' complete Part III to explain	1b					
	ation require substantiation prior to reimbursing or allowing ficers, including the CEO/Executive Director, regarding the		2					
Executive Direct	any, of the following the organization used to establish the co tor. Check all that apply. Do not check any boxes for meth ensation of the CEO/Executive Director, but explain in Par	ods used by a related organization to						
Compensat	ion committee	employment contract						
Independer	t compensation consultant	sation survey or study						
Form 990 c	f other organizations X Approva	I by the board or compensation committee						
4 During the year organization or	, did any person listed on Form 990, Part VII, Section A, li a related organization:	ne 1a, with respect to the filing						
a Receive a seve	rance payment or change-of-control payment?		4a		Х			
	or receive payment from, a supplemental nonqualified retir				Х			
	or receive payment from, an equity-based compensation at		4c		Х			
	f lines 4a-c, list the persons and provide the applicable ar							
-	d on Form 990, Part VII, Section A, line 1a, did the organization							
-	n?		5a		Х			
	anization?	•••••••••••••••••••••••••••••••••••••••	5b		Х			
	a or 5b, describe in Part III.							
contingent on t	d on Form 990, Part VII, Section A, line 1a, did the organizatic ne net earnings of:							
-	n?				X			
, ,	anization?		6b		Х			
	ed on Form 990, Part VII, Section A, line 1a, did the organ escribed on lines 5 and 6? If 'Yes,' describe in Part III	nization provide any nonfixed	7		Х			
	nts reported on Form 990, Part VII, paid or accrued pursu							
to the initial co	tract exception described in Regulations section 53.4958- e in Part III	4(a)(3)?	8		Х			
section 53.4958	did the organization also follow the rebuttable presumption pr-6(c)?	· · · · · · · · · · · · · · · · · · ·	9					
	Reduction Act Notice, see the Instructions for Form 990.		le J (Forn	n 990)	2019			

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

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

		(B) Breakdown	of W-2 and/or 1099-MIS	SC compensation	(C) Retirement and other	(D) Nontaxable	(E) Total of	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(ii) Bonus & incentive compensation (iii) Other reportable compensation		benefits	(E) Total of columns(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
BRIAN ANGUS	(i)	194,762.	0.	0.	19,585.	0.	214,347.	0.
1 CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
NAOMI MIZUMOTO	(i)	178,261.	<u> </u>	0.	<u> </u>	368.	<u> 199,209.</u>	<u> </u>
2 CHIEF PROGRAMS OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
SALAM NALIA	(i)	<u> 151,899.</u>	<u> </u>	0.	<u>7,807.</u>	13,620.	<u> 173,326.</u>	<u>0.</u>
3 CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
4	(ii)							
	(i)						+	
5	(ii)							
	(i)						+	
6	(ii)							
	(i)			<u> </u>			+	
7	(ii)							
	(i)						+	
8	(ii)	U						
	(i)		+				+	
9	(ii)							
	(i)		+				+	
10	(ii)							
	(i)		+				+	
<u>11</u>	(ii)							
	(i)		+				+	
12	(ii)							
	(i)		+				+	
13	(ii)							
	(i)		+				+	
14	(ii)							
	(i)		+				+	
15	(ii)							
	(i)				L		L	
16	(ii)							
BAA	(")		TEEA4102L 8/2/1	9	<u> </u>	<u> </u>	Schedule	J (Form 990) 2

94-1606519

Part III Supplemental Information

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

DO NOT MAIL

Page 3

94-1606519

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2019
Open to Public
Inspection

Name of the organization FRESNO COUNTY ECONOMIC	Employer identifica	ation number
OPPORTUNITIES COMMISSION	94-160651	9

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

A COMMUNITY ACTION AGENCY WHOSE MISSION IS TO HUMANELY FOCUS ALL AVAILABLE RESOURCES TO EMPOWER LOW-INCOME FAMILIES AND INDIVIDUALS WORKING TOWARDS THE SKILLS, KNOWLEDGE, AND MOTIVATION FOR SELF-SUFFICIENCY. HUMAN SERVICES AND ECONOMIC DEVELOPMENT PROVIDED INCLUDE: EDUCATION; EMPLOYMENT AND TRAINING SERVICES; PREVENTIVE HEALTH CARE AND PRENATAL NUTRITION EDUCATION; SENIOR CONGREGATE AND HOME-DELIVERED MEAL SERVICES; FOOD DISTRIBUTIONS AND FARMER'S MARKETS; ENERGY CONSERVATION EDUCATION AND ENERGY CRISIS INTERVENTION; AND TRANSPORTATION SERVICES. FRESNO EOC IS GOVERNED BY A TWENTY-FOUR(24) MEMBER TRIPARTITE BOARD OF COMMISSIONERS.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

TRANSIT - PROVIDE TRANSPORTATION SERVICES THROUGHOUT FRESNO AND MADERA COUNTIES INCLUDING ACCESSIBLE BUS TRANSPORTATION FOR THE ELDERLY AND DISABLED, SCHOOL BUS TRANSPORTATION, AND FIELD TRIP SERVICES FOR AGENCIES AND NON-PROFIT GROUPS. PROGRAMS SERVES 1,961 INDIVIDUALS.

OTHER SERVICES - PROVIDE RECYCLING SERVICES TO THE COMMUNITY. PROMOTE SAFE AND HEALTHY COMMUNITIES BY STRENGTHENING FAMILIES AND ENCOURAGING LEADERSHIP AS WELL AS ASSISTING YOUTH TO BUILD RESILIENCY, PROMOTING HEALTHY CHOICES IN EDUCATION, SOCIAL SITUATIONS, FAMILY AND EMPLOYMENT. PROVIDES SUPPORTIVE SERVICES TO ENHANCE THE HEALTH AND WELL BEING OF INDIVIDUALS OF ALL AGES IN THE LGBTQ+ COMMUNITY. PROVIDES AWARENESS, TRAINING, TECHNICAL ASSISTANCE, ADVOCACY AND DIRECT SERVICES ABOUT HUMAN TRAFFICKING AND TRAFFICKING-RELATED ISSUES. PROGRAMS SERVES 210 INDIVIDUALS.

EMPLOYMENT AND TRAINING PROGRAM – PROVIDES EMPLOYMENT TO YOUNG ADULTS WHILE WORKING <u>TOWARD THEIR HIGH SCHOOL DIPLOMA OR GED AS WELL AS UNEMPLOYED</u> OR UNDEREMPLOYED BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. TEEA4901L 08/19/19 Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization FRESNO COUNTY	ECONOMIC	Employer identification number
OPPORTUNITIES	COMMISSION	94-1606519

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

ADULTS. PROVIDE ACCESS TO JOB SEARCH SKILLS WORKSHOPS, ACCESS TO RESOURCES/REFERRALS, AND SKILLS TRAINING TO JOB SEEKERS, INCLUDING THE YOUTH OFFENDER POPULATION. PROVIDE INTENSE TRAINING TO CLIENTS WHICH WILL ALLOW THEM TO BE HIRED AS AN APPRENTICE IN THE CONSTRUCTION TRADE. TRAINING AND PLACEMENT OF VOLUNTEERS 55+ YEARS OF AGE WHO NURTURE AT-RISK INFANT, CHILDREN, AND TEENAGERS. PROGRAMS SERVES 3,061 INDIVIDUALS.

HEALTH SERVICES - ASSIST INDIVIDUALS AND COMMUNITIES IN BUILDING TOBACCO-FREE, HEALTHY LIFESTYLES. PROVIDE EDUCATION AND CASE MANAGEMENT SERVICES TO TEENS FOR PREGNANCY PREVENTION AND TEEN PARENTING WORKSHOPS. OFFER COMPREHENSIVE FAMILY PLANNING AND REPRODUCTIVE HEALTH SERVICES TO WOMEN, MEN, AND TEENS. PROVIDE PRENATAL SUPPORT SERVICES TO EXPECTING PARENTS. ADDITIONALLY, EDUCATION IS PROVIDED TO YOUTH AND FAMILIES ABOUT PROPER DENTAL HYGIENE AND THE IMPORTANCE OF SEEING A DENTAL PROVIDER REGULARLY. PROGRAMS SERVED 22,817 INDIVIDUALS.

HOUSING AND YOUTH SERVICES - PROVIDES EMERGENCY AND PERMANENT HOUSING SERVICES TO YOUTH, YOUND ADULTS, INDIVIDUALS, AND FAMILIES WHO ARE EXPERIENCING HOMELESSNESS. PROGRAM SERVES 669 INDIVIDUALS.

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

FORM 990 IS REVIEWED AND APPROVED BY THE CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER, FINANCE COMMITTEE AND BOARD OF COMMISSIONERS.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS BOARD COMMISSIONERS WILL EXCUSE HIM/HERSELF, OR WILL BE ASKED TO EXCUSE HIM/HERSELF FROM ACTIONS INVOLVING CONFLICTS OF INTEREST. ANNUAL TRAINING IS PROVIDED ON THE MATTER. TRAINING IS ALSO PROVIDED TO STAFF TO ASSIST IN IDENTIFYING CONFLICT OF

Page 2

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization FRESNO COUNTY ECONOMIC	Employer identification number
OPPORTUNITIES COMMISSION	94-1606519

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

INTEREST SITUATIONS. ENFORCEMENT AND TRAINING ARE LINKED TO AREAS OF EXPOSURE BY PROGRAM AND ARE HANDLED ON A CASE BY CASE BASIS.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES WAGE COMPARABILITY SURVEYS ARE COMPLETED AT THE NATIONAL AND STATE LEVEL. ALSO, WAGE STUDIES OF LIKE-AGENCIES WITHIN THE CENTRAL VALLEY REGION ARE PERFORMED. THE COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER IS ESTABLISHED AND APPROVED BY THE BOARD OF COMMISSIONERS.

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

DOCUMENTS ARE AVAILABLE UPON REQUEST.

DO NOT MAIL

SCHEDULE R Related Organizations and Unrelated Partnerships											OMB No. 1545-0047		
SCHEDULE R (Form 990)			anization answe		n Form 99 <mark>0</mark> .			•			2	019	
Department of the Treasury Internal Revenue Service	•	Go to ww	w.irs.gov/Form9			the latest in	nforma	tion.				to Publi pection	ic
	SNO COUNTY ECONOMIC ORTUNITIES COMMISSION									Employer ident		nber	
Part I Identification	of Disregarded Entities. Co	omplete i	f the organiza	ation answ	vered 'Yes	s' on Form	n 990,	Part IV, line	33.				
Name, address, and	(a) EIN (if applicable) of disregarded ent	tity	(b) Primary ad	ctivity	(c Legal dom or foreign	:) icile (state i country)	To	(d) otal income	End-o	(e) f-year assets	Direc	(f) ct contro entity	lling
<u>(1)</u>													
(3)													
		·				AIL	A						
Part II Identification had one or m	of Related Tax-Exempt Orgo	ganizatio nizations	ns. Complete during the ta	if the org ax year.	ganization	answered	d 'Yes	on Form 99	0, Part	IV, line 34,	becau	se it	
Name, address, and	(a) EIN of related organization	Prima	(b) Iry activity	Legal dom or foreigr	(c) Legal domicile (state or foreign country)		Code n	(e) Public charity (if section 501		(f) Direct contr entity	olling	(g Sec 512(controlled	d entity?
(1) ENTERPRISE + E 1920 MARIPOSA FRESNO, CA 937 77-0312119			DNOMIC LOPMENT	(CA	501 (0	C) 3	PUBLI		FRESNO C ECONON OPPORTUN CO	IIC	Yes	No X
1920 MARIPOSA FRESNO, CA 937 26-1177785			NDING ITUTION	(CA	501 (C	C) 3	PUBLI CHARII		FRESNO C ECONON OPPORTUN CO	IIC		X
<u>(3)</u>													
<u>(4)</u>													

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

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019 FRESNO COUNTY ECONOMIC

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	domicile controlling (related, unrelated, income end-of-yea (state or entity excluded from tax foreign under sections		re of of-year	(h) Dispropor- tionate allocations?		opor- ate amount in box tions? 20 of Schedule K-1 (Form		(j) General or managing partner?						
		country)		512-514	4)					Yes	No	1065)	Yes	No	
<u>(1)</u>															
	-														
	-														
(2)															
	1														
(3)															
(3)															
	-														
Part IV Identification of Identification of Identification	of Related Organ se it had one or	nizations	Taxable a	is a Corporations treated	on or Tr	ust. Co	mplete	if the o	organiza Jiring the	tion a	nswe Jear	red 'Yes' on	Form 99	90, Pa	nrt IV,
			(b)	1					(f)	1		(g) are of end-of-	(h)		(i)
(a) Name, address, and EIN	of related organizat	ion Prim	ary activity	(c) Legal domicile (state or foreign country)	Dire contro	olling	(C corp,		Share total in	e of		are of end-of- year assets	Percentage ownership	e Sec contr	(i) 512(b)(13) olled entity?
				country)	ent	tity	orti	rust)				-		Ye	s No
(1) FRESNO EXECUTIVE						a 110									
1920 MARIPOSA MA FRESNO, CA 93721	<u>ь</u>				FRE: COUI										
77-0167766		IN	ACTIVE	CA	EC		CC	ORP		-825	5.	313,310.	100.00)	Х
(2) WESTERN COMMUNITY		<u>, </u>													
1920 MARIPOSA MA FRESNO, CA 93721	LL 				FRE: COUI										
94-2439113			ACTIVE	CA	EC		CC	ORP		-800		0.	100.00)	Х
(3)											-				
BAA				I TEE	A5002L 06/2	27/19							l Schedule R	(Form	990) 2019

BAA

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 li	isted in Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1 a	Х	
b Gift, grant, or capital contribution to related organization(s)			1 b		Х
c Gift, grant, or capital contribution from related organization(s).			1 c		Х
d Loans or loan guarantees to or for related organization(s).			1 d	Х	
e Loans or loan guarantees by related organization(s)			1 e		Х
f Dividends from related organization(s)			1 f		Х
g Sale of assets to related organization(s)			1 g		Х
h Purchase of assets from related organization(s)			1 h		Х
i Exchange of assets with related organization(s)			1i		Х
j Lease of facilities, equipment, or other assets to related organization(s)			1j	Х	
k Lease of facilities, equipment, or other assets from related organization(s)			1 k		Х
Performance of services or membership or fundraising solicitations for related organization(s)			11		Х
m Performance of services or membership or fundraising solicitations by related organization(s)			1 m		Х
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).			1 n		Х
o Sharing of paid employees with related organization(s)			10	Х	
 o Sharing of paid employees with related organization(s) p Reimbursement paid to related organization(s) for expenses. q Reimbursement paid by related organization(s) for expenses. r Other transfer of cash or property to related organization(s). 			1p		Х
q Reimbursement paid by related organization(s) for expenses.			1 q		Х
r Other transfer of cash or property to related organization(s).			1r		Х
s Other transfer of cash or property from related organization(s)			1s		X
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including cove	ered relationships and trans	saction thresholds.	I		
(a) Name of related organization	_ (b)	(c) Amount involved Me	ethod of	l)	
Name of related organization	Transaction type (a-s)	Amount involved ive	amount	involv	nining ed
	51-10-5				
(1) ENTERPRISE + ECONOMIC DEVELOPMENT CENTER	А	3,831.CC	דע שמו		TTO
	11	3,031.00			1110
(2) ENTEDDDICE - ECONOMIC DEVELODMENT CENTED	Л	3,831.CC	יע הטי	TOCA	mτο
(2) ENTERPRISE + ECONOMIC DEVELOPMENT CENTER	J	3,031.00	JSI AL	LUCA	110
	0	64 070 00		T 0 0 7	што
(3) ENTERPRISE + ECONOMIC DEVELOPMENT CENTER	0	64,972.CC	ST AL	LOCA	0117
(4) FRESNO COMMUNITY DEVELOPMENT FINANCIAL	A	29,452.CC	OST AL	LOCA	OITA
(5) FRESNO COMMUNITY DEVELOPMENT FINANCIAL	D	700,000.CA	RRYIN	G VA	LUE
(6) FRESNO COMMUNITY DEVELOPMENT FINANCIAL	J	29,452.CC	ST AL	LOCA	OITA
BAA TEEA5003L 06/27/19		Schedule			

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, unre- lated, excluded from the under	Sec	e) partners tion (c)(3) tations?	(f) Share of total income	(g) Share of end-of-year assets	tior	h) ropor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	i) ral or aging ner?	(k) Percentag ownership
			from tax under sections 512-514)	Yes	No			Yes	No	(FOITH 1005)	Yes	No	ł
(1)			,	103	NO			103	110		103	110	
	-												
	-												
	-												
													1
<u>(2)</u>	-												
	-												
	-												
(2)													
(3)	-												
	-												
	-												
						MAII							
				(\sum								
	_			N									
			nU										
<u>(5)</u>			\mathbf{V}^{-}										
(6)													
(7)													1
	1												
	1												
	1												
(8)													1
	1												
	1												
	1												
BAA				EA5004L				<u> </u>		Cabad	ula D (i	-	90) 2019

Provide additional information for responses to questions on Schedule R. See instructions.

DO NOT MAIL

Schedule **R** Cont (Form 990) 2019 FRESNO COUNTY ECONOMIC

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
FRESNO COMMUNITY DEVELOPMENT FINANCIAL	0	923,913.	OST ALLOCATION
DO NOT MAIL	*		
DONO			

Schedule R Cont (Form 990) 2019

-	orm 990-T	Ex	empt Organization E	Busi	ness Income Ta r section 6033(e))	ax Return	ļ	OMB No. 1545-0047
Г		For colordor yes	ar 2019 or other tax year beginning _		· · · ·	,		2019
			o to www.irs.gov/Form990T fo					
Depa	rtment of the Treasury		enter SSN numbers on this form as it					Open to Public Inspection for
A	Check box if address changed	•			changed and see instructions.		D Er	501(c)(3) Organizations Only nployer identification number mployees' trust, see
ΒĒ	Exempt under sectio							structions.)
-	X 501(C)(3) 408(e) 220(408A 530(OPPORTUNITIES COMM 1920 MARIPOSA MALL FRESNO, CA 93721	ISSI	ON		E U	94-1606519 nrelated business activity code See instructions.)
	_529(a)						7	722320
C E	ook value of all assets t end of year		exemption number (See instruct					
	33,674,532		k organization type 🕨 🛛		c) corporation 50	1(c) trust 40	01(a)	trust Other trust
		-	's unrelated trades or businesses	S.	► <u>1</u> [Describe the only (or		
	trade or business he	ere ► <u>COMMER</u>	CIAL CATERING t in the blank space at the end	ا مد ا		. If o	nly or	ne, complete Parts I–V.
			ess, then complete Parts III–V.		e previous seriterice, c	complete Parts I an	u 11, C	
			pration a subsidiary in an affilia		roup or a parent-subsid	diary controlled gro	up?	► Yes X No
	If 'Yes,' enter the na	ame and identi	fying number of the parent cor	porati	on ►	,		
-	The books are in care		IA REYES			Telephone number	► 55	59-263-1030
Pa	rt I Unrelated	d Trade or B	Business Income		(A) Income	(B) Expense		(C) Net
1	a Gross receipts or :	sales						
	b Less returns and allowa	ances	c Balance►	1c				
2	Cost of goods sold	d (Schedule A,	line 7)					
3	•		1 line 1c					
	1 0		Schedule D)					
			7) (attach Form 4797)					
5	c Capital loss deduc Income (loss) from		r an S corporation	4c				
J	(attach statement))		5				
6	Rent income (Sch	edule C)		6				
7	Unrelated debt-fin	anced income	(Schedule E)	7				
8			om a controlled organization (Schedule F)	8				
9			, (9), or (17) organization (Schedule G)					
10		-	e (Schedule I).	10				
11	-			11				
12	Other income (See	e instructions;	attach schedule)					
10	-	2	SEE STATEMENT 1	12	590,548			590,548.
			en Elsewhere (See instru		590,548	·	0.	<u>590,548.</u>
гa	rt II Deductio	onnected wi	th the unrelated business	s inco	ome)	i deductions.) (Deui	
14			ors, and trustees (Schedule K).				14	
15	Salaries and wage	es					15	199,653.
16	Repairs and maint	tenance					16	10,795.
17	Bad debts						17	,,
18	Interest (attach sc	hedule) (see in	nstructions)				18	
19	Taxes and license	S					19	20,998.
20						582.		
21	•		chedule A and elsewhere on re				21 b	582.
22							22	
23		•	nsation plans				23	
24							24	56,756.
25			dule I)				25 26	
26 27		attach schedu	ule J)		SEE	STATEMENT 2	26 27	257 006
28			hrough 27				28	<u>357,806.</u> 646,590.
29			me before net operating loss d				29	-56,042.
30	Deduction for net opera	ating loss arising in	n tax years beginning on or after Janual	ry 1, 20	18 (see instructions)		30	
31	Unrelated busines	s taxable incor	me. Subtract line 30 from line	29			31	-56,042.

BAA For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2019)

Overp	payment. If line 52 is larger than the to	otal of lines 49, 50, and 53, enter	amount overpaid	►	55	2,7	/12.		
Enter	the amount of line 55 you want: Cred	lited to 2020 estimated tax 🕨	2,712.	Refunded ►	56		0.		
t VI	Statements Regarding Certai	n Activities and Other Info	r mation (see instr	uctions)					
At any	/ time during the 2019 calendar year, did	the organization have an interest in	or a signature or oth	er authority ov	er a	Yes	No		
financial account (bank, securities, or other) in a foreign country? If 'Yes,' the organization may have to file FinCEN Form 114,									
Repor	t of Foreign Bank and Financial Accounts	s. If 'Yes,' enter the name of the fore	eign country here	▶		_	Х		
During	g the tax year, did the organization re	ceive a distribution from, or was i	t the grantor of, or t	ransferor to, a	a foreign trust?.		Х		
lf 'Yes	s,' see instructions for other forms the org	anization may have to file.							
Enter	the amount of tax-exempt interest receiv	ed or accrued during the tax year ►	\$	0.					
	Under penalties of perjury, I declare that I have e belief, it is true, correct, and complete. Declaratio	xamined this return, including accompanying	schedules and statements	, and to the best o	f my knowledge and	,_ 			
ו	bener, it is the, contest, and complete. Deciarate		• CEO	propurer has any	May the IRS discuss				
5	Signature of officer	Date	Title		the preparer shown b instructions)?	` —	_		
						Yes	No		
	Print/Type preparer's name	Preparer's signature	Date	Check if	PTIN				
	THOMAS J KAKU	THOMAS J KAKU		self-employed	P008502	37			
r	Firm's name KAKU & MERSIN), LLP		Firm's EIN	77-0494454	ł			
	Firm's address 🏲 1588 SHAW AVEN	IUE							
'	CLOVIS, CA 936	511		Phone no.	559 324-7	7097			
	·	TEEA0202L 02/21/20			Form S	9 90-T (2	019)		
					Pac	je 55	of		
					-	•			

Total . . .

51 b

51 c

51 d 51 e

51 f

51 g

1 000

52

53

► 54

Par	t III Total Unrelated Business Taxable Income		
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions).	32	-56,042.
33	Amounts paid for disallowed fringes	33	30,042.
34	Charitable contributions (see instructions for limitation rules)	34	
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33		-56,042.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instr.).	36	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	-56,042.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37.	39	-56,042.
Par	t IV Tax Computation		
40	3	40	0.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount		
	on line 39 from: Tax rate schedule or Schedule D (Form 1041)	41	
42	Proxy tax. See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	Tax on Noncompliant Facility Income. See instructions.	44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.
	t V Tax and Payments		
	a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 46 a		
	Other credits (see instructions)		
	General business credit. Attach Form 3800 (see instructions)		
	Credit for prior year minimum tax (attach Form 8801 or 8827)	40	
	e Total credits. Add lines 46a through 46d.	46 e	0.
	Subtract line 46e from line 45	47	0.
40		18	
49		-	0
_			0.
48 49 50	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule). Other (attach schedule). Form 8697 Form 8866 Total tax. Add lines 47 and 48 (see instructions). 2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3. Payments: A 2018 overpayment credited to 2019. 1, 712.	48 49 50	0.

b 2019 estimated tax payments.....

g Other credits, adjustments, and payments: Form 2439

d Foreign organizations: Tax paid or withheld at source (see instructions)...... **e** Backup withholding (see instructions).....

f Credit for small employer health insurance premiums (attach Form 8941).....

Other

Total payments. Add lines 51a through 51g.

Estimated tax penalty (see instructions). Check if Form 2220 is attached......

Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed.....

c Tax deposited with Form 8868.....

Form 4136

52

53

54 55

56 Part VI

57

58

59

Sign

Here

Paid

Pre-

parer Use

Only BAA

94-1606519	Page 2
------------	---------------

2,712.

Form 990-T (2019) FRESNO (COUNTY ECONOMIC		94-	1606519	Page 3
Schedule A - Cost of Goo	ds Sold. Enter method of	f inventory valuation 🕨			
1 Inventory at beginning of ye	ar 1	6 Inventory	at end of year	6	
2 Purchases			joods sold. Subtract		
3 Cost of labor			m line 5. Enter here	7	
4 a Additional section 263A costs (attac	h schedule)				A No
	4a			Ye	es No
b Other costs (attach sch)	4 b		Iles of section 263A (with produced or acquired for		
5 Total. Add lines 1 through 4			ganization?		Х
Schedule C – Rent Income	e (From Real Property	and Personal Property L	eased With Real Pro	operty) (see instru	uctions)
Description of property					
(1)					
(2)					
(3)					
(4)					
(+)	2 Rent received or accrue	h			
(a) From personal prop		om real and personal property		directly connected	
(if the percentage of rent for	personal (if the	percentage of rent for personal		columns 2(a) and 2 ch schedule)	!(b)
property is more than 10% more than 50%)	but not proper	ty exceeds 50% or if the rent is based on profit or income)	or if the rent is		
· · · · · /		ased on profit of income)			
(1)					
(2)					
(3)					
(4)	Takal				
Total	Total		(b) Total deductions. Er	nter	
(c) Total income. Add totals of co			here and on page 1, Part		
here and on page 1, Part I, line 6			I, line 6, column (B)		
Schedule E – Unrelated De	ebt-Financed Income				
1 Description of debt	-financed property	2 Gross income from or allocable to debt-	3 Deductions directly con debt-finance	nected with or alloc ced property	able to
		financed property	(a) Straight line depreciation (attach sch)	(b) Other deduct (attach sched	
(1)					
(2)					
(3)					
(4)					
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basi or allocable to debt-finar property (attach schedu	nced divided by	7 Gross income reportable (column 2 x column 6)	8 Allocable dedu (column 6 x tot columns 3(a) and	al of
(1)		8			
(2)		8		1	
(3)		8		1	
(4)		00			
~ /		E	Inter here and on page 1 Part I, line 7, column (A).	,Enter here and on Part I, line 7, colu	page 1, imn (B).
Totals					. /
Total dividends-received deducti	ons included in column 8.		•		
BAA		TEEA0203L 09/19/19		Form 990-	T (2019)

Form 990-T (2019) FRESNO (606519	
Schedule F - Interest, A	nnuiti	es, Royalti	es, a	nd Re	nts Fro	m C	Controlled	Orgai	nizations	(see in	structions	5)
,					trolled Or			2		-		
1 Name of controlled organization			entification income (loss)			4 Total of specified payments made		5 Part of column 4 that is included in the controlling organization's gross income		in c I inc	eductions directly connected with ome in column 5	
(1)												
(2)												
(3)						_						
(4)												
Nonexempt Controlled Organiza	ations											
7 Taxable Income	inc	et unrelated come (loss) instructions)			f specified nts made	b	10 Part of included in organizatio	n the c	controlling		connecte	ctions directly d with income olumn 10
(1)												
(2)												
(3)												
						+						
(4)						-+			10	·		<u> </u>
Totals							Add columns here and on p 8, co		, Part I, line		e and on p	s 6 and 11. Enter bage 1, Part I, line lumn (B).
Schedule G – Investmen). 0	r (17) Orga	nizati	i on (see in	struction	ns)	
1 Description of income			mount of income 3 Dedu directly c		uctions connected schedule)	4 Set-asides (attach schedu		es 5 Tota lule) set-as		I deductions and sides (column 3 us column 4)		
(1)												
(2)												
(3)												
							4					
(4)												
Totals	•	Enter here ar Part I, line 9,	d on j colur	page I, mn (A).	10	1						ere and on page 1, ine 9, column (B).
Schedule I – Exploited E		+ A ativity In			or The	<u>α</u> Λ	du continina l	maar	20 (- >	
1 Description of exploited a	<u> </u>	2 Gross unrelate busines income fri trade o busines	s ed s om r	3 Expent conne proc of u	ected with duction nrelated	4 No from or b 2 m	et income (loss) n unrelated trade usiness (column inus column 3). a gain, compute mns 5 through 7.	5 Gros activ	s income from ity that is not ated business income	6 Exp attribu	penses utable to umn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)							5					
(1)		_										
(2) (3)				ļ								
(3)												
(4)												
Tatala		Enter here on page Part I, line column (1, e 10,	on p Part I	here and bage 1, , line 10, mn (B).						Enter here and on page 1, Part II, line 25.	
Totals.	···· ′			L								
Schedule J – Advertising												
Part I Income From Per	riodica	als Reporte	ed or	n a Co	nsolidat	ted	Basis					
1 Name of periodical		2 Gross advertisi income	ng	adve	Direct ertising osts	(lo: c	dvertising gain or ss) (col. 2 minus ol. 3). If a gain, compute cols. 5 through 7.		irculation ncome		adership osts	7 Excess readership costs (col. 6 minus col. 5, but not more than col. 4).
(1)				1			anouqu /.					
(2)				1								
(3)				1								
(4)				<u> </u>						-		
<u>\</u> ¬/												
Totals (carry to Part II, line (5)))											

Form 990-T (2019)

Form 990-T (2019) FRESNO COUNTY ECONOMIC

94-1606519

Page 5

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (col. 6 minus col. 5, but not more than col. 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part Ⅰ►						
	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B).				Enter here and on page 1, Part II, line 26.
Totals, Part II (lines 1- 5)►						

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		0/0	
		0/0	
		0/0	
		0/0	
Total Enter here and on page 1 Part II line 1/		•	

 Total. Enter here and on page 1, Part II, line 14.
 TEEA0204 L
 09/19/19

Form 990-T (2019)

DO NOT MAIL

FEDERAL STATEMENTS

FRESNO COUNTY ECONOMIC OPPORTUNITIES COMMISSION

PAGE 1

CLIENT 100100	OPPORTUNITIES COMMISSION	94-1606519
10/17/20		04:52PM
STATEMENT 1 FORM 990-T, PART I, LINE 12 OTHER INCOME		
PROGRAM SERVICE REVENUE	TOTAL	\$ <u>590,548.</u> \$ <u>590,548.</u>
STATEMENT 2 FORM 990-T, PART II, LINE 27 OTHER DEDUCTIONS		
ADMINSTRATIVE SERVICES. CONTRACTING SERVICES. EQUIPMENT & LEASES. INSURANCE OFFICE EXPENSE. PENSION PLAN CONTRIBUTIONS. PROGRAM COSTS SECURITY. TELEPHONE		16,301. 1,810. 2,655. 9,767. 8,230. 257,436. 789. 2,452.
UTILITIES	TOTAL	12.521
	DO NOT MAIL	

GENERAL ELECTIONS

FRESNO COUNTY ECONOMIC OPPORTUNITIES COMMISSION

PAGE 1

94-1606519

04:52PM

10/17/20

CLIENT 100100

SECTION 1.263(A)-1(F) DE MINIMIS SAFE HARBOR ELECTION

THE ORGANIZATION HEREBY MAKES THE DE MINIMIS SAFE HARBOR ELECTION UNDER REGULATION 1.263(A) -1(F) .

FRESNO COUNTY ECONOMIC 1920 MARIPOSA MALL FRESNO, CA 93721 94-1606519

DO NOT MAIL

TAXABLE YEARCalifornia Exempt Organization2019Annual Information Return

FORM **199**

		ear beginning (mm/dd/	′уууу)		, ĉ	and ending ((mm/dd/y	ууу)			
Corporation/Or		ESNO COUNTY H		_						California corporation r	lumber
Additional infor	OP mation. See instruction	PORTUNITIES (COMMISSION	1						0496314 Ein	
										94-1606519	
	(suite or room)	T							F	MB no.	
<u>1920 MA</u> City	ARIPOSA MAL	Ш					State		Z	lip code	
FRESNO							CA			93721	
Foreign country	y name						Foreign p	rovince/state/county	F	oreign postal code	
				X No X No	or	ganization eng	jaged in po	tion 23701d, has the litical activities?		• Yes	X No
	on 4947(a)(1) trust rmation Return?		Yes	X No							_
● □ Di Enter date	issolved Si e: (mm/dd/yyyy) ●	urrendered (Withdrawn)	Merged/Re	eorganized	lf	"Yes." enter th	e aross rea			1g? ●	X No
	counting method: Cash 2 X Accrua	al 3 Other			L If	organization is	s a public (charity exempt unde	er		
F Federal re	eturn filed? 1 • X]990T 2 ●	3● Sch	n H (990)	ex	ception, check	box. No fi	meets the filing fee ling fee is required			_
	ner 990 series proup filing? See instru	uctions	• Yes	X No		•		ed Liability Compan orm 100 or Form 10			X No
				_	ta	kable income?				• X Yes	No
	ganization in a group e vhat is the parent's na	xemption	· · · · · Yes	X No	au	dited in a pric	or year?			· · · · · • Yes	X No
L Diddler		hanna ta tta midalinaa						pending?		Yes	X No
		hanges to its guidelines structions	· · · • Yes	X No	Da	ate filed with I	RS				
Part I		unless not required t		. See Ge	neral	nformatior	Band	.			
		s or receipts from oth						•••••	1	11,720	,851.
Receipts		ss dues and assessments from members and affiliates 2 ss contributions, gifts, grants, and similar amounts received 3 al gross receipts for filing requirement test. Add line 1 through line 3.					0.0.00	1			
and Revenues							3 96,287,501		,501.		
Revenues		ust be completed. If						rmation B •	4	108,008	3,352.
	-	ds sold									
		er basis, and sales e	•			· · · ·			_	Г	
		Add line 5 and line							7	100.000	250
		income. Subtract line							8 9	108,008	
Expenses		eceipts over expense							10	-1,086	
	11 Total paym								11		<u>,,,,,,,,</u>
	1	e General Informatio						•	12		
	13 Payments t	palance. If line 11 is i	more than line	12, subtr	act lin	e 12 from I	line 11	•	13		
Filing	14 Use tax bal	ance. If line 12 is mo	ore than line 11	, subtrac	t line	11 from line	e 12	•	14		
Fee	15 Filing fee \$	10 or \$25. See Gene	ral Information	F					15		
	16 Penalties a	nd Interest. See Gen	eral Informatio	n J					16		
	17 Balance due.	Add line 12, line 15, and li	ne 16. Then subtra	ct line 11 fi	om the	result			17		0.
Sign		jury, I declare that I have ex Declaration of preparer (oth							st of my	knowledge and belief,	, it is true,
Here	Signature of officer	Declaration of preparer (or		Title			propurer in	Date		 Telephone 	
	of officer			CEO		Date		Observity if		(559) 263-1	L030
Paid	Preparer's THO	MAS J KAKU				Dale		Check if self- employed		• PTIN P00850237	
Preparer's Use Only	Firm's name	KAKU & MERSI								 Firm's FEIN 	
See only	(or yours, if self-employed)	1588 SHAW AV								77-0494454 Telephone	
	and address	CLOVIS, CA 9	3611							● Telephone 559 324-709	דר
	May the FTR dis	scuss this return with	the preparer s	hown ab	ove? S	See instruct	tions			X Yes	No
	May the FTB discuss this return with the preparer shown above? See instructions					41 100	UNU				

059

3651194

I

Form 199 2019 Page 1

SNO	COUNTY	ECONOMIC
		ons with gross receipts of more than \$50,000 and private foundations of amount of gross receipts – complete Part II or furnish substitute information.
	- J	

FRESNO Part II	Orga	NTY ECONOMIC nizations with gross receipts of I dless of amount of gross receipts –				94-	1606519
	-	Gross sales or receipts from all b			•	1	
	2						59,949
	_	Dividends				3	,
eceipts om	4	Gross rents.			•	4	
ther	5	Gross royalties.	5				
ources	6	Gross amount received from sale	6				
	7	Other income. Attach schedule.				7	11,660,902
	8	Total gross sales or receipts from other s				8	11,720,851
	9	Contributions, gifts, grants, and similar ar				9	25,445,861
	10	Disbursements to or for members				10	
	11	Compensation of officers, directo	ors, and trustees. Attach	n schedule	•	11	194,762
	12	Other salaries and wages				12	42,330,668
xpenses	13	Interest				13	13,891
nd sburse-	14	Taxes			•	14	3,619,17
ents	15	Rents			•	15	2,115,122
	16	Depreciation and depletion (See				16	334,812
	17	Other Expenses and Disburseme				17	35,040,802
	18	Total expenses and disbursements. Add li				18	109,095,095
chedul		Balance Sheet		taxable year		of taxal	ole year
sets	-		(a)	(b)	(c)		(d)
				6,162,487.		•	6,792,129
2 Net ac	counts	receivable		11,217,481.		•	10,325,517
3 Net no	tes rece	eivable		705,469.		•	669,328
				134,498.		•	150,793
		tate government obligations				•	
6 Investr	ments i	n other bonds				•	
		1 stock				•	
8 Mortga	age loan	IS			-	•	
		ents. Attach schedule				•	
•		ssets	45,757,006.		45,881,32		
		ated depreciation	31,047,366.	14,709,640.	31,706,88		14,174,440
				856,323.		•	856 , 323
2 Other a	assets.	Attach schedule		778,649.		•	705,990
3 Total	assets .			34,564,547.			33,674,532
abilities	and n	et worth					
		ble		6,665,102.		•	5,917,010
		gifts, or grants payable				•	
		tes payable5		966,143.		•	2,422,649
7 Mortga	ages pay	/able				•	
8 Other I	liabilitie	s. Attach schedule		5,618,074.			5,074,248
		or principal fund		21,315,228.		•	20,260,625
		ital surplus. Attach reconciliation				•	
		ings or income fund				•	00 654 553
22 Total liabilities and net worth 34,564,547. 33,674,532.							
chedul	e M-1	Reconciliation of income per Do not complete this schedule if			less than \$50 000		
1 Noting	0000 5					Idad	
		er books	-1,086,743		ooks this year not inclusion schedule		
		tal losses over capital gains		R Deductions in this re-		··· 📕	

1	Net income per books	•	,743. 7	Income recorded on books this year not included	
2	Federal income tax	•		in this return. Attach schedule	•
3	Excess of capital losses over capital gains	•	8	B Deductions in this return not charged	
4	Income not recorded on books this year.			against book income this year.	
	Attach schedule	•		Attach schedule	•
5	Expenses recorded on books this year not deducted		9	Total. Add line 7 and line 8	
	in this return. Attach schedule	•	10	Net income per return.	
6	Total. Add line 1 through line 5	-1,086,	,743.	Subtract line 9 from line 6	-1,086,743.

3652194 059

Schedule B

CALIFORNIA COPY Schedule of Contributors

OMB No. 1545-0047

(Form 990, 990-EZ, or 990-PF)	Schedule of Contributors	2019			
Department of the Treasury Internal Revenue Service	 Attach to Form 990, Form 990-EZ, or Form 990-PF Go to www.irs.gov/Form990 for the latest informatic 		2015		
Name of the organization FR	ESNO COUNTY ECONOMIC	Employer iden	tification number		
OP	PORTUNITIES COMMISSION	94-1606	519		
Organization type (che	ck one):				
Filers of:	Section:				
Form 990 or 990-EZ					
	4947(a)(1) nonexempt charitable trust not treated as a private	e foundation			
Form 990-PF	527 political organization				
	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private for	undation			
	501(c)(3) taxable private foundation				
	n is covered by the General Rule or a Special Rule. D1(c)(7), (8), or (10) organization can check boxes for both the General Rule	e and a Special Rule.	See instructions.		
General Rule		.1			
X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules					
For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
For an organ	ization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ	Z that received from a	ny one contributor.		

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

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

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

BAA 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) (2019)

Schedule B	(Form 9	990, 990-EZ	Z, or 990-PF)	(2019)
------------	---------	-------------	---------------	--------

Name of organization

FRESNO COUNTY ECONOMIC

1 2 Page 2 Employer identification number

94-1606519

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	SISTERS OF ST. JOSEPH HEALTH		Person X Payroll
	440 S. BATAVIA ST.	\$ <u>50,000.</u>	Noncash
	ORANGE, CA 92868-3998		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CENTRAL VALLEY COMMUNITY FOUNDATION		Person X
	5260 N. PALM, STE 122	\$20,000.	Payroll Noncash
	FRESNO, CA_93704		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	MACY'S INC		Person X
	151 WEST 34TH STREET	\$5,000.	Payroll Noncash
	NEW YORK, NY 10001	H	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	SIEGEL & CO		Person X
	5305 N. FRESNO_ST, STE_108	\$ <u>12,000.</u>	Payroll Noncash
	FRESNO, CA_93710		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5			Bergen V
	CENTRAL VALLEY CASP		Person X
	3515 PRESCOTT_AVE	\$7 <u>,500.</u>	Payroll Noncash
		\$7,500.	Payroll
(a) No.	3515 PRESCOTT_AVE	\$7,500. (c) Total contributions	Payroll Noncash (Complete Part II for
	3515 PRESCOTT AVE	(c) Total	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X
(a) No.	<u>3515_PRESCOTT_AVE</u> CLOVIS,_CA_93619 (b) Name, address, and ZIP + 4	(c) Total	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)	2 2	2 Page 2
Name of organization	Employer identification number	
FRESNO COUNTY ECONOMIC	94-1606519	

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional sp	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	RITE AID FOUNDATION PO BOX 3165 HARRISBURG, PA 17105	\$20,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>8_</u> _	UNION PACIFIC FOUNDATION 1400 DOUGLAS STREET, STOP 1560 OMAHA, NE 68179	\$ <u>14,400.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)	1	1	Page 3
Name of organization	Employer identification number		
FRESNO COUNTY ECONOMIC	94-1606	519	

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional s	pace is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A	-	
		\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		S	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
AA	Cab	 edule B (Form 990, 990-E	

	3 (Form 990, 990-EZ, or 990-PF) (2019)		1 1 Page 4				
Name of organ FRESNO	nization COUNTY ECONOMIC		Employer identification number 94-1606519				
Part III		he year from any one contrib ompleting Part III, enter the tota (Enter this information once. Se	nizations described in section 501(c)(7), (8), putor. Complete columns (a) through (e) and al of <i>exclusively</i> religious, charitable, etc.,				
(a) No. from Part I	(b) Purpose of gift	(d) Description of how gift is held					
	N/A						
		+					
			+				
	Transferee's name, addres	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(C) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	Use of gift	(d) Description of how gift is held				
	Transferee's name, addres	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	Transferee's name, addres	Relationship of transferor to transferee					
BAA		TEEA0704L 08/09/19	Schedule B (Form 990, 990-EZ, or 990-PF) (2019)				

	ch to Form 100 or For	m 100W. FOR	M 3885 ONLY							
Corporation name FRESNO COUNTY ECONOMIC							California corporation number			
OPPORTUNITIES COMMISSION					0496314					
Part			perty Under IRC S							
1	Maximum deduction								\$25 , 000	
2	Total cost of IRC Se		•						+	
3	Threshold cost of IR		-						\$200,000	
4 5	Reduction in limitation									
6	Dollar limitation for	Description of property		(b) Cost (business)		(c) Elected	••••••	,		
- 0	(d)				use only)					
7	Listed property (elec	ted IRC Section 17	79 cost)		7					
8	Total elected cost of					ine 7		3		
9	Tentative deduction.	•)		
10	Carryover of disallow	ved deduction from	ı prior taxable year	S			10)		
11	Business income lim	nitation. Enter the	smaller of business	income (not less t	han zero) c	or line 5	11			
12	IRC Section 179 exp					line 11	12	2		
13	Carryover of disallow					13				
Par	t II Depreciation a		•	reciation Deduction						
14	(a) Description	(b) Date acquired	(c) Cost or	(d) Depreciation	(e) Depreciation	(f) Life or	(g) Depreciatio	n for	(h) Additional first	
	of property	(mm/dd/yyyy)	other basis	allowed or	method	rate	this yea		year	
				allowable in earlier years			-		depreciation	
LAN	חז	VARIOUS	856,323.	earner years		0				
	JIPMENT	VARIOUS	13683451.	12,448,347.	S/L	5	548,4	120		
	LDINGS	VARIOUS 15683451. 12,446,547. S/L VARIOUS 32197876. 18,599,019. S/L		30	111,0					
100	LIDINGS	VARIOUS	52197070.	10, 399, 019.	5/1		,	195.		
					-					
15	A 1 1 1 1 1									
15	Add the amounts in \$2,000. See instruct	column (g) and co	lumn (n). The total	on column (h) may	not exceed	1 15	659,5	515		
Par										
16	Total: If the corporat	tion is electing:	P							
	IRC Section 179 exc	ense, add the amo	ount on line 12 and	line 15, column (g)) or					
	Additional first year Depreciation (if no e							16		
17	Total depreciation cl				,			17		
18	Depreciation adjustr									
	Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 17 is	less than line 16,	enter the difference	here and	on Form 100 Det income b	or			
	state adjustments or							18		
Par	t IV Amortization									
19	(a)	(b)	(c)		d)	(e)	(f)		(g)	
	Description of property	Date acquire (mm/dd/yyy	d Cost o () other bas		zation	R&TC Section	Period or percentage		Amortization for this year	
				in earlie		(see instr)	percentage		ior this year	
20	Total. Add the amou	ints in column (g).)		
21	Total amortization c	laimed for federal p	ourposes from fede	eral Form 4562, line	44					
22	Amortization adjustr	nent. If line 21 is g	reater than line 20	, enter the difference	e here and	l on Form 10	0 or			
	Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 21 is	less than line 20,	enter the difference	here and	on Form 100	or	,		
				<u></u>	<u></u>	<u></u>		-		



Г

CLIENT 100100	FRESNO COUNTY ECONOMIC OPPORTUNITIES COMMISSION	94-1606519
10/17/20 STATEMENT 1 FORM 199, PART II, LINE 7 OTHER INCOME		04:52PN
PROGRAM SERVICE REVENUE		\$ 11,660,902. TOTAL \$ 11,660,902.
STATEMENT 2 FORM 199, PART II, LINE 9 CONTRIBUTIONS, GIFTS, GRANTS	5, AND SIMILAR AMOUNTS PAID	
CLASS OF ACTIVITY: AMOUNT GIVEN:	WIC VOUCHERS	19,902,012.
CLASS OF ACTIVITY: AMOUNT GIVEN:	UTILITY VOUCHERS	5,543,849.
		TOTAL <u>\$ 25,445,861.</u>
INSURANCE LEGAL FEES. LOAN LOSS PROVISION. OFFICE EXPENSES OTHER OTHER EMPLOYEE BENEFIT. PENSION PLAN CONTRIBUTIONS. POSTAGE AND SHIPPING. PRINTING AND PUBLICATIONS. PROGRAM COSTS REPAIRS AND MAINTENANCE. TELEPHONE TRAVEL	ND MEETINGS	$\begin{array}{cccccccccccccccccccccccccccccccccccc$
STATEMENT 4 FORM 199, SCHEDULE L, LINE 12 OTHER ASSETS OTHER PREPAID EXPENSES AND DEFERRI	ED CHARGES.	

CALIFORNIA STATEMENTS EPESNO COUNTY ECONOMIC

PAGE 1

10/17/20

CLIENT 100100

CALIFORNIA STATEMENTS

FRESNO COUNTY ECONOMIC OPPORTUNITIES COMMISSION

PAGE 2

94-1606519

04:52PM

STATEMENT 5 FORM 199, SCHEDULE L, LINE 16 BONDS AND NOTES PAYABLE

OTHER NOTES PAYABLE

LENDER'S NAME: DATE OF NOTE: MATURITY DATE: **REPAYMENT TERMS:** SECURITY PROVIDED: PURPOSE OF LOAN: ORIGINAL AMOUNT: BALANCE DUE:

229,131.

681,190.

900,000.

BALANCE DUE

LENDER'S NAME: DATE OF NOTE: MATURITY DATE: REPAYMENT TERMS: **INTEREST RATE:** SECURITY PROVIDED: PURPOSE OF LOAN: ORIGINAL AMOUNT: BALANCE DUE:

LENDER'S NAME: MATURITY DATE: INTEREST RATE: SECURITY PROVIDED: PURPOSE OF LOAN: BALANCE DUE:

LENDER'S NAME: REPAYMENT TERMS: INTEREST RATE: SECURITY PROVIDED:

PURPOSE OF LOAN: BALANCE DUE:

JOT MAIL 10/01/2021 1.5 SECURITIES LINE OF CREDIT

CITY OF FRESNO 4/04/2007

SEMI-ANNUAL PAYMENTS

SMALL FARMER LOAN PROGRAM

U.S. SMALL BUSINESS ADMIN.

SMALL BUSINESS DIRECT LOAN PRG

6/30/2018

UNSECURED

500,000.

8/10/2011

UNSECURED

1,000,000.

WELLS FARGO

1

8/10/2031

QUARTERLY PAYMENTS

CA DEPT OF PARKS AND REC 10 ANNUAL INSTALLMENTS \$70,000 2.51 UNSECURED SETTLEMENT AGREEMENT

612,328.

TOTAL OTHER NOTES PAYABLE \$ 2,422,649.

TOTAL NOTES AND BONDS PAYABLE \$ 2,422,649.

STATEMENT 6 FORM 199, SCHEDULE L, LINE 18 **OTHER LIABILITIES**

DEFERRED REVENUE	880,197.
HEALTH INSURANCE RESERVE	2,776,891.
OTHER LIABILITES	1,417,160.
TOTAL	\$ 5,074,248.

Page 70 of 155

TAXABLE YEARCalifornia Exempt Organization2019Business Income Tax Return

FORM **109**

Calendar Year	2019	or fiscal year beginning (mm/dd/yyyy), a	nd ending (m	m/dd/yyyy)				
Corporation/Organization name FRESNO COUNTY ECONOMIC						California corporation number		
Additional informa	tion S	OPPORTUNITIES COMMISSION			0496314			
Additional information. See instructions.						606519		
Street address (su	uite/roc	m no.)			PMB no.			
1920 MAR	IPO	SA MALL						
FRESNO	ation h	as a foreign address, see instructions.)	State	ZIP code 93721				
Foreign country n	ame	Foreign province/state/county	CA	Foreign postal code				
A First Retu	rn Fi	ed? Yes X No H is th	ne organization	a non-exempt charitable tr	ust as	• Yes X No		
B Is this an	educ	ation IRA within the desi	cribed in IRC Se	ection 4947(a)(1)?		• Yes A No		
		TC Section 23712? Yes X No I Ist tion under audit by the IRS Zon	is organization	claiming any former; Enterp eles Revitalization Zone (Li	orise AR7)			
or has the	e IRS	audited in a prior year?	al Agency Milita	ry Base Recovery Area (LA	MBRA),			
D Final Retu		Enh Enh	geted Tax Area ancement Area	(ŤTA), or Manufacturing (MEA) tax benefits?		• Yes X No		
		d Surrendered (Withdrawn) Merged/Reorganized	nis organization	a qualified pension, profit	-sharina a			
Enter date (mm/dd/yyyy)								
		eturn				• 722320		
F Accounting I			nis a Hospital?.			• Yes X No		
				eral Schedule H (Form 990)	-			
Taxable Corporation		Unrelated business taxable income from Page 2, Part II, line 3			1	-56,042.		
	2	Multiply line 1 by the average apportionment percentage						
	-	Schedule R, Apportionment Formula Worksheet, Part A, line 2 or Part B, line 5. S		-	2			
	3	Enter the lesser amount from line 1 or line 2. If the unrelated busine California and Schedule R was not completed, enter the amount	ess activity is nt from line	wnonyn∩ 1	3	-56,042.		
Taxable						-,		
<u>Trust</u> Tax	4 5	Unrelated business taxable income from Side 2, Part II, line 30 Unrelated business taxable income from line 3 or line 4		•	4	<u>.</u>		
Compu-	5 6	EZ, LARZ, LAMBRA, or TTA NOL carryover deduction			6			
tation	7	Net Operating Loss deduction. See General Information N			7			
	8	Add line 6 and line 7			8			
	9	Net unrelated business taxable income. Subtract line 8 from lin			9			
	10	Tax % x line 9. See General Information J			10			
	11	Tax credits from Schedule B. See instructions.			11			
Total Tax	12	Balance. Subtract line 11 from line 10. If line 11 is greater than			12	0.		
. 47	13	Alternative minimum tax. See General Information O			13			
Payments	14	Total tax. Add line 12 and line 13			14			
. ayments	15 16	Overpayment from a prior year allowed as a credit	15	39.				
	17	Withholding (Form 592-B and/or 593.) See instructions						
	18	Amount paid with extension (form FTB 3539)	18					
	19	Total payments and credits. Add line 15 through line 18		•	19	39.		
	20	Use tax. See instructions.		•	20			
Use Tax/	21	Payments balance. If line 19 is more than line 20, subtract line	e 20 from line	e 19 •	21	39.		
Tax Due/ Overpay-	22	Use tax balance. If line 20 is more than line 19, subtract line 1	9 from line 2	20●	22			
ment	23	Tax due. Subtract line 21 from line 14. Pay entire amount with return. See instru	ictions	•	23			
	24	Overpayment. Subtract line 14 from line 21. See instructions		•	24	39.		
	25	Enter amount of line 24 to be applied to 2020 estimated tax		•	25	39.		

059

Refund or Amount		26	Refund. If line 25 is less than line 24, then subtract line 25 from line	24		•	26			
		a	Fill in the account information to have the refund directly deposited.	Routing I	number •	26 a				
		Ł	Type: Checking Savings Checking C		• • • • • •	26 c				
Due	IL I	27	Penalties and interest. See General Information M			•	27			
		28	Check if estimate penalty computed using Exception B or C an	nd attach	form FTB 58	06.				
		29	Total amount due. Add line 22, line 23, line 25, and line 27, then sub	otract line	24	\odot	29			
Unrela	ated I	Bus	iness Taxable Income							
Part I	Unr	elate	d Trade or Business Income							
1 a Gr	oss rece	eipts o	b Less returns and allowances		c Balance	•	1c			
			Is sold and/or operations (Schedule A, line 7)				2			
			Subtract line 2 from line 1c				3			
			net income. See Specific Line Instructions - Trusts attach Schedule I				4a			
	•	-	ss) from Part II, Schedule D-1				4b			
	Ũ	•	deduction for trusts				4c			
	•		oss) from partnerships, limited liability companies, or S corporations.							
in	structi	ons.	Attach Schedule K-1 (565, 568, or 100S) or similar schedule			٠	5			
6 R	ental i	ncon	ne (Schedule C)			٠	6			
7 U	nrelate	ed de	ebt-financed income (Schedule D)			٠	7			
8 In	vestm	ent i	ncome of an R&TC Section 23701g, 23701i, or 23701n organization (S	Schedule	E)	٠	8			
9 In	iterest,	, Anr	nuities, Royalties and Rents from controlled organizations (Schedule F)		٠	9			
10 E	xploite	d ex	empt activity income (Schedule G)			٠	10			
11 A	dvertis	ing i	income (Schedule H, Part III, Column A)			•	11			
12 O	ther in	com	e. Attach schedule			٠	12		590,548.	
13 To	otal un	relat	ted trade or business income. Add line 3 through line 12			٠	13		590,548.	
Part II	Dedu	uctio	ns Not Taken Elsewhere (Except for contributions, deductions must be directly cor	nnected wit	h the unrelated b	usines	s income.)	1		
14 C	ompen	nsatio	on of officers, directors, and trustees from Schedule I			٠	14			
15 S	alaries	and	I wages			٠	15		199,653.	
16 R									10,795.	
17 B	ad deb	ots				٠	17			
18 In	iterest.	. Atta	ach schedule		<u></u>	•	18			
19 Ta	axes. A	Attac	h schedule	SEE ST	ATEMENT	2 🖕	19		20,998.	
20 C	ontribu	ution	s. See instructions and attach schedule	<u></u>		٠	20			
			orporations and Associations — Schedule J) (Trusts — form FTB 3885F) •		5	82.				
b Le	ess: de	epred	ciation claimed on Schedule A. See instructions	21 b			21		582.	
22 D	epletio	n. A	ttach schedule			٠	22			
23 a C	ontribu	ution	s to deferred compensation plans				23a			
bΕ	mploye	ee be	enefit programs. See instructions.				23b		56,756.	
24 O	ther de	educ	tions. Attach schedule			٠	24		357,806.	
25 To	otal de	duct	ions. Add line 14 through line 24				25		646,590.	
26 Ur	nrelated	busin	ess taxable income before allowable excess advertising costs. Subtract line 25 from line 1	3		٠	26		-56,042.	
			ertising costs (Schedule H, Part III, Column B)				27			
28 U	nrelate	ed bu	usiness taxable income before specific deduction. Subtract line 27 from	n line 26		•	28		-56,042.	
29 S	pecific	ded	uction. See instructions			٠	29			
30 U			usiness taxable income. Subtract line 29 from line 28. If line 28 is a los				30		-56,042.	
			bout your privacy rights, how we may use your information, and the consequences for not prov equest this notice by mail, call 800.852.5711.	viding the re	quested informati	on, go t	o ftb.ca.go	v/forms a	and search for	
Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and bell correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Title Date Telephone								dge and b	belief, it is true,	
	office		ot ► CEO				(559) 263	3-1030	
	Pren	arer's	Date		Check if self-	_ •	PTIN			
Paid	signature THOMAS J KAKU						P008	50237	1	
Pre-		Firn	n's name (or yours, if self-employed) and address			•	Firm's FEI	N		
parer's Use		KAKU & MERSINO, LLP						77-0494454		
Only								Telephone		
	CLOVIS, CA 93611							324-7	1097	
	May	y the	FTB discuss this return with the preparer shown above? See instructi	ions			X Yes	5	No	
		-					<u> </u>			

FRESNO COUNTY ECONOMIC

тнырию 0000.		<u> </u>
Schedule A	Cost of Goods	Sold and/or Operations.
AA 11 1 C 1 1	1 11 7 15 5	

Metho	d of inventory valuation (specify)			r
1	Inventory at beginning of year			1
2	Purchases			2
3	Cost of labor		•	3
4 a	Additional IRC Section 263A costs. Attach schedule			4a
Ł	Other costs. Attach schedule		•	4b
5	Total. Add line 1 through line 4b			5
6	Inventory at end of year			6
7	Cost of goods sold and/or operations. Subtract line 6 fro	om line 5. Enter here and	d on Page 2, Part I, line 2	7
	Do the rules of IRC Section 263A (with respect to property p	roduced or acquired for res	sale) apply to this organization?	Yes X No
Sch	edule B Tax Credits.			
1		•	1	
2			2	
3	Enter credit name code		3	
4	Total. Add line 1 through line 3. If claiming more than 3 credits, enter the on line 4. Enter here and on Page 1, line 11.	he total of all claimed credits,		4
Sch	edule K Add-On Taxes or Recapture of Tax. See ins			
1	Interest computation under the look-back method for completed long-ter	rm contracts. Attach form FTB 3	3834	1
2	Interest on tax attributable to installment: a Sales of cer	rtain timeshares or resid	ential lots	2a
	b Method for	non-dealer installment o	bligations	2b
3	IRC Section 197(f)(9)(B)(ii) election to recognize gain or	n the disposition of intan	gibles	3
4			• • •	4
5	Total. Combine the amounts on line 1 through line 4. Se			5
Sch	edule R Apportionment Formula Worksheet. Use on	ly for unrelated trade or	business amounts.	· · · ·
Part	A. Standard Method – Single-Sales Factor Formula. Co	mplete this part only if the	he corporation uses the single	e-sales factor formula.
		(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1	Total Sales		Galifornia	
2	Apportionment percentage. Divide total sales column (b) by total sale column (a) and multiply the result by 100. Enter the result here and on Form 109, Page 1, line 2			•
Part	B. Three Factor Formula. Complete this part only if the			- I
	V	(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1	Property factor: See instructions.	•	•	•
2	Payroll factor: Wages and other compensation of employees.	•	•	•
3	Sales factor: Gross sales and/or receipts less returns			
_		•		•
4 5	Total percentage: Add the percentages in column (c) Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Page 1, line 2. See instructions for exceptions			
	edule C Rental Income from Real Property and Pers			
For re	ntal income from debt-financed property, use Schedule D, R&TC Section	23701g, Section 23701i, and Se	-	
1	Description of property		2 Rent received or accrued	3 Percentage of rent attribut- able to personal property %
				%
				%
4		5 Complete if any item in co	Iumn 3 is more than 10%, but not mo	
	item if the rent is determined on the basis of profit or income			
(a) l (Deductions directly connected (b) Income includible, column 2 less column 4(a)	(a) Gross income reportable, column 2 x column 3	(b) Deductions directly connected with personal property (att scl	(c) Net income includible, column 5(a) less column 5(b)
<u>.</u>				
Add	columns 4(b) and column 5(c). Enter here and on Side 2	, Part I, line б		

3643194

059

Form 109 2019 Page 3

Schedule D Unrelated Debt-Financed Income

	-	oome							
1 Description of debt-financed prop	perty			2 Gross income from or allocable to deb	n 3 Deduction t- debt-fination	3 Deductions directly connected with or allocable to debt-financed property			
				financed property		-line depreciation schedule)	(b) Other deductions (attach schedule)		
4 Amount of average acquisition indebtedness on or allocable to debt-financed property (attach schedule)	5 Average adjusted of or allocable to financed property (attach schedule)	debt- c	ebt basis percentage, olumn 4 ÷ column 5	7 Gross income reportable, column column 6	12x total of	e deductions, columns 3(a)) x column 6	9 Net income (or loss) includible, column 7 less column 8		
			olo						
			olo						
			olo						
Total. Enter here and on Pa	ge 2, Part I, line I	7							
Schedule E Investment	Income of an R&T	C Section 2	3701a. Section 237	01i. or Section 2370)1n Organizatior	1			
1 Description	2 Amount		tions directly	4 Net investment inc			6 Balance of investment		
	2	connec	cted (attach	column 2 less colu	imn 3 schedule	3)	income, column 4 less column 5		
Total. Enter here and on Pa	0								
Enter gross income from me				-		<u></u>			
Schedule F Interest, A	nnuities, Royaltie	s and Rent	s from Controlled	Organizations					
		Exe	mpt Controlled Or	ganizations					
1 Name of controlled organizations	Employer Identification N	lumber 3 N ir	let unrelated acome (loss)	4 Total of specified payments made	5 Part of o that is in the cont organiza gross in	ncluded in trolling ation's	6 Deductions directly connected with income in column (5)		
1									
2									
3									
Nonexempt Controlled Orga	nizations								
7 Taxable Income	inizations			9 Total of specified	10 Part of	oolump (0)	11 Deductions diseaths		
		D	let unrelated come (loss)	payments made	10 Part of that is in the cont organiza gross in	trolling ation's	11 Deductions directly connected with income in column (10)		
_1									
2									
3									
4 Add columns 5 and 10									
5 Add columns 6 and 11.									
6 Subtract line 5 from lin			2 Part L line 9						
			er than Advertisin						
	. ,	,		-		<u> </u>			
1 Description of exploited activity (attach schedule if more than one unrelated activity is exploiting the same exempt activity)	unrelated co business pri income from un	penses directly nnected with oduction of irelated isiness income	4 Net income from unrelated trade or business, column 2 less column 3	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess expense, of 6 less colubut not mot column 4	includible, column umn 5 4 less column 7		
Total. Enter here and on Pa	ge 2, line 10					<u>.</u>			

059 3644194

Schedule H Advertising Income and Excess Advertising Costs

1 Name of				lated Basis							
periodical	2 Gross advertising income	3 Direct advert	tising	4 Advertising inco excess advertisi costs. If column greater than col complete colum 6, and 7. If colu is greater than co 2, enter the exc Part III, column Do not complete columns 5, 6, an	ng 2 is umn 3, ns 5, mn 3 column ess in B(b).	5 Circulation inc	ome	6 Readersh	iip costs	tti oo oo tti soo oo	f column 5 is greater nan column 6, enter ne income shown in olumn 4, in Part III, olumn 6 is greater nan column 5, ubtract the sum of olumn 6 and columr from the sum of olumn 5 and columr butra the amount in art III, column A(b). If the amount is less nan zero, enter -0-
										-	
otals											
art II Incor	me from Periodicals	Reported on a S	eparate	Basis							
										-	
Part III. Colu	mn A – Net Advertis				Part	III Column B	- Evc	ess Advert	ising Cos	te	
(a) Enter	"consolidated periodical" an non-consolidated periodica	d/or names of	Part I, c amount	r total amount from olumn 4 or 7, and t listed in Part II, lumns 4 or 7) Enter "consolidate	ed period			(b) from	Enter total amount Part I, column 4, aı ınts listed in Part I column 4
						ovotod to huginan		attributable	to		allowances
			0	NC		devoted to business		attributable unrelated b			allowances
		5	0	NC							allowances
otal. Enter he	ere and on Page 2, Pa	art II, line 14	0	NC							allowances
otal. Enter he		porations and A	ssociati								
chedule J 1 Group and	-		ssociati ed 3		ts use		55.) 5 M			e or	7 Depreciation
Chedule J 1 Group and description	Depreciation (Corp guideline class or	2 Date acquire (dd/mm/yy eciation (do not	ssociati ed 3 yy) include	ions only. Trust Cost or other basis in items below	ts use	form FTB 3888 Depreciation allowed or allowable in prior years	5 5 5 5 5 5 5 5 5 5 6 6 6 6 6 6 6 6 6 6	ethod of epreciation	6 Life	e or e	7 Depreciation
chedule J 1 Group and description 1 Total add 2 Other de	Depreciation (Corr guideline class or of property ditional first-year depr preciation:	2 Date acquire (dd/mm/yy eciation (do not SEE ATTAC	ssociati ed 3 yy) include	ions only. Trust Cost or other basis	ts use	form FTB 3888 Depreciation allowed or allowable in prior years	5 5 5 5 5 5 5 5 5 5 6 6 6 6 6 6 6 6 6 6	ethod of epreciation	6 Life	e or e	7 Depreciatio
chedule J 1 Group and description 1 Total add 2 Other de Buildings Furniture	Depreciation (Corr guideline class or of property ditional first-year depr preciation: and fixtures	2 Date acquire (dd/mm/yy eciation (do not SEE ATTAC	ssociati ed 3 yy) include	ions only. Trust Cost or other basis in items below	ts use	form FTB 3888 Depreciation allowed or allowable in prior years	5 5 5 5 5 5 5 5 5 5 6 6 6 6 6 6 6 6 6 6	ethod of epreciation	6 Life	e or e	7 Depreciatio
Chedule J Group and description Total add Other de Buildings Furniture Transpor Machiner other equ	Depreciation (Corr guideline class or of property ditional first-year depr preciation: and fixtures tation equipment	eciation (do not	ssociati ed 3 yy) include	ions only. Trust Cost or other basis in items below	ts use	form FTB 3888 Depreciation allowed or allowable in prior years	5 5 5 5 5 5 5 5 5 5 6 6 6 6 6 6 6 6 6 6	ethod of epreciation	6 Life	e or e	7 Depreciation
 Group and description Group and description Total add Other de Buildings Furniture Transpor Machiner other equ Other (sp 	Depreciation (Corr guideline class or of property ditional first-year depr preciation: and fixtures tation equipment y and upment	2 Date acquire (dd/mm/yy	ssociati ed 3 yyy) include HED D	ions only. Trust Cost or other basis in items below	ts use	form FTB 3888 Depreciation allowed or allowable in prior years	5 5 5 5 5 5 5 5 5 5 6 6 6 6 6 6 6 6 6 6	ethod of epreciation	6 Life	e or e	7 Depreciation
 Chedule J Group and description Total add Other de Buildings Furniture Transpor Machiner other equ Other (sp Other de Other de Other de 	Depreciation (Corr guideline class or of property ditional first-year depr preciation: and fixtures tation equipment y and uipment pecify)	Porations and A 2 Date acquire (dd/mm/yy) eciation (do not SEE ATTAC	ssociati ed 3 yyy) include HED D	ions only. Trust	4	form FTB 388 form FTB 388 Depreciation allowed or allowable in prior years CHEDULE	25F.) 55F.) 5 M ccc de	ethod of mputing epreciation	6 Life	e or e	

3645194

059

The initial distribution is a comportation is a comportation is a comparison in the initial comparison number of the comparison insured the NDL, the comparison was a(n): 	TAXABLE YE		Operati	ing Loss (NOL) (omputation and			CALIFORNIA FOR
Opperation name PRESING COUNTY ECONOMIC OPPORTUNITIES COMMISSION Comparison Odd@9314 uning the toakey are incorrection incorrect the NU, the corporation eas a(t): Comparison Stemparison Stempa	20 19							3805Q
PRESNO COUNTY ECONMIC 0496314 uring the table year the corporation marged the NDL, the corporation and (n): (i) (corporation (corporation marked)): (ii) (corporation (corporation marked)): (iii) (corporation marked): (corporation): (c		n 100, Forn	n 100W, F	orm 100S, or Form 1	09.			
uniq the taxable year the corporation insumed the NOL, the corporation is included in a combined report and in a combined report of a unitary group, see instructions, General Information C, Combined Reporting, Combined Reporting, Combined Reporting, Combined Report of a unitary group, see instructions, General Information C, Combined Reporting, Combined Report of a unitary group, see instructions, General Information C, Combined Reporting, Combined Reporting, Combined Reporting, Combined Report of a unitary group, see instructions, General Information C, Combined Reporting, Combined Report of a unitary group, see instructions, General Information C, Combined Reporting, Combined Report of the corporation desting of the corporation desting of the corporation desting of the corporation desting of the corporation is included in line 1. Enter as a positive number. 1 1 Net loss from Form 100, line 18; Form 100%, line 18; or form 109, line 3. 4 2 56, 04 56, 04 2 2019 disaster loss inclured by a new business included in line 3. 4 5 56, 04 56, 04 c Add line 4a and line 4b. 56, 04 56, 04 c Add line 4a and line 4b. 56, 04 56, 04 c Current year NOL. Add line 2, line 4c, and line 5. See instructions. 6 56, 04 1 Net income – Enter the amount from Form 109, line 18; Form 100W, line 10; Form 100W, line 10; Form 100W, line 20; Form 100W,	Corporation name							
Unit of the double water the conjustion (in the the protein water) 94-1606519 9 Secondaria Secondaria 1the corporation is included in a combined report of a unitary group, see instructions, General Information C, Combined Reporting. 2ntl Current year NOL, if the corporation does not have a current year NOL, go to Part II. Net loss from Form 100, line 18, Form 100%, line 18, form 100%, line 18, form 100%, line 15, or Form 103, line 2. Enter as a positive number 1 3 56, 04 4a Enter the amount of the loss incurred by an eligible small business included in line 3 4a 5 General NCL, Subtract line 4, form line 3 56, 04 5 General NCL, Subtract line 4, form line 3 56, 04 6 56, 04 7 Carryover and disaster loss carryover limitations. See instructions. 9 Autility in a 1, form 100, line 15, form 100, line 18; form 100W, line 10; for end 100W, line 10; form 100, line 10; form 100W, line 10; form 201B 1 Net income – Enter the amount from Form 100, line 2; fourt 100W, line 10; form 201								5314
Comparison of the comparison previously field California as the element of the experiation are and California comparison number: He comparison previously field California as the element of the experiation are and California comparison number: He comparison previously field California as the element of the experiation are and California comparison number: He comparison previously field California as the element of the experiation are and California comparison number: He comparison previously field California the element of the experiation are and California comparison number: He comparison previously field California the experiation of the element of the loss incurred by an element elemente element element element element element element element elemen								1606519
the corporation is included in a combined report of a unitary group, see instructions, General Information C, Combined Reporting, Terr 1 Current year NOL. If the corporation does not have a current year NOL, go to Part II. Net loss from Form 100, line 18; Form 100W, line 18; Form 109, line 2. Enter as a positive number. 2 2019 disaster loss included in line 1. Enter as a positive number. 2 3 Subtract line 2 from ine 1. There or loss, enter 0- and see instructions. 3 56, 042 4 2019 disaster loss incurred by a new business included in line 344 5 6, 042 5 6, 042 5 6, 042 5 6 Current year NOL. Add line 2, line 4c, and line 5. See instructions. 8 Current year NOL. Add line 2, line 4c, and line 5. See instructions. 9 6 1 1 NOL carryover and disaster loss carryover limitations. See instructions. 1 1 NOL carryover and disaster loss carryover limitations. See instructions. 1 1 NoL carryover and disaster loss carryover limitations. See instructions. 1 1 NoL carryover and disaster loss carryover limitations. See instructions. 1 1 NoL carryover and disaster loss carryover limitations. See instructions. 1 1 NoL carryover and disaster loss carryover limitations. See instructions. 1 1 1 NoL carryover and disaster loss carryover limitations. 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
the corporation is included in a combined report of a unitary group, see instructions. General Information C, Combined Reporting. art1 Current year NOL. If the comporation does not have a current year NOL, go to Part II. Net loss from Torm 100, line 18; Form 1000, line 18; Form 1000, line 19; or Form 109, line 2.		previously file	d California	tax returns under another	corporate name, enter the	corporation name and Cali	fornia corporation numbe	r:
ard 1 Current year NOL, go to Part II. Net toss from 100, line 18; Form 100W, line 18; Form 100S, line 15; or Form 109, line 2. 1 Enter as a positive number. 2 2019 disaster loss included in line 1. Enter as a positive number. 3 3 56, 04 4a Enter the amount of the loss incurred by an evigible small business included in line 3. 4a 4b Enter the amount of the loss incurred by an eligible small business included in line 3. 4a 56, 042. 56, 042. c Add line 4a and line 4b. 4c 56, 042. 56, 042. c Add line 4a and line 4b. 4c 56, 042. 56, 042. c Add line 4a and line 4b. 4c 56, 042. 56, 042. c Add line 4a and line 4b. 5. See instructions. Current year NOL. Add line 2. Line 4c, and line 5. See instructions. 6 1 Net income – Enter the amount from form 100, line 18; Form 100W, line 18; Available balance row rever NOLs 7 1 Anount used in 2019 Carryover for 2022 1 Net income – Enter the amount from form 100, line 18; Form 2018 Amount used in 2019 Carryover for 2024 1 1		ion ic inclu	udad in a	combined report of		instructions Conor	Information C. Co	mbined Deporting
Net loss from Form 100, line 18; Form 100%, line 18; Form 1005, line 15; or Form 109, line 2. Enter as a positive number. 2 3 2 3 3 4 4 5 5 4 5 6 5 6 5 6 5 6 6 5 6 6 6 6 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>indined Reporting.</td>								indined Reporting.
2 019 disaster loss included in line 1. Enter as a positive number 3 subtract line 2 from line 1. If zero or less, enter -0- and see instructions. 3 a 5 6, 04 5 General NOL. Subtract line 4 from line 3 6 c 6 c 6 c 6 c 6 c 6 c 6 c 6 c 6 c 6 c							2.	
Subtract line 2 from line 1. If zero or less, enter -0- and see instructions a Enter the amount of the loss incurred by a new business included in line 3. 4a 56,042. 6 Add line 4a and line 4b. 6 Add line 4a and line 4b. 6 Current year NOL. Add line 2, line 4c, and line 5. See instructions. 6 Social line 2, line 4c, and line 5. See instructions. 6 Social line 2, line 4c, and line 5. See instructions. 6 Social line 2, line 4c, and line 5. See instructions. 7 Social line 2, line 4c, and line 5. See instructions. 7 Social line 2, line 15 less line 16; or Form 100, line 18; Form 100W, line 18; Form 100W, line 18; form 100S, line 15 less line 16; or Form 100, line 2; (but not less than -0-). 7 Year NOLs 7 Year NOLs 7 See herbructions 7 See herbructions 9 See herb								
a Enter the amount of the loss incurred by a new business included in line 3. 44								
b Enter the amount of the loss incurred by an eligible small business included in line 3 4b66,042 c Add line 4a and line 4b								
c Add line 4a and line 4b. General NOL. Subtract line 4c, and line 5. See instructions. Current year NOL. Add line 2, line 4c, and line 5. See instructions. Net income – Enter the amount from Form 100, line 18; Form 100W, line 18; Form 100S, line 15 less line 16; or Form 100, line 18; Form 100W, line 18; Form 100S, line 15 less line 16; or Form 100, line 2; (but not less than -0.) Tor Year NOLs Year of loss Year o								
General NOL. Subtract line 4c from line 3. General NOL. Subtract line 4c, and line 5. See instructions See instructions Are the amount from Form 100, line 18; Form 100W, line 18; Form 100S, line 15 less line 16; or Form 109, line 2; (but not less than -0-) Available balance Available balance Available balance Carryover 10 202 Col. (a) minus col. See bolow See bolow See bolow Col. (d) minus col. See instructions								
art II Not. carryover and disaster loss carryover limitations. See instructions. Net income – Enter the amount from Form 100, line 18; Form 100W, line 18; Available balance Form 1005, line 15 less line 16; or Form 109, line 2; (but not less than -0-). Available balance Year Code See Tot of of loss Code See Tot of Year See below. Initial loss - See below. See instructions Carryover from 2018 Image: See below. See below. See instructions Image: See below. See instructions See instructions Image: See below. See below. See instructions Image: See below. See instructions See instructions Image: See below. See instructions See instructions Image: See instructions See instructions See instructions	General N	OL. Subtra	ict line 4c	from line 3				
Net income – Enter the amount from Form 100, line 18; Form 100W, line 18; Available balance Form 100S, line 15 less line 16; or Form 109, line 2, (but not less than -0-)	Current ye	ear NOL. A	dd line 2,	line 4c, and line 5. S	ee instructions			6 56,04
Available balance Perm 1005, line 15 less line 16; or Form 109, line 2; (but not less than -0-). (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) <td>art II NOL</td> <td>carryover</td> <td>and disa</td> <td>ster loss carryover li</td> <td>mitations. See instru</td> <td>ctions.</td> <td></td> <td></td>	art II NOL	carryover	and disa	ster loss carryover li	mitations. See instru	ctions.		
Net income – Enter the amount from Form 100, line 18; Form 100W, line 18; Form 100S, line 18 less line 16; or Form 109, line 2; (but not less than -0.). Year of loss Code – See Not – See instructions See below Initial loss – See instructions See instructions Code – See Not – See instructions Code – See instructions See below Initial loss – See instructions Code – See instructi				-			(g)	
Yior Year NOLs Initial loss - See instructions Carryover from 2018 Amount used in 2019 Carryover in 2019 Carryover col. (e) minus col. Imitial loss - See instructions Carryover from 2018 Amount used in 2019 Carryover col. (e) minus col. Imitial loss - See instructions Carryover from 2018 Imitial loss - See instructions Carryover from 2018 Imitial loss - See instructions Carryover from 2018 Imitial loss - See instructions Carryover from 2018 Imitial loss - See instructions See instructions Imitial loss - See instructions Carryover from 2018 Imitial loss - See instructions Imitial loss - See instructions Imitial loss - See instructions Imitial loss - See instructions Imitial loss - See instructions Imitial loss - See instructions Imitial loss - See instructions Imitial loss - See instructions Imitial loss - See instructions See instructions Imitial loss - See instructions Imitial loss - See instructions Imitial loss - See instructions Imitial loss - See instructions See instructions Imitial loss - See instructions Imitial loss - See instructions Imitial loss - See instructions Imitial loss - See instructions See instructions Imitial loss - See instructions Imitial loss - See instruc	Net incon	ne – Enter	the amou	unt from Form 100, li	ne 18; Form 100W, I	ine 18;		
(a) Year of loss (b) Code - See instructions (c) Type of See below (d) See instructions (c) Carryover from 2018 Amount used in 2019 Carryover in 2019 Carryover Carryover to 2020 Col. (e) minus col. (c) (c) <td></td> <td></td> <td>less line</td> <td>16; or Form 109, line</td> <td>2; (but not less than</td> <td>-0-)</td> <td></td> <td></td>			less line	16; or Form 109, line	2; (but not less than	-0-)		
Year of loss Code – See instructions Type of See below* Initial loss – See below* Carryover from 2018 Amount used in 2019 Carryover to 202C col. (e) minus col. 2 </td <td></td> <td></td> <td>(c)</td> <td>(d)</td> <td>(e)</td> <td>(f)</td> <td></td> <td>(h)</td>			(c)	(d)	(e)	(f)		(h)
See below* Image: Contract of the second	Year	Code - See	Type of		Carryover	Amount used		Carryover to 2020
Image: Second	01 1055	instructions			110111 2010			
Image: Second								
Image: Second	20				$\overline{\mathbf{O}}$			•
Image: Second								
Image: Second								
Image: Construction of the second	\bigcirc				$\overline{\bullet}$			\odot
Surrent Year NOLs col. (d) minus col. See instructions 3 2019 DIS 4 2019 ESB 2019 56,042.	<u> </u>			r	0			
3 2019 DIS col. (d) minus col. See instructions 3 2019 ESB 56,042. 56,04 2019 2019 2019 2019 2019 2019 2019 2019 2019 2019 2019 2019 2019 2019 2019 2019 2019 2019 2019 2019 Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or Disaster (DIS). 2019 Part III 2019 NOL deduction 2019 2019 I Total the amounts in Part II, line 2, column (f)	$oldsymbol{O}$				$oldsymbol{O}$			\odot
3 2019 DIS See instructions 4 2019 ESB 56,042. 56,04 2019 Image: See instructions 56,04 56,04 Fype of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or Disaster (DIS). 56,04 Part III 2019 NOL deduction Image: See instruction Image: See instruction Image: Total the amounts in Part II, line 2, column (f) Image: See instruction Image: See instruction Image: See instructing Image	urrent Year N	NOLs						
Image: 2019 ESB 56,042. 56,04 2019								See instructions.
2019	3 2019		DIS					
2019								
2019 2019 2019 2019 Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or Disaster (DIS). Part III 2019 NOL deduction I Total the amounts in Part II, line 2, column (f) 2 Enter the total amount from line 1 that represents disaster loss carryover deduction here and on Form 100,	4 2019		ESB	56,042.				56,04
2019 2019 2019 2019 Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or Disaster (DIS). Part III 2019 NOL deduction I Total the amounts in Part II, line 2, column (f) 2 Enter the total amount from line 1 that represents disaster loss carryover deduction here and on Form 100,								
2019 Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or Disaster (DIS). Part III 2019 NOL deduction I Total the amounts in Part II, line 2, column (f) 2 Enter the total amount from line 1 that represents disaster loss carryover deduction here and on Form 100,	2019							
2019 Image: Second Structure Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or Disaster (DIS). Part III 2019 NOL deduction Image: Total the amounts in Part II, line 2, column (f)	2019							
Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or Disaster (DIS). Part III 2019 NOL deduction I Total the amounts in Part II, line 2, column (f) Part the total amount from line 1 that represents disaster loss carryover deduction here and on Form 100,	2013							
Part III 2019 NOL deduction Total the amounts in Part II, line 2, column (f) Total the total amount from line 1 that represents disaster loss carryover deduction here and on Form 100,	2019							
Total the amounts in Part II, line 2, column (f)	Type of NOL:	General (GEN), Nev	v Business (NB), Eliç	ible Small Business	(ESB), or Disaster (DIS).	
2 Enter the total amount from line 1 that represents disaster loss carryover deduction here and on Form 100,	art III 2019	NOL dedu	iction					
Enter the total amount from line 1 that represents disaster loss carryover deduction here and on Form 100,	Total the	amounto in	Dart II I	ne 2 column (f)			6	1
line 21; Form 100W, line 21; or Form 100S, line 19. Form 109 filers enter -0								ייש <u>ו</u>
	line 21; Fo	orm 100W,	line 21; c	r Form 100S, line 19	. Form 109 filers ent	er -0		2
Subtract line 2 from line 1. Enter the result here and on Form 100, line 19; Form 100W, line 19; Form 100S,	Subtract li	ne 2 from	line 1. En	ter the result here ar	id on Form 100. line	19; Form 100W. line	19; Form 100S.	
line 17; or Form 109, line 7								3

FTB 3805Q 2019 Page 1

CALIFORNIA STATEMENTS

PAGE 1

FRESNO COUNTY ECONOMIC OPPORTUNITIES COMMISSION

94-1606519

CLIENT 100100	OPPORTUNITIES COMMISSION	94-1606519
10/17/20		04:52PM
STATEMENT 1 FORM 109, PART I, LINE 12 OTHER INCOME PROGRAM SERVICE REVENUE	TOTAL	\$590,548. \$590,548.
STATEMENT 2 FORM 109, PART II, LINE 19 TAXES		
		\$ 19,645. 1,353
	TOTAL	1,353. \$ 20,998.
STATEMENT 3 FORM 109, PART II, LINE 24 OTHER EXPENSES		
ADMINSTRATIVE SERVICES. CONTRACTING SERVICES. EQUIPMENT & LEASES. INSURANCE OFFICE EXPENSE. PENSION PLAN CONTRIBUTIONS. PROGRAM COSTS SECURITY. TELEPHONE. TRAVEL. UTILITIES	DONOTMAIL	\$ 45,567. 16,301. 1,810. 2,655. 9,767. 8,230. 257,436. 789. 2,452. 278. 12,521.
	TOTAL	\$ 357,806.

STATE OF CALIFORNIA RRF-1 (Page 40/2017)						DEPARTMENT OF JU	STICE	
(Rev. 09/2017) IN MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 (916) 210-6400	_	REGISTRAT				(For Registry Use (
STREET ADDRESS: 300 Street Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-306, 309, 311, and 312 Sacramento, CA 95814 916) 210-6400 Failure to submit this report annually no later than four months and fifteen after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a								
WEBSITE ADDRESS: www.ag.ca.gov/charities/		f \$800, plus interest, and 8703; Government Code						
FRESNO COUNTY ECONOM OPPORTUNITIES COMMIS Name of Organization				Check if:				
List all DBAs and names the organization u	ises or has used			Amended r	eport			
1920 MARIPOSA MALL State Charity Registration Number 12025 Address (Number and Street) 12025								
FRESNO, CA 93721 City or Town, State and ZIP Code				Corporation or	^r Organization No	o. <u>0496314</u>		
(559) 263-1030 Telephone Number	E-mail Ad	dress		Federal Emplo	oyer ID No. 94	-1606519		
ANNUAL R	EGISTRATION F	RENEWAL FEE SCH Make Check Pay				11, and 312)		
Gross Annual Revenue	Fee	Gross Annual Re	evenue	<u>Fee</u>	Gross Annual	<u>Revenue</u>	F	ee
Less than \$25,000 Between \$25,000 and \$100,000	0 \$25	Between \$100,00 Between \$250,00				0,001 and \$10 million 00,001 and \$50 millio 50 million	n \$	150 225 300
PART A – ACTIVITIES								
For your most recent full a	ccounting peri	od (beginning	1/01/19	ending	12/31/19) list:		
Gross Annual Revenue \$_1	08,008,352	Noncash Co	ntributions \$		0. Total A	ssets \$ <u>33,67</u>	4,53	32.
Program Ex	penses \$	0.	101	Total Expenses	\$ <u>109,09</u>	5,095.		
PART B – STATEMENTS								
Note: All questions must be an providing an explanation							Yes	No
1 During this reporting period, w officer, director or trustee thereof, e	vere there any or either directly or	contracts, loans, leases with an entity in	or other financial which any such	transactions betw officer, director o	veen the organiza r trustee had any t	ation and any financial interest?		X
2 During this reporting period, v	vas there any th	neft, embezzlemen	nt, diversion or	misuse of the o	organization's charita	ble property or funds?		Х
3 During this reporting period, v	vere any organi	zation funds used	to pay any pen	alty, fine or ju	dgment?			Х
4 During this reporting period, w coventurer used?	vere the service	s of a commercial fu	ndraiser, fundrais	sing counsel fo	r charitable purposes	s, or commercial		Х
5 During this reporting period, d	lid the organiza	tion receive any g	overnmental fu	nding?	SEI	E STATEMENT 1	Х	
6 During this reporting period, d	lid the organiza	tion hold a raffle f	or charitable pu	irposes?				Х
7 Does the organization conduc	t a vehicle dona	ation program?						Х
8 Did the organization conduct a generally accepted accounting	an independent g principles for	audit and prepare this reporting perio	e audited financ	ial statements	in accordance w	<i>i</i> ith	Х	
9 At the end of this reporting pe	eriod, did the or	ganization hold res	stricted net assets,	while reporting	negative unrest	ricted net assets?		Х
I declare under penalty of perju and belief, the content is true, c					locuments, and	to the best of my kno	wled	ge
		LIA REYES		CEO				
Signature of Authorized Agent	Printed	Name		Title		Date	_	

CALIFORNIA STATEMENTS

FRESNO COUNTY ECONOMIC OPPORTUNITIES COMMISSION

PAGE 1

94-1606519

04:52PM

10/17/20

CLIENT 100100

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

EDUCATION DEPARTMENTS

FRESNO UNIFIED SCHOOL DISTRICT EDUCATION CENTER 2309 TULARE STREET FRESNO, CA 93721 GABRIEL HALLS (559) 497-3771 KALEB NEUFELD (559) 457-3537

CALIFORNIA DEPARTMENT OF EDUCATION CHILD NUTRITION FISCAL SERVICES 1430 "N" STREET, STE. 4503 SACRAMENTO, CA 95814 EVA CONTRERAS-LOPEZ (916) 445-7359 KAREN SIMMONS GILLIAN (559) 228-8193 GLORIA CABRERA (916) 322-8313

CALIFORNIA DEPARTMENT OF EDUCATION FISCAL & ADMINISTRATIVE SERVICES DIVISION-CDFS PO BOX 1317 SACRAMENTO, CA 95812-1317 JOE MARTINEZ (916) 323-7833 CHRISTINA TONEY (916) 319-0625

FRESNO UNIFIED SCHOOL DISTRICT DEPARTMENT OF PREVENTION & INTERVENTION 1350 M STREET FRESNO, CA 93721 NATALIE GALVAN (559) 457-3390

FRESNO COUNTY SUPERINTENDENT OF SCHOOLS 2405 TULARE STREET, STE 100 FRESNO, CA 93721 MATILDA SORIA (559) 497-3831

FRESNO UNIFIED SCHOOL DISTRICT COMMUNITY AND FAMILY SERVICES PARENT UNIVERSITY 850 N BLACKSTONE FRESNO, CA 93701 ZULEICA MURILLO ZULEICA.MURILLO@FRESNOUNIFIED.ORG

FRESNO UNIFIED SCHOOL DISTRICT EARLY LEARNING DEPARTMENT 2348 MARIPOSA ST FRESNO, CA 93721 RACHEL M GOMEZ (559) 457-3765

CALIFORNIA STATEMENTS

FRESNO COUNTY ECONOMIC OPPORTUNITIES COMMISSION

PAGE 2

94-1606519

04:52PM

10/17/20

CLIENT 100100

STATEMENT 1 (CONTINUED) FORM RRF-1, PART B, LINE 5 **GOVERNMENT AGENCY THAT PROVIDED FUNDING** FRESNO CITY CITY OF FRESNO HOUSING AUTHORITY PO BOX 11985 FRESNO, CA 93776 JANICE HUEY (559) 443 - 8400CITY OF FRESNO HOUSING AND DEVELOPMENT DIVISION 2600 FRESNO STREET, ROOM 3076 & 3070 FRESNO, CA 93721 JOHN ROBERTSON (559) 621-8300 ERICA CASTANEDA (559) 621-8514 DANNYE CASEY (559) 621-8469 ALEC VYBIRAL O NOT MAIL (559) 621-8412 FRESNO CITY HALL 2600 FRESNO STREET FRESNO, CA 93721 JACLYN GRANT (949) 636-8119 GLORIA MEYERS (559) 621-7907 CITY OF FRESNO - TRANSPORTATION/FAX 2223 G STREET FRESNO, CA 93706 BELINDA MCMILLAN HAENER (559) 621-1441 CITY OF FRESNO THROUGH THE STRATEGIC GROWTH COUNCIL 2600 FRESNO ST. FRESNO, CA 93721 COURTNEY ESPINOZA (559) 621-7913 FRESNO COUNTY COUNTY OF FRESNO DEPARTMENT OF EMPLOYMENT AND TEMPORARY ASSISTANCE 4499 E KINGS CANYON FRESNO, CA 93702 PAO LY (559) 600 - 2348COUNTY OF FRESNO DEPARTMENT OF SOCIAL SERVICES P.O. BOX 11867 FRESNO, CA 93721 KRISTEENA BUMP (559) 600 - 6521

CALIFORNIA STATEMENTS

FRESNO COUNTY ECONOMIC OPPORTUNITIES COMMISSION

PAGE 3

94-1606519

04:52PM

10/17/20

CLIENT 100100

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

THE COUNTY OF FRESNO 205 W PONTIAC CLOVIS, CA 93612 JENNIFER KISH KIRKPATRICK (559) 600-2334

COUNTY OF FRESNO DEPT. OF PUBLIC HEALTH PO BOX 11867 FRESNO, CA 93775 LEILA GHOIAMREZAEI (559) 600-6449

STATE OF CALIFORNIA

CALIFORNIA CONSERVATION CORPS 1719 24TH STREET SACRAMENTO, CA 95816 KA-RYN ESCOVEDO (916)341-3126 LAUREN CRACHY (916) 341-3183

CALIFORNIA DEPARTMENT OF COMMUNITY SERVICES AND DEVELOPMENT 2389 GATEWAY OAKS DRIVE, SUITE 100 SACRAMENTO, CA 95833 STEPHANIE UPCHURCH (916) 576-5314 LORRAINE BAKER (916) 341-4357 JEANETTE RAMIREZ (916) 576-7211 ADAM GOSNEY (916) 576-7194 KATHY ANDRY (916) 576-1008

LORRAINE YAMADA (916)576-7139 WILMER BROWN (916)576-7205 MICHAEL FORD (916)576-5292

FRESNO COUNTY PROBATION DEPARTMENT BUSINESS OFFICE 3333 E. AMERICAN AVE STE B FRESNO, CA 93725 MARGARET ORONA (559)600-1244

CALFORNIA DEPARTMENT OF PUBLIC HEALTH TOBACCO CONTROL SECTION MS #7206 PO BOX 997377 SACRAMENTO, CA 95899-7377 SUMMER VILLALOBOS (916)449-5507

10/17/20

CLIENT 100100

CALIFORNIA STATEMENTS

FRESNO COUNTY ECONOMIC OPPORTUNITIES COMMISSION

PAGE 4

94-1606519

04:52PM

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

STATE OF CA - SAN JOAQUIN RIVER CONSERVANCY 5469 E OLIVE AVE FRESNO, CA 93727 JASANJIT BAINS (559) 253-7324

STATE OF CA - DEPT OF WATER RESOURCES 1416 NINTH STREET PO BOX 942836 SACRAMENTO, CA 94236-0001 ROBERT LAMPA (559) 230-3370

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH WIC PROGRAM 3901 LENNANE DRIVE, MS 8600 SACRAMENTO, CA 95834 AFIYA BOSWELL (916)928-8827

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH MATERNAL CHILD AND ADOLESCENT HEALTH (MCAH) 1615 CAPITOL AVENUE, MS CODE 8305 PO BOX 997420 SACRAMENTO, CA 95899-7420 AARON GILLIS (916) 322-5516 JASON SPITZER (916) 650-0388 CALRECYCLE

CALRECYCLE GRANT UNIT 4, 9TH FLOOR, MA 9A PO BOX 4025 SACRAMENTO, CA 95812-4025 RENEE PODRIS (916)341-6585

CALIFORNIA GOVERNORS OFFICE OF EMERGENCY SERVICES VICTIM SERVICES PUBLIC SAFETY BRANCH 3650 SCHRIEVER AVENUE MATHER, CA 95655 JOSH SINGH (916)845-8793 ANGELINA DEYARMOND (916)845-8842

CALIFORNIA WILDLIFE CONSERVATION BOARD 1416 9TH STREET, ROOM 1266 SACRAMENTO, CA 95814 HEIDI WEST (916)323-8980

CALIFORNIA GOVENOR'S OFFICE OF BUSINESS AND ECONOMIC DEVELOPMENT COMMUNITY REINVESTMENT GRANTS PROGRAM 1325 J ST, STE 1800 SACRAMENTO, CA 95814 BELINDA VANZANT-PEREZ (916)447-7935

CALIFORNIA STATEMENTS

FRESNO COUNTY ECONOMIC OPPORTUNITIES COMMISSION

PAGE 5

94-1606519

04:52PM

10/17/20

CLIENT 100100

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

US

CORPORATION FOR NATIONAL AND COMMUNITY SERVICE 1301 CLAY STREET SUITE 365-5 OAKLAND, CA 94612 LAVERA D. BUTLER (202)380-2878

US DEPARTMENT OF HEALTH AND HUMAN SERVICES OFFICE OF HEAD START REGION IX 90 7TH STREET, 9TH FLOOR SAN FRANCISCO, CA 94103 ANDREA HARVEY (415)437-8544

US DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES OFFICE OF GRANTS MANAGEMENT 370 L'ENFANT PROMENADE, SW SIXTH FLOOR EAST WASHINGTON, DC 20447 DEBORAH OPPENHEIM (415)437-8426

US DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT SAN FRANCISCO REGIONAL OFFICE REGION IX COMMUNITY PLANNING & DEVELOPMENT (9AD) 1 SANSOME STREET, SUITE 1200 SAN FRANCISCO, CA 94104 ANGELO TOM (415) 489-6596

US DEPARTMENT OF LABOR/ETA 90 7TH STREET, ROOM 17-300 SAN FRANCISCO, CA 94103 DIVISION OF FEDERAL ASSISTANCE 200 CONSTITUTION AVENUE, NW-ROOM N-4716 WASHINGTON, DC 20210 TIFFANI THOMAS (415) 625-7961

US DEPARTMENT OF AGRICULTURE 5000 CALIFORNIA AVENUE, SUITE 100 BAKERSFIELD, CA 93309 DAN JOHNSON (661)336-0967 EXT 127

US SMALL BUSINESS ADMINISTRATION 409 3RD STREET SW WASHINGTON, DC 20416 J. CHRISTOPHER WEBB (202)205-7001 CARLOS MENDOZA (559)487-5441

Page 83 of 155

CALIFORNIA STATEMENTS

FRESNO COUNTY ECONOMIC OPPORTUNITIES COMMISSION

PAGE 6

94-1606519

04:52PM

10/17/20

CLIENT 100100

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

OFFICE FOR VICTIMS OF CRIME OFFICE OF JUSTICE PROGRAMS U.S. DEPARTMENT OF JUSTICE 810 7TH STREET NW WASHINGTON, DC 20531 IVETTE ESTRADA (202) 307-0932

US COMMITTEE FOR REFUGEES AND IMMIGRANTS NATIONAL HUMAN TRAFFICKING VICTIM ASSISTANCE PROGRAM 2231 CRYSTAL DRIVE ARLINGTON, VA 22202 MELISSA SUGUNDO-MORENO (703)310-1130 EXT. 3046

U.S. DEPARTMENT OF THE INTERIOR BUREAU OF RECLAMATION FINANCIAL ASSISTANCE SERVICES 84-2785 P.O. BOX 25007 DENVER, CO 80225 NICOLE SAULNIER O NOT MAIL (916) 978-5165

OTHER

ESSENTIAL ACCESS HEALTH 3600 WILSHIRE BLVD, SUITE 600 LOS ANGELES, CA 90010-0605 JASON LIM (510) 486-0412 EXT. 2331

CENTRAL VALLEY REGIONAL CENTER 4615 N. MARTY AVENUE FRESNO, CA 93722 BILL HYATT (559)276-4341VICKIE JORDAN (559)276-4300

FRESNO COUNCIL OF GOVERNMENTS 2035 TULARE STREET SUITE 201 FRESNO, CA 93721 TONY BOREN (559)233 - 4148

FRESNO-MADERA AREA AGENCY ON AGING 3837 N. CLARK STREET FRESNO, CA 93726 JEAN ROBINSON (559) 453 - 6494

FRESNO REGIONAL WORKFORCE INVESTMENT BOARD 2125 KERN STREET FRESNO, CA 93721 CHERYL BELERSCHMITT (559) 490 - 7136

CALIFORNIA STATEMENTS

FRESNO COUNTY ECONOMIC OPPORTUNITIES COMMISSION

CLIENT 100100

10/17/20

94-1606519

04:52PM

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

UNITED WAY OF FRESNO COUNTY 4949 E. KINGS CANYON, SUITE 200 FRESNO, CA 93727 LINDSAY CALLAHAN (559)244-5710 ASHLEY RUIZ (559)243-3664

YOUTH BUILD USA 58 DAY STREET SOMERVILLE, MA 02144 SARA ST. LAURENT (617)684-3454

YOUTHBUILD CHARTER SCHOOL OF CALIFORNIA 155 W. WASHINGTON BLVD, #517 LOS ANGELES, CA 90015 PHIL MATERO (213)741-2600

MADERA COUNTY PUBLIC WORKS DEPT 200 WEST 4TH STREET MADERA, CA 93637 PHILIP TOLER (559) 675-7811



FINANCE COMMITTEE MEETING

Date: October 22, 2020	Program: Head Start
Agenda Item #: 7	Director: Kathleen Shivaprasad
Subject: HHS Head Start 0-5 Monitoring Update	Officer: Jim Rodriguez

Background

The information presented below is intended to keep the Board apprised on the status of the work performed for the Quality Improvement Plan in response to the receipt of the Focus Area 2 monitoring review report for the Head Start 0-5 program.

U.S. Department of Health and Human Services (HHS) – Administration for Children and Families (ACF) Head Start conducted a follow-up review on the Focus Area 2 monitoring during the week of October 15-18, 2019. A quality improvement plan (QIP) was submitted to HHS for the three noted deficiencies involving the facilities cost associated with the 1900/1920 Mariposa Mall property, commonly referred to as Fresno Executive Plaza (FEP), and the reporting of Federal Interest therein. The three areas cited are internal control, budget, and facility reporting.

Approval of the QIP dated February 14, 2020 was received from the Regional Office in their letter dated February 24, 2020. The initial corrective action period was approved for extension to December 31, 2020.

The following actions have occurred since the QIP was presented in September 2020:

- Staff training is being scheduled for for staff and commissioners. The training will cover the recommendations from the auditors' Attest Report and suggestions for implementation.
- Fiscal staff training from Region IX T&TA trainers has also begun. The next session is scheduled for October 14, 2020.
- Staff are also scheduling a meeting with Region IX, which is anticipated as soon as a mutually available date is identified, to begin the next phase of the monitoring cycle comprising Head Start's monitoring.

The QIP status update was submitted to Region IX on October 14, 2020.



Grantee Name	Fresno County Economic Opportunities Commission	Plan Start Date	01/23/2020
Grant Award Number	09CH010290	Plan End Date	12/31/2020

Area of Deficiency

Description of Incident	Underlying/ Root Causes Why do we think this happened?	Actions taken to address this specific incident What were some immediate actions taken? What did we do that specifically addressed this incident?
"Grantee did not implement internal controls to ensure, maintain, comply, evaluate, and monitor compliance with terms and conditions of the federal award."	 Documentation of reporting policies and procedures. Role of CEO, Board, Internal Audit in monitoring / oversight. 	 Obtain Training and Technical Assistance (T&TA) from Region IX for Board Roles and Responsibilities for Head Start grantees. Weekly meetings with CEO, Financial Officer, and Head Start 0-5 Director will occur to review progress status with Quality Improvement Plan (QIP). Review draft of QIP with Region IX Program and/or Fiscal Specialists on February 12, 2020. Incorporate feedback into draft. Continue to hold frequent conversations with Region IX personnel on status of QIP. Request clarification on timing of 2019 carryover requests for pending facility projects to allow for timely obligation and liquidation of 2020 grant funds if an extension is requested for the SF-425 reporting. Submit January 20, 2020 monitoring review letter and report from HHS along with the current draft of the QIP to Finance Committee on February 13, 2020 and then to the Board on February 26, 2020. Monthly status update on the QIP will be provided to the Board by the CEO. Head Start board representative will report out to the County-Wide Policy Council (CWPC). Update the Agency's Organizational Chart so the Head Start 0 – 5 Director reports directly to the Chief Executive Officer. Request Region IX approval to extend the Final SF-425 closeout reporting and liquidation period for the 2019 grant year to ensure allocated costs within the "Other" line item associated with the facility cost pool for 1900/1920 Mariposa Mall are in alignment with outcome of QIP.

Description of Incident	Underlying/Root Causes	Actions taken to address this specific incident
Continued from prior page		 Procure and contract with an independent, third party Certified Public Accounting (CPA) firm, who has no prior work history with Fresno EOC, to review the current facility cost allocation pool methodology for accuracy of allocations and to identify areas of enhancement.
		 Review the organizational structure of financial duties associated with the Head Start grant and assess possible restructuring of duties.
		 Review available financial training opportunities available on Uniform Guidance and Head Start regulations for Head Start financial staff based on restructuring of financial duties among staff. Determine if the pending Fiscal Initiative training at Region IX anticipated in May 2020 will align with these training needs.
		 External CPA firm to provide training and technical assistance to Finance Office personnel based on outcome of their agreed upon procedures
		 Review the Accounting Policies and Procedure Manual - Section X Financial Reporting Procedures for needed additions and/or updates.
		External auditor will present recommendations to the Board of Commissioners.
		 Update documentation of procedures used in the computation of the Federal Interest based on recommendations received from the external auditors.
		Document monitoring and oversight procedures for reporting.
		 Discuss and negotiate with Region IX representatives any items for resolution based on the results of external auditor recommendations.
		Obtain Board approval for any necessary updates to the Accounting Policies and Procedures Manual.
		Board approval for final QIP status in December 16, 2020 Board meeting.

Actions Taken to Strengthen Systems Program-wide

Key Element:	Internal Contro	Internal Controls						
Intended Outcome:	Assess and Str	Assess and Strengthen Internal Controls						
Implementation Activities	S	Timeline	Staff responsible	Resources/ TTA	Documentation	Status of Activities		
Obtain Training and Techr (T&TA) Region IX for Boar Responsibilities for Head S	d Roles and	March 13, 2020	Emilia Reyes	T&TA to be provided at Board Retreat March 13, 2020 as requested through Region IX.	Sign-in sheets will be utilized to document those in attendance.	Complete - training held on March 13, 2020.		
Weekly meetings with Financial Officer, Head Sta and Finance Manager – S will occur to review progr QIP.	art 0-5 Director, Special Projects	February 5, 2020 through December 31, 2020	Emilia Reyes, Rebecca Heinricy, Kathleen Shivaprasad, Jim Rodriguez, Arthur Montejano	Quality Improvement Plan.	Sign-in sheets will be utilized to document those in attendance.	First meeting was held February 5, 2020. Meeting continue.		
Review draft of QIP with R Program and/or Fiscal Spe February 12, 2020. Incorp into draft. Continue to hold conversations with Region on status of QIP.	ecialists on oorate feedback d frequent	February 12, 2020	Andrea Harvey, Joanna Chan, Emilia Reyes, Rebecca Heinricy, and Kathleen Shivaprasad	Quality Improvement Plan.	Sign-in sheet for call.	Complete QIP was approved by Region IX per letter dated February 24, 2020.		
Request clarification on tim carryover requests for pen projects to allow for timely liquidation of 2020 grant fu extension is requested for reporting.	ding facility obligation and inds if an	February 12, 2020	Emilia Reyes, Rebecca Heinricy, and Kathleen Shivaprasad	Guidance from Region IX Program and Fiscal Specialists	Meeting call sign-in sheet 2/12/2020.	Complete- Guidance received – Can submit carry-over using Interim SF- 425.		

Implementation Activities	Timeline	Staff responsible	Resources/ TTA	Documentation	Status of Activities
Submit January 20, 2020 monitoring review letter and report from HHS along with the current draft of the QIP to Finance Committee on February 13, 2020 and then to the Board on February 26, 2020. Monthly status update on the QIP will be provided to the Board by the CEO. Head Start board representative will report out to the CWPC.	Finance Committee on February 13, 2010; Board meeting on February 26, 2020 and forward.	Emilia Reyes and Rebecca Heinricy	Committee meeting packets.	Committee meeting packets and meeting minutes.	On-going- Report and QIP provided via Finance Committee on February 13, 2020 with CEO update to Board on February 26, 2020. Updates continue.
Update the Agency's Organizational Chart so the Head Start 0 – 5 Director reports directly to the Chief Executive Officer.	February 24, 2020	Emilia Reyes and Heather Brown	CEO has knowledge and experience within the areas of early childhood education and fiscal.	Organization Chart	Complete - reporting structure updated as of February 17, 2020.
Request Region IX approval to extend the Final SF-425 closeout reporting and liquidation period for the 2019 grant year to ensure allocated costs within the "Other" line item associated with the facility cost pool for 1900/1920 Mariposa Mall align with outcome of QIP.	February 26, 2020	Emilia Reyes, Rebecca Heinricy, and Kathleen Shivaprasad	Guidance from Region IX Program and Fiscal Specialists	Letter to request the extension based on potential adjustment to "Other" fiscal line item.	Fresno EOC submitted an updated SF-425 for 2019 on August 6, 2020.
Procure and contract with an independent, third party Certified Public Accounting (CPA) firm, who has no prior work history with Fresno EOC, to review the current facility cost allocation pool methodology for accuracy of allocations and to identify areas of enhancement.	Week of March 2 nd . Week of July 7 th .	Emilia Reyes, Jim Rodriguez, Rebecca Heinricy, Arthur Montejano		Contract	Update-Hudson,Henderson&Companycompletedtheirproceduresandreport.TheReportwas accepted by theBoardofCommissionersonSeptember30

Implementation Activities	Timeline	Staff responsible	Resources/ TTA	Documentation	Status of Activities
Review the organizational structure of financial duties associated with the Head Start grant and assess possible restructuring of duties.	March 27, 2020	Emilia Reyes and Heather Brown, Rebecca Heinricy, and Kathleen Shivaprasad	Consult peer Head Start programs for suggestions as to structure of fiscal personnel.	Organization Chart; Job Descriptions	Complete Two managers and one accountant have been hired.
Review available financial training opportunities available on Uniform Guidance and Head Start regulations for Head Start financial staff based on restructuring of financial duties among staff. Determine if the pending Fiscal Initiative training at Region IX anticipated in May 2020 will align with these training needs.	April / May 2020 <u>&</u> <u>September –</u> <u>October 2020</u>	Select Head Start financial staff and/or program leadership.	Trainers to be determined	Training Agenda	CEO, Financial Officer, and several staff have completed the OHS Region IX Fiscal Institute webinar series. <u>Update –</u> <u>Staff are</u> <u>participating in</u> <u>additional T&TA</u> with the help of the <u>Regional Network.</u>
External CPA firm to provide training and technical assistance to Finance Office personnel based on outcome of their agreed upon procedures.	October 2020	Applicable Finance Office and Head Start personnel	External Auditor guidance	Sign-in sheets will be utilized to document those in attendance.	Update - The external CPA firm will provide this training in October which better aligned with staff and Board of Commissioners availabilityy.
One member of the Board of Commissioners will participate in the staff training and technical assistance provided by the External CPA firm based on outcome of their agreed upon procedures	<u>October</u> 2020	At least one member of the Board of Commissioners including a member of the Finance Committee	External Auditor guidance	Sign-in sheets will be utilized to document those in attendance.	Update The Finance Committee extended the invitation to any Board member who is able to attend. The training will be recorded for those with schedule conflicts to view.

Implementation Activities	<u>Timeline</u>	Staff responsible	Resources/ TTA	Documentation	Status of Activities
Review the Accounting Policies and Procedure Manual - Section X Financial Reporting Procedures for needed additions and/or updates.	June 10, 2020	Rebecca Heinricy	External Auditor guidance	Board Agenda item and minutes	Complete –changes were presented to the Finance Committee on June 10 th and approved by the full Board on June 24 th .
External auditor will present recommendations to the Board of Commissioners.	June 10, 2020 & <u>September 30,</u> <u>2020</u>	External Auditor; Emilia Reyes,	External Auditor guidance	Board Agenda item and minutes	Update – The external auditors presented their findings and report to the Board of Commissioners on September 30, 2020. The Board accepted the report.
Update documentation of procedures used in the computation of the Federal Interest based on recommendations received from the external auditors.	November 18, 2020	Rebecca Heinricy	External Auditor guidance	Federal Interest / SF-429 Procedures	<u>Update – Staff will</u> incorporate recommendations after completion of training.
Document monitoring and oversight procedures for reporting.	June 10, 2020 (Finance Committee) and June 24, 2020 (Board)	Emilia Reyes, Rebecca Heinricy, Susan Shiomi, Arthur Montejano	Review if T&TA would be beneficial.	Monitoring Procedures	Complete – Monitoring Procedures were approved by the board on June 24 th .
Discuss and negotiate with Region IX representatives any items for resolution based on the results of external auditor recommendations.	As needed, but by November 6, 2020	Board Chair, Emilia Reyes, Jim Rodriguez, Rebecca Heinricy, Kathleen Shivaprasad, Arthur Montejano, Region IX representatives	Guidance from Region IX program and fiscal specialists.	Letters and supporting documents.	Updat <u>e – The Board</u> of Commissioners directed staff to begin negotiations with Region IX to resolve findings.

Program Improvement Plan

Finance Committee approval 2/13/2020; Board approval 2/26/2020; Region IX approval 2/24/2020

Implementation Activities	<u>Timeline</u>	Staff responsible	Resources/ TTA	Documentation	Status of Activities
Obtain Board approval for any necessary updates to the Accounting Policies and Procedures Manual.	June 10, 2020 / June 24, 2020; November 18, 2020	Board of Commissioners; Emilia Reyes	Board meeting packet	Policies and Procedures	Board approved updates to the Manual on June 24 th . Future approval, as needed.
Obtain Board approval final QIP status and Corrective Actions in November 18, 2020 Board meeting.	November 18, 2020	Board of Commissioners; Emilia Reyes	External auditor recommendations	SF-429	Updated – QIP will be approved and submitted timely within the new deadline.

Summary of progress towards outcome:

The external auditor, Hudson, Henderson & Company (HHC) presented their final report to the Board of Commissioners on September 30, 2020. The Board accepted the report and its recommendations. Accordingly, members of the Board of Commissioners will participate alongside staff in the training to be offered by HHC. Staff are also taking part in additional training offered by Region IX's T&TA Network. Finally, the Board of Commissioners directed staff to begin negotiations with Region IX staff to resolve any federal interest and potential disallowed costs.

Area of Deficiency

Description of Incident	Underlying/ Root Causes Why do we think this happened?	Actions taken to address this specific incident What were some immediate actions taken? What did we do that specifically addressed this incident?
"Grantee continued to charge facility costs to the federal award that were not properly allocated. The grantee's Fresno Executive Plaza (FEP) facility cost pool that was implemented for the FEP facility resulted in charges to the federal grant for costs that were not incurred specifically for the federal award and expenses that did not directly benefit the Head Start program."	 Utilization cost pool for the allocation of facility costs for the Fresno Executive Plaza location. Assessment of space utilization within the Fresno Executive Plaza. Depreciation not adjusted for Federal Share of facility. Inclusion of building improvements within the cost pool. Allocation of space in 1900 Building A occupied starting July 2003 (prior to mortgage pay-off in June 2010) without receiving advance approval from HHS. 	 Submit January 20, 2020 monitoring review letter and report received from HHS along with the initial draft of the QIP to Finance Committee meeting on February 13, 2020 and then to the Board meeting on February 26, 2020. Monthly status update on the QIP will be provided to the Board by the CEO. The Head Start board representative will report out to the County-Wide Policy Council. Assess proper inclusion of each fixed asset that is depreciating within the facility cost pool as of January 2019 onward and adjust allocation of depreciation as necessary. Compute the reduction in depreciation allocated to Head Start on assets with Federal Interest from January 2019 to current and make appropriate adjustments to the cost allocation prior to close out of the 2019 grant. Update square footage rate computation to establish a unique rate for Head Start 0-5 spaces that incorporates this adjustment. Perform a walk-thru of the 1900/1920 facility to verify the accuracy of the occupancy of the 1900/1920 buildings and note any areas where space utilization may be shared. Document and adjust any items noted. Procure and contract with an independent, third party Certified Public Accounting (CPA) firm, who has no prior work history with Fresno EOC, to review the current facility cost allocation pool methodology for accuracy of allocations and to identify areas of enhancement. Compute the Federal Interest generated with the 1900 Building A for evaluation as potential disallowed cost. Review available financial training opportunities available on Uniform Guidance and Head Start regulations for Head Start financial staff based on restructuring of financial duties among staff. Determine if the pending Fiscal Initiative training at Region IX anticipated in May 2020 will align with these training needs. External CPA firm to provide training and technical assistance to Finance Office personnel based on outcome of their agreed upon procedures.

Description of Incident	Underlying/Root Causes	Actions taken to address this specific incident
Continued from prior page		 Review the Accounting Policies and Procedure Manual - Section VIII Cost Allocation for needed additions and/or updates.
		 Review facility cost pool procedure step-by-step outline for the Fresno Executive Plaza facility cost pool allocation process for needed additions and/or updates.
		External auditor will present recommendations to the Board of Commissioners.
		 Assess proper inclusion of each fixed asset that is depreciating within the facility cost pool for periods prior to January 2019. Compute estimate for potential disallowed costs.
		• Compute the reduction for depreciation allocated to Head Start on assets with Federal Interest prior to January 2019.
		 Discuss and negotiate with Region IX representatives any items for resolution based on the results of external auditor recommendations.
		Obtain Board approval for any necessary updates to the Accounting Policies and Procedures Manual.
		Obtain Board approval for final QIP status in December 31, 2020 Board meeting.

Program Improvement Plan

Finance Committee approval 2/13/2020; Board approval 2/26/2020; Region IX approval 2/24/2020

Actions Taken to Strengthen Systems Program-wide

Key Element:	Accountability fo	Accountability for funds, property, and other assets					
Intended Outcome:	Ensure adequate accountability is maintained within financial records						
Implementation Activities	S	Timeline	Staff responsible	Resources/ TTA	Documentation	Status of Activities	
Submit January 20, 2020 r letter and report received f with the initial draft of the C Committee meeting on Fet and then to the Board mee 26, 2020. Monthly status u will be provided to the Boa The Head Start board repr report out to the County-W Council.	rom HHS along QIP to Finance oruary 13, 2020 eting on February update on the QIP rd by the CEO. esentative will	Finance Committee on February 13, 2010; Board meeting on February 26, 2020 and forward.	Emilia Reyes and Rebecca Heinricy	Committee meeting packet.	Committee meeting packets and meeting minutes.	On-going- Report and QIP provided via Finance Committee on February 13, 2020 with CEO update to Board on February 26, 2020. Updates continue.	
Assess proper inclusion o that is depreciating within the as of January 2019 on allocation of depreciation a	he facility cost pool ward and adjust	February 3, 2020 to February 28, 2020.	Rebecca Heinricy, Darlene Trujillo, and Kristy Fung.	Fixed Asset and general ledger records.	Journal Entries and supporting documents	Complete. Any depreciation within the FEP facility cost pool for site specific improvements were removed.	
Compute the reduction in c allocated to Head Start on Federal Interest from Janu current and make appropri to the cost allocation prior 2019 grant. Update square computation to establish a Head Start 0-5 spaces that adjustment.	assets with ary 2019 to ate adjustments to close out of the e footage rate unique rate for	February 3, 2020 to February 28, 2020.	Rebecca Heinricy and Darlene Trujillo,	Fixed Asset and SF-429 computation records	Journal Entry and supporting documents.	Adjustments have been computed and captured.	

Implementation Activities	Timeline	Staff responsible	Resources/ TTA	Documentation	Status of Activities
Perform a walk-thru of the 1900/1920 facility to verify the accuracy of the occupancy of the 1900/1920 buildings and note any areas where space utilization may be shared. Assess and adjust any items noted.	February 11, 2020	Kathleen Shivaprasad, Kerry Wiley, Darlene Trujillo, Susan Shiomi, and Mary Xiong	Facility occupancy worksheet and observation checklist.	Observation checklist	Completed walk- through and adjusted square footage.
Procure and contract with an independent, third party Certified Public Accounting (CPA) firm, who has no prior work history with Fresno EOC, to review the current facility cost allocation pool methodology for accuracy of allocations and to identify areas of enhancement.	Week of March 2 nd . Week of July 7 th .	Emilia Reyes, Rebecca Heinricy, Jim Rodriguez, Arthur Montejano		Contract	Update-Hudson,Henderson&Companycompletedtheirproceduresandreport.The Reportwas accepted by theBoardofCommissionersonSeptember 30.
Compute the Federal Interest generated with the 1900 Building A for evaluation as potential disallowed cost.	March - September 2020	Rebecca Heinricy, Darlene Trujillo, External Auditor, Jim Rodriguez, Arthur Montejano	Supporting square footage occupancy worksheets.	Supporting computation worksheets.	The external auditors completed their procedures including a computation of Federal Interest and potential disallowed costs.
Present updated Federal Interest computations for 1900 Building A to the Board of Directors	September <u>30</u> , 2020	Rebecca Heinricy, Darlene Trujillo, External Auditor, Jim Rodriguez, Arthur Montejano	External auditor's report and calculations	External auditor's report and calculations	Update – <u>The Board</u> of <u>Commissioners</u> received the auditor's final report on September 30, 2020.

Implementation Activities	Timeline	Staff responsible	Resources/ TTA	Documentation	Status of Activities
Review available financial training opportunities available on Uniform Guidance and Head Start regulations for Head Start financial staff based on restructuring of financial duties among staff, including the pending Fiscal Initiative training at Region IX anticipated in May 2020.	<u>April / May 2020</u> <u>& September –</u> <u>October 2020</u>	Select Head Start financial staff and/or program leadership. Jim Rodriguez	Trainers to be determined	Training Agenda – CEO, Financial Officer, and Accounting Managers attended Fiscal Initiative training.	T&TA requested on March 4, 2020. Staff completed the OHS Region IX Fiscal Institute webinar series. CFO training being coordinated. <u>Update</u> <u>– Staff are</u> <u>participating in</u> additional T&TA with the help of the <u>Regional Network.</u>
External CPA firm to provide training and technical assistance to Finance Office personnel based on outcome of their agreed upon procedures.	<u>October 2020</u>	Applicable Finance Office personnel	External Auditor guidance	Sign-in sheets will be utilized to document those in attendance.	Update - The external CPA firm will provide this training in October which better aligned with staff and Board of Commissioners availability.
One member of the Board of Commissioners will participation in the training and technical assistance provided by the External CPA firm based on outcome of their agreed upon procedures	October 2020	At least one member of the Board of Commissioners including a member of the Finance Committee	External Auditor guidance	Sign-in sheets will be utilized to document those in attendance.	Update - The Finance Committee extended the invitation to any Board member who is able to attend. The training will be recorded for those with schedule conflicts to view at a later date.

Implementation Activities	Timeline	Staff responsible	Resources/ TTA	Documentation	Status of Activities
Review Accounting Policies and Procedure Manual - Section VIII Cost Allocation for needed additions and/or updates.	June 10, 2020; June 24, 2020	Rebecca Heinricy	External Auditor guidance	Board Agenda item and minutes	Complete – The Board of Directors approved proposed changes on June 24 th .
Review facility cost pool procedure step-by- step outline for the Fresno Executive Plaza facility cost pool allocation process for needed additions and/or updates.	<u>November 18,</u> 2020	Rebecca Heinricy and Darlene Trujillo	External Auditor guidance	Facility cost procedure	Updated – Facility cost pool procedures will be updated <u>after</u> <u>training from the</u> <u>external auditors.</u>
External auditor will present recommendations to the Board of Commissioners.	June 10, 2020 & <u>September 30,</u> 2020	External Auditor; Emilia Reyes	External Auditor guidance	Board Agenda item and minutes	Update – The external auditors presented their findings and report to the Board of Commissioners on September 30, 2020. The Board accepted the report.
Assess proper inclusion of each fixed asset that is depreciating within the facility cost pool for periods prior to January 2019. Compute estimate for potential disallowed costs.	<u>September 30,</u> 2020	Rebecca Heinricy and Darlene Trujillo, External Auditor, Jim Rodriguez, Arthur Montejano	Fixed Asset Module records	Fixed Asset records and general ledger.	Update – The external auditor has produced a report which includes estimates for potential disallowed costs. <u>This report</u> was accepted by the <u>Board of</u> <u>Commissioners on</u> <u>September 30.</u>

Implementation Activities	<u>Timeline</u>	Staff responsible	Resources/ TTA	Documentation	Status of Activities
Compute the reduction for depreciation allocated to Head Start on assets with Federal Interest prior to January 2019.	September 30, 2020	Rebecca Heinricy and Darlene Trujillo, External Auditor, Jim Rodriguez, Arthur Montejano		Federal Interest computation worksheet and fixed asset records.	

Program Improvement Plan

Finance Committee approval 2/13/2020; Board approval 2/26/2020; Region IX approval 2/24/2020

Implementation Activities	Timeline	Staff responsible	Resources/ TTA	Documentation	Status of Activities
Discuss and negotiate with Region IX representatives any items for resolution based on the results of external auditor recommendations.	November 2020	Board Chair, Emilia Reyes, Rebecca Heinricy, Region IX representatives	Guidance from Region IX program and fiscal specialists.	Letters and supporting documents.	Update – The Board of Commissioners directed staff to begin negotiations with Region IX to resolve any federal interest and potential disallowed costs.
Obtain Board approval for any necessary updates to the Accounting Policies and Procedures Manual.	<u>November 18,</u> 2020	Board of Commissioners; Emilia Reyes	Board meeting packet	Policies and Procedures	Board approved updates to the Manual on June 24 th . Future approval will occur, as needed.
Obtain Board approval for final QIP status in November 18, 2020 Board meeting.	November 18, 2020	Board of Commissioners; Emilia Reyes	External auditor recommendations	SF-429	Scheduled

Summary of progress towards outcome:

Hudson, Henderson & Company completed their procedures including updated computations for potential disallowed costs as well as updated computations for federal interest. The report was accepted by the Board of Commissioners on September <u>30</u>. The Board of Commissioners directed staff to begin negotiations with Region IX for the resolution of any federal interest and potential disallowed costs.

Area of Deficiency

Description of Incident	Underlying/ Root Causes Why do we think this happened?	Actions taken to address this specific incident What were some immediate actions taken? What did we do that specifically addressed this incident?
"The grantee did not accurately record a notice of federal interest and did not accurately report the amount of federal interest on the Real Property Status Report (SF-429) for the Fresno Executive Plaza (FEP) property located at 1900 and 1920 Mariposa Mall, Fresno, California."	 Methodology used for computing Federal Interest as reported SF-429 Reliance on alternate supporting documents prior to 1999 due to unavailability of general ledger. Space in 1900 Building A was occupied starting July 2003, which was prior to mortgage pay-off in June 2010, without receiving advance approval from HHS. Role of CEO, Board, and Internal Audit in monitoring / oversight not clearly documented. 	 Procure and contract with an independent, third party Certified Public Accounting (CPA) firm, who has no prior work history with Fresno EOC, to review the current facility cost allocation pool methodology for accuracy of allocations and to identify areas of enhancement. Weekly meetings with CEO, Financial Officer, and Head Start 0-5 Director will occur to review progress status with QIP Submit January 20, 2020 monitoring review letter and report received from HHS along with the initial draft of the QIP to Finance Committee meeting on February 13, 2020 and then to the Board meeting on February 26, 2020. Monthly status update on the QIP will be provided to the Board by the CEO. The Head Start board representative will report out to the County-Wide Policy Council (CWPC). Compute the Federal Interest generated with the 1900 Building A for evaluation as potential disallowed cost. External CPA firm to provide training and technical assistance to Finance Office personnel based on outcome of their agreed upon procedures. External auditor will present recommendations to the Board of Commissioners. Compute the reduction for depreciation allocated to Head Start on assets with Federal Interest prior to January 2019 based on occupancy percentage and Federal Interest share. Update computation of federal interest for the FEP facility incorporating recommendations from the external auditor. Review allocation of interest, bond amortization, and mortgage principal across all occupants and their funding sources to ensure Federal Share and Non-Federal Share are accurately reported.

Description of Incident	Underlying/Root Causes	Actions taken to address this specific incident
Continued from prior page		 Update documentation of procedures used in the computation of the Federal Interest based on recommendations received from the external auditors.
		 Obtain Board approval for any necessary SF-429 revision and final QIP status in December 16, 2020 Board meeting.
		 Amend and file, if necessary, revised SF-429 report via Online Data Collection (OLDC) within GrantSolutions.gov based upon CEO and Board approval.

Program Improvement Plan

Finance Committee approval 2/13/2020; Board approval 2/26/2020; Region IX approval 2/24/2020

Actions Taken to Strengthen Systems Program-wide

Key Element:	Reporting					
Intended Outcome:	ntended Outcome: Ensure reporting is completed accurately and timely					
Implementation Activities	S	Timeline	Staff responsible	Resources/ TTA	Documentation	Status of Activities
Procure and contract with party Certified Public Accor- has no prior work history review the current facility methodology for accuracy identify areas of enhancen	unting (CPA) firm, who with Fresno EOC, to cost allocation pool of allocations and to	Week of March 2 nd . Week of July 7 th .	Emilia Reyes, Rebecca Heinricy, Jim Rodriguez, Arthur Montejano		Contract	Update – Hudson, Henderson & Company completed their procedures and presented a draft report to the Finance Committee.
Weekly meetings with C Officer, Head Start 0-5 I Manager – Special Projec progress status with QIP	Director, and Finance	February 5, 2020 through December 31, 2020	Emilia Reyes, Rebecca Heinricy, Kathleen Shivaprasad, Jim Rodriguez, Arthur Montejano	Quality Improvement Plan.	Sign-in sheets will be utilized to document those in attendance.	First meeting was held February 5, 2020. Meetings continue.
Submit January 20, 2020 r letter and report received f the initial draft of the QIP to meeting on February 13, 2 Board meeting on Februar status update on the QIP v Board by the CEO. The H representative will report o	rom HHS along with o Finance Committee 020 and then to the y 26, 2020. Monthly vill be provided to the ead Start board	Finance Committee on February 13, 2010; Board meeting on February 26, 2020 and forward.	Emilia Reyes and Rebecca Heinricy	Committee meeting packets.	Committee meeting packets and meeting minutes.	On-going- Report and QIP provided via Finance Committee on February 13, 2020 with CEO update to Board on February 26, 2020. Updates continue.

Implementation Activities	Timeline	Staff responsible	Resources/ TTA	Documentation	Status of Activities
Compute the Federal Interest generated with the 1900 Building A for evaluation as potential disallowed cost.	March – September 2020	Rebecca Heinricy, Darlene Trujillo, External Auditor, Jim Rodriguez, Arthur Montejano	Supporting square footage occupancy worksheets.	Supporting computation worksheets.	The external auditors completed their procedures including a computation of Federal Interest and potential disallowed costs.
Present updated Federal Interest computations for 1900 Building A to the Board of Directors	<u>September 30,</u> 2020	Rebecca Heinricy, Darlene Trujillo, External Auditor, Jim Rodriguez, Arthur Montejano	External auditor's report and calculations	External auditor's report and calculations	Update–TheBoardofCommissionersreceivedtheauditor'sfinalreportwhichincludedfederalinterestcomputationscomputationsonSeptember30,2020.
External CPA firm to provide training and technical assistance to Finance Office personnel based on outcome of their agreed upon procedures.	October 2020	Applicable Finance Office personnel	External Auditor guidance	Sign-in sheets will be utilized to document those in attendance.	Update - The external CPA firm will provide this training in October which better aligned with staff and Board of Commissioners availability.

Implementation Activities	<u>Timeline</u>	Staff responsible	Resources/ TTA	Documentation	<u>Status of</u> <u>Activities</u>
One member of the Board of Commissioners will participation in the training and technical assistance provided by the External CPA firm based on outcome of their agreed upon procedures	October 2020	At least one member of the Board of Commissioners including a member of the Finance Committee	External Auditor guidance	Sign-in sheets will be utilized to document those in attendance.	Update-TheFinanceCommitteeinvitated any Boardmemberwho isable to attend. Thetrainingtrainingwillberecorded for thosewithscheduleconflicts to view.
External auditor will present recommendations to the Board of Commissioners.	June 10, 2020 & <u>September 30,</u> 2020	External Auditor; Emilia Reyes	External Auditor guidance	Board Agenda item and minutes	Update–Theexternalauditorspresentedtheirfindingsand reporttotheBoardtotheBoardCommissionersonSeptember30,2020.TheBoardacceptedthereport.
Compute the reduction for depreciation allocated to Head Start on assets with Federal Interest prior to January 2019.	<u>September 30,</u> 2020	Rebecca Heinricy and Darlene Trujillo, External Auditor, Jim Rodriguez, Arthur Montejano	Fixed Asset records, general ledger, and Federal Interest computation.	Federal Interest computation worksheet and fixed asset records.	<u>Update – The</u> <u>external auditor</u> <u>has computed an</u> <u>updated</u> <u>depreciation</u> <u>amount excluding</u> <u>potential</u> <u>disallowed costs.</u> <u>Report was</u> <u>accepted by the</u> <u>Board September</u> <u>30th.</u>

Program Improvement Plan

Finance Committee approval 2/13/2020; Board approval 2/26/2020; Region IX approval 2/24/2020

Implementation Activities	Timeline	Staff responsible	Resources/ TTA	Documentation	Status of Activities
Update computation of federal interest for the FEP facility incorporating recommendations from the external auditor.	<u>September 30,</u> <u>2020</u>	Rebecca Heinricy and Darlene Trujillo, External Auditor, Jim Rodriguez, Arthur Montejano	External Auditor guidance	Federal Interest computation worksheet and supporting documents	Update – The external auditor has provided recommendations which will be incorporated after staff training is completed.
Review allocation of interest, bond amortization, and mortgage principal across all occupants and their funding sources to ensure Federal Share and Non-Federal Share are accurately reported.	June 17, 2020	Rebecca Heinricy, Darlene Trujillo, Susan Shiomi, Mary Xiong, Jim Rodriguez, External Auditor	Occupancy records, general ledger, and facility cost allocation rate history.	Facility cost pool allocation historical documents and general ledger.	This analysis has been prepared and further review and research into impact is on-going.
Update documentation of procedures used in the computation of the Federal Interest based on recommendations from the external auditors.	<u>November 18,</u> 2020	Rebecca Heinricy, External Auditor, Jim Rodriguez, Arthur Montejano	External Auditor guidance	Federal Interest / SF-429 Procedures	Update – Staff will incorporate recommendations after completion of training.
Obtain Board approval for any necessary SF- 429 revision and final QIP status in November 18, 2020.	November 18, 2020	Board of Commissioners; Emilia Reyes, Jim Rodriguez	External auditor recommendations	SF-429	Updated – QIP will be approved and submitted timely within the new deadline.
Amend and file, if necessary, revised SF-429 report via Online Data Collection (OLDC) within GrantSolutions.gov based upon CEO and Board approval.	December 11, 2020	Emilia Reyes; Rebecca Heinricy; Darlene Trujillo; Jim Rodriguez	External auditor recommendations	SF-429	Updated – SF-429 will be approved and filed timely within the new deadline.

Summary of progress towards outcome:

The Board accepted HHC's report on September 30. Staff will incorporate the auditor's recommendations upon completion of training in October. Staff will also proceed to resolve the issue of disallowed costs and updated federal interest in accordance with the guidance provided by the Board of Commissioners.



FINANCE COMMITTEE MEETING

Date: October 22, 2020	Program: Finance
Agenda Item #: 8	Officer: Rebecca Heinricy
Subject: Non-Competitive Procurement	Officer: Jim Rodriguez

Background

The information presented below is intended to keep the Board apprised on any procurements made through a non-competitive procurement process.

In accordance with the Accounting Policies and Procedures Manual, Noncompetitive Procurements are "special purchasing circumstances, in which competitive bids are not obtained. Noncompetitive procurement (purchases and contracts) are only permissible in the following circumstances (2 CFR 200.320 [f]):

- An emergency exists that does not permit delay,
- Only one source of supply is available,
- If the awarding agency expressly authorizes noncompetitive proposals in response to a written request from the Agency,
- Or after solicitation of a number of sources, competition is determined to be inadequate.

The key requirement for the use of noncompetitive procurement is that the other methods of procurement are not feasible and one of the above circumstances exists." Additionally, a report on the non-competitive procurement awards is to be made to the Agency's Board of Commissioners.

Vendor	Purpose	Amount	Justification
Henry Schein	Health Services - Abbott ID Now Covid-19 Rapid kits is the approved Covid-19 rapid testing for the Harvest Project for Fresno County Department of Public Health	\$410,000 for 10,000 kits	Sole Source - Henry Schein is the designated distributor for the Abbott manufactures ID Now Covid-19 product in our region.



Vendor	Purpose	Amount	Justification
Great Kids	Head Start- Staff training and development to implement curricula "Growing Great Kids and Growing Families Curriculum" that are aligned with HS Early Learning Outcomes Framework (Ages Birth to Five) especially for the Home Visiting Program Option.	\$9,600	Sole Source - Great Kids is the sole manufacturer of the curricula "Growing Great Kids and Growing Families Curriculum".



FINANCE COMMITTEE MEETING

Date: October 22, 2020	Program: Finance
Agenda Item #: 9	Officer: Rebecca Heinricy
Subject: Health Insurance Report	Officer: Jim Rodriguez

Background

The information presented below is intended to keep the Board apprised on the financial status of the Agency's health insurance plan.

As of August 31, 2020, the health insurance reserve is at \$3.2 million, which covers approximately 3.6 months of average expenditures. To date, contributions from programs and employees for 2020 total \$7,746,062 while the Fund paid out \$7,316,088 in expenses. The health insurance report is included for reference.

Changes to the health insurance plan in 2018 through 2020 include:

- Effective January 2018: 10% increase in Employer and Employee premiums, increase in select co-pays, and a discount for completion of a wellness visit.
- Effective January 2019: 5% increases in Employer and Employee premiums, and increase the coverage of preventive dental procedures from 80% to 100%.
- Effective January 2020: 4% overall increase in Employer premiums and 22% overall increase in Employee premiums. Wellness plan now has the same annual deductible but will have a 25% discounted employee premium. The employee + child and employee + children tiers were consolidated.

The following presents a sample of the 2020 monthly health insurance premium tier rates. There are additional tiers depending on type of coverage selected.

	Agency	(Discounted)	Total Premium
Employee Only	\$ 590	\$ 90	\$ 680
Family	\$ 1,220	\$ 210	\$ 1,430



FRESNO EOC HEALTH INSURANCE FUND REPORT THROUGH AUGUST 31, 2020

	2020											2019		
	January	February	March	April	Мау	June	July	August	YTD totals Jan - Aug	Mo. Avg. Prev 12 mos	YTD totals Jan - Aug	Annual Jan - Dec	Annual Mo. Avg Jan - Dec	
Beginning Fund Balance	2,754,344	2,787,832	3,259,086	3,478,571	3,148,975	3,456,596	3,628,264	3,256,765	Jan - Aug	FIEV 12 11105	Jan - Aug	Jan - Dec	Jan - Dec	
Income														
Agency Contributions	764,269	926,323	936,853	910,416	898,686	892,243	599,411	642,330	6,570,531	810,341	6,397,647	9,551,207	795,934	
Additional Agency Contr.	0	0	0	0	0	0	0		0	8,767	170,532	266,968	22,247	
Employee Contributions	169,247	254,529	172,963	171,034	85,018	80,986	78,805	162,949	1,175,531	146,577	1,050,473	1,633,863	136,155	
Total Income	933,516	1,180,852	1,109,816	1,081,450	983,704	973,229	678,216	805,279	7,746,062	965,685	7,618,651	11,452,038	954,336	
Expenses														
Health Claims Paid	522.608	294,706	439.030	937,674	284.680	500.940	601.294	496.407	4,077,339	516.974	5.084.616	7,210,969	600.914	
Dental Claims Paid	40,011	64,322	54,514	47,659	23,110	16,495	75,113	56,725	377,949	50,813	472,584	704,388	58,699	
Prescriptions Paid	199,983	169,145	217,113	247,094	191,765	100,191	193,702	146,273	1,465,266	206,311	1,545,139	2,555,607	212,967	
Vision Claims Paid	10,011	11,476	7,284	5,770	4,032	6,968	8,980	8,213	62,734	7,908	83,142	115,300	9,608	
Stop Loss Premiums	112,415	113,050	114,712	115,206	114,710	114,673	113,965	113,683	912.414	110,397	833,398	1,245,746	103,812	
Stop Loss Claims	(41,994)	0	0	0	0	0	,	0	(41,994)	(61,419)	(251,609)	(885,228)	(73,769)	
Life Insurance Premiums	14,653	14,707	14,787	14,751	14,769	14,563	14,479	14,231	116,940	14,571	116,055	173,967	14,497	
Pinnacle	14,626	14,610	15,207	15,224	14,901	14,867	14,802	14,769	119,006	14,674	114,237	171,324	14,277	
Blue Cross	15,155	15,156	15,715	15,671	15,599	15,564	15,492	15,474	123.826	15,255	118,126	177,354	14,780	
Benefits Consultant	7,722	7,722	7,722	7,721	7,749	7,750	7,750	7,768	61.904	9.464	103,333	155,000	12,917	
Employee Assist. Program	1,876	1,877	1,876	1,877	1,876	1,877	1,877	1,876	15,012	1,877	15,005	22,511	1,876	
Preferred Chiropractors	783	783	787	787	784	782	778	778	6,262	692	4,098	6,139	512	
Other Expenses	2,179	2,044	1,584	1,613	2,108	1,671	1,483	1,528	14,210	1,846	17,963	25,900	2,158	
ACA Fees	0	0	0	0	0	5,220	0	0	5,220	435	20,807	20,807	1,734	
Total Expenses	900,028	709,598	890,331	1,411,047	676,083	801,561	1,049,715	877,725	7,316,088	889,797	8,276,895	11,699,785	974,982	
Current Fund Activity (net)	33,488	471,254	219,485	(329,597)	307,621	171,668	(371,499)	(72,446)	429,975	75,888	(658,243)	(247,747)	(20,646)	
Ending Fund Balance	2,787,832	3,259,086	3,478,571	3,148,975	3,456,596	3,628,264	3,256,765	3.184.319	3,184,319					
5	, , , , , , , , , , , , , , , , , , , ,						-, -, -,							
Enrollment	349	347	338	333	330	326	333	326		334		314		
Employee only-Traditional High-Deduct	349 44	347 40	330 40	42	43	526 44	333 40	326 45		334 43		23		
Family coverage-Traditional	448	40	465	469	468	469	468	464		462		502		
High-Deduct	29	31	403 31	403	400	30	400	29		30		11		
Dental coverage only	39	38	35	35	37	37	37	36	1	36		41		
Temp/On Call Plan	0	0	0	0	0	0	0	0		0		1		
Total employees enrolled	909	908	909	910	908	906	908	900		905		893		
Total dependants covered														
Average contributions per employee	1,027	1,300	1,221	1,188	1,083	1,074	747	895		1,067		1,069		
Average expenses per employee	990	781	979	1,551	745	885	1,156	975		983		1,092		

Estimated # months funded:

3.6



FINANCE COMMITTEE MEETING

Date: October 22, 2020	Program: Sanctuary and Support Services
Agenda Item #: 10	Director: Misty Gattie-Blanco
Subject: Variance Reports	Officer: Michelle Tutunjian

Background

The information presented below is intended to keep the Board appraised on the fiscal status of selected program(s) within the Agency that are routinely shared with Program Directors and Executive staff.

The prepared financial analysis reports and/or requested updates for the program(s) listed below are included for informational purposes.

- Sanctuary and Support Services:
 - Central Valley Against Human Trafficking
 - Housing
 - LGBTQ+
 - o Shelters





FINANCE OFFICE INTEROFFICE MEMO

DATE: OCTOBER 5, 2020

TO: SARAH JOHNSTON, MISTY GATTIE-BLANCO

CC: EMILIA REYES, MICHELLE TUTUNJIAN, JIM RODRIGUEZ, SUSAN SHIOMI

FROM: REBECCA HEINRICY, KRISTY FUNG

SUBJECT: CVAHT VARIANCE REPORT - AUGUST 2020

Central Valley Against Human Trafficking (CalOES - HTVAP) (80379):

<u>*Revenue:*</u> The grant award is from California Office of Emergency Services (CalOES) HTVAP, and the grant term is from April 1, 2020 to March 31, 2021. Total amount of the grant is \$476,190.

Expenses: YTD expenses are \$156,114 or 33% of budget. The project period is 42% complete.

<u>Observations</u>: Overall, this project is operating below the budget for most line items. However, full utilization of funding is anticipated.

OVC 2018 Comprehensive Services for Victims of All Forms of Human Trafficking (OVC) (80378):

<u>*Revenue:*</u> The Grant award is from the Office for Victims of Crime and the grant term is from October 1, 2018 to September 30, 2021 (36 months). The total grant award is \$774,999. This federal funding is supporting the increased need for comprehensive services for victims of human trafficking.

Expenses: Expenses are \$369,642, or 48% of budget. The project period is 64% complete.

<u>Observations:</u> This project is currently operating under budget due to a delayed start in 2018. Following grant approval at the end of November 2018, employees began work in January 2019. Funds are expected to be fully utilized by the end of the grant term in 2021.

OVC Comprehensive Services for Minor Victims of Human Trafficking (OVC) (80388):

<u>*Revenue:*</u> The Grant award is from the Office for Victims of Crime and the grant term is from October 1, 2019 to September 30, 2022 (36 months). The total grant award is \$449,998. <u>*Expenses:*</u> Expenses are \$37,384, or 7% of budget. The project period is 31% complete.

<u>Observations:</u> While currently operating under budget, funds are expected to be fully utilized by the end of the grant term in 2022.

National Human Trafficking Victim Assistance Program (NHTVAP) (80375):

<u>*Revenue:*</u> Revenue of \$149,425 was earned during the grant term was September 30, 2016 to September 29, 2018. Fresno EOC was a service provider sub-applicant for NHTVAP with U.S. Committee for Refugees and Immigrants (USCRI) for comprehensive case management services for NHTVAP providers.

Expenses: Expenses are \$148,082, or 99% of revenue received to date.

<u>Observations:</u> Funding for this project was reimbursed based on monthly clients' expenses and provided a set reimbursement rate per client served for associated administrative costs. There is approximately \$1,302 remaining available for future project needs.

Human Trafficking Donation (80370):

<u>*Revenue:*</u> Revenue received is from donations as well as from the Central Valley Annual Conference on Human Trafficking fees. Year to date funding, including funds carried over from prior years, is \$77,084.

Expenses: Expenses are \$35,107.

<u>Observations:</u> Human Trafficking donation fund is for utilization within the Human Trafficking project and is primarily utilized when there is a gap in funding for either client or project needs. Current funds available are \$41,977. Funds will also be used for the upcoming 2021 conference.

Slave to Nothing (80380):

Revenue: Slave 2 Nothing contributed \$30,000 in 2019.

Expenses: YTD expenses are \$15,483 with \$14,517 remaining to be spent on future allowable project costs.

Slave to Nothing 2020 (80382):

<u>*Revenue:*</u> Slave 2 Nothing contributed \$30,000 in 2020. <u>*Expenses:*</u> YTD expenses are \$2,756 with \$27,244 remaining to be spent on future allowable project costs.

Human Trafficking Rise Up (80381):

Revenue: Public Health Institute contributed \$20,000 in August 2019.

Expenses: YTD expenses are \$5,573 with \$14,427 remaining to be spent on future allowable project costs.

Fresno Economic Opportunities Commission Program: Central Valley Against Human Trafficking (CVAHT) Contract Term: 4/1/2020 thru 3/31/2021 CalOES - HTVAP FUNDING - 80376

	Mont	hly report as of :	August-20	% Budget	42%
				Total Budget	
Budget Category		Full Budget	YTD Actual	Balance as of	% Spent
		4/1/20 - 3/31/21	Apr. 20 - Aug. 20	8/1/2020	August-20
REVENUES:					
4105 CalOES - HTVAP		476,190	156,114	320,076	33%
T	OTAL	\$ 476,190	\$ 156,114	\$ 320,076	33%
SALARIES & FRINGES:					
Salaries		164,547	55,959	108,588	34%
Fringe/Benefits		67,542	21,772	45,770	32%
T	OTAL	\$ 232,089	\$ 77,731	\$ 154,358	33%
OPERATIING EXPENSES					
5792, Training/Conferences		2,301	125	2,176	5%
5315, Vehicle Maint/Fuel/Gas		3,000	103	2,897	3%
5330, Mileage reimb.		954	-	954	0%
5605, Insurance		2,100	755	1,345	36%
5435, Lease copiers/Software		1,080	298	782	28%
5535, Office Supplies		2,400	-	2,400	0%
5240, Facility Rental		10,971	4,893	6,078	45%
5570, Telephones/Mobile/Internets		1,800	534	1,266	30%
5555, Printing/Advertising		2,000	-	2,000	0%
5160 Audit		571	187	384	33%
T	OTAL	\$ 27,177	\$ 6,895	\$ 20,282	25%
CONTRACTED SERVICES:					
Alliance Against Family Violence & Sexual					
₅₁₂₅ Assault (Kern)		31,300	11,704	19,596	37%
5125 Alliance for Community Transformations.		31,300	4,531	26,769	14%
5125 Family Services of Tulare County		31,300	12,702	18,598	41%
5125 Centro La Familia Advocacy Services, Inc.		31,300	6,775	24,525	22%
5125 Breaking the Chains		31,300	13,146	18,154	42%
Т	OTAL	\$ 156,500	\$ 48,858	\$ 107,642	31%
PROGRAM COSTS:					
5930 24 Hrs. Crisis Hotline		900	187	713	21%
5736, Emergency Shelter, Hotel Voucher/Clothin	g	9,200	8,981	219	98%
5722, Emergency Food		6,000	1,579	4,421	26%
5196, Counseling		400	-	400	0%
5126 Survivor Stipend		1,200	-	1,200	0%
5815, Transportation		2,000	-	2,000	0%
5806, Emergency Financial Assistance		9,739	1,009	8,730	10%
	OTAL	\$ 29,439	\$ 11,756	\$ 17,683	40%
INDIRECT COSTS:					
5144 Indirect Costs - 7.50%		30,985	10,874	20,111	35%
T(OTAL	\$ 30,985	\$ 10,874	\$ 20,111	35%
TOTAL COSTS		\$ 476,190	\$ 156,114	\$ 320,076	33%

Fresno Economic Opportunities Commission Program: Central Valley Against Human Trafficking (CVAHT) Contract Term: 10/1/2018 thru 09/30/2021 (36 months) OVC - DOJ FUNDING - 80378

Mo	onthly	report as of :	A	ugust-20	% Budget	64%
					Total Budget	
Budget Category	F	Full Budget	Y	TD Actual	Balance as of	% Spent
	10/	1/18 - 9/30/21	Oct.	18 - Aug. 20	8/31/2020	August-20
REVENUES:						
4105 OVC - DOJ		774,999		369,642	405,35	7 48%
TOTA	_ \$	774,999	\$	369,642	\$ 405,35	7 48%
SALARIES & FRINGES:						
Salaries		266,550		147,693	118,85	7 55%
Fringe/Benefits		117,730		48,590	69,14	0 41%
TOTA	- \$	384,280	\$	196,283	\$ 187,99	7 51%
OPERATIING EXPENSES				· · ·		
5340 Travel Expense		13,256		4,502	8,75	4 34%
5315, Vehicle Maint/Fuel/Gas		7,902		2,134	5,76	3 27%
5535, Office Supplies		4,800		788	4,01	2 16%
5520, Computer Supplies		2,000		1,990	1	
5605, Insurance		7,398		1,829	5,56	
5435 Lease copiers		1,485		706	77	-
5240 Facility Rental		21,600		12,600	9,00	
5537 Office Furniture		650		447	20	
5570, Telephones/Mobile/Internets		6,275		1,311	4,96	
5790 Staff Clearance		273		273		100%
5555, Printing/Advertising		2,400		132	2,26	
5160 Audit		930		443	48	-
5522 Victim Service tracking software		3,168		1,584	1,58	
TOTA	_ \$	72.137	\$	28,739	\$ 41,814	
CONTRACTED SERVICES:	- Ψ	12,101	Ψ	20,100	φ 11,01	10 /
5125 Fresno Pacific University		46,500		21,227	25,27	3 46%
5125 Centro La Familia Advocacy Services, Inc.		135,000		62,789	72,21	
5170 Consulting - Melissa Gomez		3,500		1,637	1,86	
TOTA	_ \$	185,000	\$	85,653	\$ 99,34	
Training & Outreach	Ţ.	,	Ŧ	00,000	¢ cojo i	
5708 Annual Human Trafficking Conference		5,500		-	5,50	0%0
Annual Case Worker Training/Staff Training		-,				-
5792 (Freedom Network USA Training)		10,499		7,523	2,97	5 72%
5126 Survivor/Training Stipends		7,500		-,020	7,50	
5737 Outreach Activity Incentive Items		7,500		_	7,50	
TOTA	- \$	30,999	\$	7,523	\$ 23,470	
PROGRAM COSTS:	- Ψ	00,000	Ψ	1,020	φ 20,410	247
5930 24 Hrs. Crisis Hotline		2,100		955	1,14	5 45%
5736 Emergency Shelter, Hotel Voucher		19,200		19,015	18	
5776, Clothing and Hygiene Products		8,303		3,055	5,24	
5722, Emergency Food		10,000		2,952	7,04	
5815, Transportation/Phone Replacement Assistance		7,085		2,952	5,06	
5825 Interpreter/Translator Services		2,000		2,022	2,00	
5806 Identification/Document Replacement		2,000		- 327	2,00	
5800 Life Skills Classes/Survivor Groups				321	6,00	
5800 Life Skills Classes/Survivol Groups TOTA	¢	6,000 57,688	\$	28,326	\$ 29,362	
	- φ	57,000	ψ	20,320	φ 29,302	49/
INDIRECT COSTS: 5144 Indirect Costs - 7.50%		11 OOF		22 110	21,77	7 540/
TOTA	- \$	44,895 44,895	\$	23,118 23,118		-
TOTA	-	44,095	ψ	23,110		
TOTAL COSTS	\$	774,999	\$	369,642	\$ 405,35	7 48%

Fresno Economic Opportunities Commission Program: Central Valley Against Human Trafficking (CVAHT) Contract Term: 10/1/2019 thru 09/30/2022 (36 months) OVC Minors- DOJ FUNDING - 80388

M	onthly	report as of :		August-20	%	6 Budget	31%
					T	otal Budget	
Budget Category		Full Budget		YTD Actual	Ba	alance as of	% Spent
6 6 7	10/	/1/19 - 9/30/22	Oc	t. 19 - Aug. 20	8	3/31/2020	August-20
REVENUES:							
4105 OVC - DOJ		499,998		37,384		462,614	7%
ΤΟΤΑ	L \$	499,998	\$	37,384	\$	462,614	7%
SALARIES & FRINGES:							
Salaries		176,684		13,841		162,843	8%
Fringe/Benefits		75,864		3,554		72,310	5%
ΤΟΤΑ	L\$	252,548	\$	17,395	\$	235,153	7%
OPERATIING EXPENSES							
5340 Travel Expense		3,314		1,052		2,262	32%
5315, Vehicle Maint/Fuel/Gas		5,939		3		5,936	0%
5535, Office Supplies		2,580		121		2,459	5%
5520, Computer Supplies		1,300		1,062		238	82%
5605, Insurance		2,880		53		2,827	2%
5435 Lease copiers		1,440		-		1,440	0%
5240 Facility Rental		5,994		500		5,494	8%
5537 Office Furniture		3,000		339		2,661	11%
5570, Telephones/Mobile/Internets		2,615		9		2,606	0%
5790 Staff Clearance		96		91		5	95%
5555, Printing/Advertising		3,000		-		3,000	0%
5160 Audit		600		45		555	8%
ΤΟΤΑ	L\$	32,758	\$	3,275	\$	29,483	10%
CONTRACTED SERVICES:		44.000				14 000	00/
5125 Family First Counseling		14,000		-		14,000 48,623	0%
5125 Breaking The Chains		60,000		11,377		28,350	19% 6%
5170 Family Healing Center TOTA	L \$	30,000 104,000	\$	1,650 13,027	¢	90,973	13%
Training & Outreach	LΦ	104,000	Φ	13,027	\$	90,973	1370
5792 Staff Training		5,750		881		4,869	15%
TOTA	L \$	5,750	\$	881	\$	4,869	15%
PROGRAM COSTS:	ψ	5,750	Ψ	001	Ψ	4,009	1070
5930 24 Hrs. Crisis Hotline		1,800		90		1,710	5%
5736 Sanctuary Youthy Shelter Beds		45,000		-		45,000	0%
5776, Clothing and Hygiene Products		3,834		104		3,730	3%
5722, Emergency Food		4,105		-		4,105	0%
5815, Transportation		7,000		_		7,000	0%
5825 Interpreter/Translator Services		800		_		800	0%
5806 Identification/Document Replacement		1,500		8		1,492	1%
5800 Life Skills Classes/Survivor Groups		8,809		-		8,809	0%
TOTA	L\$	72,848	\$	202	\$	72,646	0%
INDIRECT COSTS:	-	,0 10	T		Ŧ	,	0,0
5144 Indirect Costs - 7.50%		32,094		2,604		29,490	8%
ΤΟΤΑ	L\$	32,094	\$	2,604	\$	29,490	8%
		499,998	\$	37,384	\$	462,614	7%

Fresno County Economic Opportunities Commission							
Program: National Human Trafficking Victim Assistance Program							
Contract Term: 09/30/2016 thru 12/31/20							
Project - 80375							
-	Monthly report as of :	August-20					
Budget Category	Original Budget	YTD Actual					
	9/30/16 - 12/31/2018	Oct. 16 - Aug. 20					
REVENUES:							
Sub-Contract NHTVAP - Client Exp	72,361	72,361					
Sub-Contract NHTVAP - Admin Inc.	77,064	77,064					
TOTAL	\$ 149,425	\$ 149,425					
SALARIES & FRINGE:							
Salaries	34,090	34,090					
Fringe/Benefits	12,069	12,069					
TOTAL	\$ 46,159	\$ 46,159					
Program Costs							
5240 Facility Rental	27,074	27,074					
5315, Mileage/Fuel	475	475					
5515 Bottle Water	10	10					
5620 Insurance	458	458					
5792 Staff Training	130	130					
5930 Gift Card Fees	80	80					
5535, Office Supplies / Postage	723	723					
TOTAL	\$ 28,950	\$ 28,950					
Client Expenses							
5706, Transportation	2,484	2,484					
5722 Emergency Meals	20,056	20,056					
5776, Personal Client Supplies/Medical	18,635	18,635					
5736 Motel/Hotel Voucher	18,148	18,148					
5570, Communications	4,440	4,440					
5270 Utilities	3,238	3,238					
TOTAL	\$ 67,001	\$ 67,001					
ADMIN & AUDIT:							
5160 Audit	95	95					
5144 Indirect Costs -7.50%	5,918	5,918					
TOTAL	\$ 6,013	\$ 6,013					
GRANT TOTAL COSTS	\$ 148,123	\$ 148,123					
D	ing Funda Austlation	¢ 4000					
Remair	ning Funds Available:	\$ 1,302					

Fresno Cou	nty Economic Opportunities Comm	ission					
Program: Human Trafficking Donation							
Contract Te	rm:						
Project - 80	370						
-	Mont	hly report as of :	August-20				
Budget Cate	gory	Original Budget	YTD Actual				
		Jan. 19 - Dec.					
		20	Jan. 19 - Aug. 20				
REVENUES		70.040	70.040				
	Fundraising Income HT Conf.	76,246	76,246				
	Donations	9,796	9,796				
	TOTAL	\$ 86,042	\$ 86,042				
Operating							
5126	Stipends	2,500	2,500				
5335	Travel	163	163				
5722/5724	Food/Snacks	1,446	1,446				
5737	Outreach	3,568	3,568				
5806	Supportive Costs	622	622				
5708	Conference Fees	26,070	26,070				
5560	Supplies - other	151	151				
5764	Program Supplies - Arts & Crafts	34	34				
5570, 5571	Telephone	157	157				
5522, 5512	Software Licenses	125	125				
5405	Depreciation Expense	4,875	4,875				
5792	Staff Training	424	424				
5535	Office Supplies	942	942				
5790	Staff Screening	182	182				
	TOTAL	\$ 41,259	\$ 41,259				
OVER/UND	ER	\$ 41,259	\$ 41,259				
			• • • • • • • • •				
	Remaining	Funds Available:	\$ 44,783				

Fresno County Economic Opportunities Commission Program: Slave 2 Nothing Contract Term: 05/01/2019 until expended

Project - 80380									
2	nly report as of :	August-20	% Budget						
Budget Category	Original Budget	YTD Actual	Balance as of	% Spent					
	5/1/19 -no end	May 19 - Aug. 20	August-20	August-20					
REVENUE:									
Slave 2 Nothing	30,000	30,000	-	100%					
TOTAL	\$ 30,000	\$ 30,000	\$-	100%					
CONTRACTED SERVICES:									
5125 Family Healing Center	15,000	4,550	10,450	30%					
TOTAL	\$ 15,000	\$ 4,550	\$ 10,450	100%					
Client Expenses									
5706, 5 Transportation	3,176	2,472	704	78%					
5326 Rental Vehicle	8,700	7,415	1,285	85%					
5722 Food	1,000	-	1,000	0%					
TOTAL	\$ 12,876	\$ 9,887	\$ 2,989	130%					
ADMIN & AUDIT:									
5160 Audit	33	17	16	52%					
5144 Indirect Costs -7.50%	2,091	1,029	1,062	49%					
TOTAL	\$ 2,124	\$ 1,046	\$ 1,078	100%					
GRANT TOTAL COSTS	\$ 30,000	\$ 15,483	\$ 14,517	52%					

Fresno	County Economic Opportunities Con	nmission									
	m: Slave 2 Nothing 2020										
-	ct Term: 05/01/2020 until expended										
	- 80382										
-	Monthly report as of : August-20										
Budget	Category	Original Budget	YTD Actual	Balance as of	% Spent						
		5/1/20 -no end date	May 20 - Aug. 20	August-20	August-20						
REVEN											
	Slave 2 Nothing	30,000	30,000	-	100%						
	TOTAL	\$ 30,000	\$ 30,000	\$-	100%						
Person	nel										
	Salaries	5,648	391	5,257	7%						
	Benefits	2,313	97	2,216	4%						
	TOTAL	\$ 7,961	\$ 488	\$ 7,473	6%						
-	m Costs										
5240	Apartment Rental (Safte House)	11,760	1,658	10,102	14%						
5270	PG&E	1,200		1,200	0%						
5570	Phone & Internet for Security Camera	1,680		1,680	0%						
5927	Security Camera and Installation	1,200		1,200	0%						
5770	Furnitures	2,000	415	1,585	21%						
5722	Food	900		900	0%						
5776	Household and Client Supplies TOTAL	1,175	¢ 0.070	1,175	0%						
	& AUDIT:	\$ 19,915	\$ 2,073	\$ 17,842	10%						
ADIVIIN 5160	& AUDIT: Audit	20		30	00/						
5160 5144	Indirect Costs -7.50%	33 2.091	3 192	30 1,899	9% 9%						
5144	TOTAL	\$ 2,124	\$ 195	\$ 1,929	9%						
GRANT	TOTAL COSTS	\$ 2,124 \$ 30,000	\$ 2,756	\$ 1,929 \$ 27,244	9%						
GRANT		φ 30,000	φ 2,750	φ 21,244	970						

Fresno County Economic Opportunities Commission Program: HT Rise Up Contract Term: 08/15/2019 thru 12/31/20 Project - 80381

Project - 80381				
Μ	onthly report as of :	8/31/2020	% Budget	75%
Budget Category	Original Budget	YTD Actual	Balance as of	% Spent
	8/15/19 - 12/31/20	Aug 19 - Aug. 20	8/31/2020	8/31/2020
REVENUES:				
Public Health Institute	20,000	20,000	-	100%
TOTAL	\$ 20,000	\$ 20,000	\$-	100%
SALARIES & FRINGES:				
Salaries	4,992	3,149	1,843	63%
Fringe/Benefits	738	669	69	91%
TOTAL	\$ 5,730	\$ 3,818	\$ 1,912	67%
Program Costs				
5335, Travel	2,854	1,127	1,727	39%
Stipends	1,000	-	1,000	0%
Printing	2,000	-	2,000	0%
Meeting	7,000	233	6,767	3%
TOTAL	\$ 12,854	\$ 1,360	\$ 11,494	945%
ADMIN & AUDIT:				
5160 Audit	22	6	16	27%
5144 Indirect Costs -7.50%	1,394	389	1,005	28%
TOTAL	\$ 1,416	\$ 395	\$ 1,021	28%
GRANT TOTAL COSTS	\$ 20,000	\$ 5,573	\$ 14,427	28%



FINANCE OFFICE INTEROFFICE MEMO

DATE: OCTOBER 5, 2020

TO: MISTY GATTIE-BLANCO, CHRYSTAL STREETS

CC: EMILIA REYES, MICHELLE TUTUNJIAN, JIM RODRIGUEZ, SUSAN SHIOMI

FROM: REBECCA HEINRICY, KRISTY FUNG

SUBJECT: SANCTUARY HOUSING PROGRAM FINANCIAL ANALYSIS - AUGUST 2020

Hearth: 81815, 81810, 81816

Funder: U.S. Department of Housing and Urban Development

Funding Period: October 2019 - September 2020

Revenue: The grant award is for \$280,322. A 25% match for Supportive Services, Rental Assistance, and Administration is required.

Source of Match: Personnel time from the Program Director and Homeless Services Manager, interns providing case management services, and the differential between the fair market rental rate and the rate actual charged for housing.

Expenses: YTD Expenses are \$242,939, or 87% of the budget. Funding period is 92% complete.

OBSERVATIONS: Overall, line items are operating near budget. Agency line items can fluctuate based on need of clients and project and is not restricted by funder. Due to the Fair Market Rate and client's rent portion, Rental Assistance is often underspent, therefore, the project does assist additional families when appropriate. Elimination of an allocated Housing Specialist position resulted in personnel cost savings

Hearth Other: 81825, 81824

Funding Period: October 2019 – September 2020 *Revenue and Expenses:* YTD revenue and expense is \$760. Funding period is 92% complete.

Project Homestead: 81865, 81860, 81866

Funder: U.S. Department of Housing and Urban Development

Funding Period: October 2019 - September 2020

Revenue: The grant award is for \$260,976. A 25% match for Supportive Services, Rental Assistance, and Administration is required.

Source of Match: Personnel time from the Program Director and Homeless Services Manager, interns providing case management services, and the differential between the fair market rental rate and the rate actual charged for housing.

Expenses: YTD Expenses are \$216,217 or 83% of the budget. Funding period is 92% complete.

OBSERVATIONS: On a consolidated basis, these projects are operating just below budget. Agency line items can fluctuate based on need of clients and program and is not restricted by funder. Due to the Fair Market Rate and client's rent portion, Rental Assistance is often underspent, therefore, the program does assist additional families when appropriate. Elimination of an allocated Housing Specialist position resulted in personnel cost savings

Home Plate: 81835, 81830, 81836

Funder: U.S. Department of Housing and Urban Development

Funding Period: September 2019 – August 2020

Revenue: The grant award is for \$344,126. A 25% match for Supportive Services, Rental Assistance, and Administration is required.

Source of Match: California Governor's Office of Emergency Services (CalOES) funds for outreach and additional services provided by Fresno Housing Authority (housing partner).

Expenses: YTD Expenses are \$210,518 or 61% of the revenue budget. Funding period is complete.

OBSERVATIONS: Rental assistance for Home Plate is impacted by the Coordinated Entry system which is utilized for clients to be enrolled for rental assistance. With the Coordinated Entry system, clients have to be matched to the appropriate housing option(s) and then they choose under which housing project they want to apply. Also contributing is that often Home Plate clients project have delays in receiving housing due to rental barriers (i.e. eviction history, criminal background) despite the staff's efforts. When this occurs, staff works with the clients to identify other housing resources.

Hero Team 2: 81845, 81846

Funder: U.S. Department of Housing and Urban Development

Funding Period: September 2019 – August 2020

Revenue: The grant award is for \$525,000. A 25% match for Supportive Services and Administration is required.

Source of Match: Outreach activities performed with other funding streams to identify potential clients.

Expenses: YTD Expenses are \$342,688 or 65% of budget. Funding period is complete.

OBSERVATIONS: Supportive Services operated under budgeted level due primarily to personnel savings.

Project Phoenix - Permanent Housing: 81715, 81720, 81721, 81716

Funder: U.S. Department of Housing and Urban Development

Funding Period: 9/1/19 – 8/31/20

Revenue: The grant award is for \$396,523. A 25% match is required for Supportive Services, Operations, and Leasing/Administration.

Source of Match: The source of the cash match includes program income (client's rent portion), the differential between the fair market rental rate and the rate actual charged for housing, and an intern providing case management services.

Expenses: YTD Expenses are \$329,263 or 83% of the budget. Funding period is complete.

OBSERVATIONS: The Operations component of this project operated below budgeted levels. Allocation of a staff position between this project and project Rise generated personnel cost savings.

Project Phoenix Rent / Donations: 81725, 81824

Funding Period: 9/1/19 - 8/31/20

Revenue: Program Income from client's share of rent is \$24,667. As these amounts are utilized for allowable expenditures within the program, then they are eligible to be applied towards the match requirement to fund allowable expenses.

Expenses: Expenses to date are \$646.

OBSERVATIONS: Client rent cannot exceed 30% of eligible income per HUD guidelines.

Project Rise: 81880-81883

Funder: U.S. Department of Housing and Urban Development

Funding Period: November 2019 - October 2020

Revenue: The grant award is for \$306,142. A 25% match is required.

Source of Match: Differential between the fair market rental rate and the rate actual charged for housing and other related program funding which is leveraged.

Expenses: YTD Expenses are \$90,500 or 30% of budget. Funding period is 83% complete.

OBSERVATIONS: This is a new project which started last November so expenditures were delayed as the program was being implemented just prior to COVID-19.

Bridge to Home 1: 81350-81356

Funder: U.S. Department of Housing and Urban Development

Funding Period: October 2019 - September 2020

Revenue: The grant award is for \$465,677. A 25% match is required.

Source of Match: Partner (Turning Point of Central California) provides matching funds. Match is also obtained through outreach efforts funded in other programs to help identify potential clients. *Expenses*: YTD Expenses are \$184,357 or 40% of budget. Funding period is 92% complete.

OBSERVATIONS: This project is not being renewed for another cycle of funding so vacant positions near the end of the grant term are not being filled. Rental assistance is lower than budget as clients may opt to stay within our housing partner's shelter or go into a rental unit. Clients in this grant cycle primarily opted to stay within the shelter which did not utilize the rental assistance funding.

Bridge to Home 2: 81360-81366

Funder: U.S. Department of Housing and Urban Development

Funding Period: October 2019 - September 2020

Revenue: The grant award is for \$116,747. A 25% match is required.

Source of Match: Partner (Turning Point of Central California) provides matching funds. Match is also obtained through outreach efforts funded in other programs to help identify potential clients. *Expenses*: YTD Expenses are \$43,568 or 37% of budget. Funding period is 92% complete.

OBSERVATIONS: This project is not being renewed for another cycle of funding so vacant positions near the end of the grant term are not being filled. Rental assistance was not utilized as clients may opt to stay within our housing partner's shelter or go into a rental unit. Clients in this grant cycle opted to stay within the shelter which did not utilize the rental assistance funding.

Fresno Economic Opportunities Commission Program: PROJECT HEARTH Oct. 2019 - Sept. 2020 HUD - 81815 - SUPPORTIVE SERVICES HUD - 81810 - RENTAL ASSISTANCE HUD - 81816 - ADMIN

25% MATCH REQUIRED

		Monthly report as of	: August-20	Budget	92%
,	Category	Original Budget Oct. 19 - Sept. 20	YTD Actual Oct. 19 - Aug. 20	Balance as of August-20	% Spent as of August-20
REVEN	IUES: HUD -Project Hearth - SUPPORTIVE SERVICE HUD -Project Hearth - RENTAL ASSISTANCE HUD -Project Hearth - ADMIN SERVICES	81,765 174,520 24,037	157,126	16,360 17,394 3,629	80% 90% 85%
	TOTAL	\$ 280,322	\$ 242,939	\$ 37,383	87%
SUPPC	ORTIVE SERVICES PERSONNEL:				
	Case Management/Housing Specialist	48,754	42,252	6,502	87%
	TOTAL	\$ 48,754	\$ 42,252	\$ 6,502	87%
PROG	RAM SUPPORTIVE COSTS:			-	
5125	Housing Authority	7,115	2,942	4,173	41%
5930	California Property Inspection Services	2,000	1,600	400	80%
	Fuel/Mileage	1,600	678	922	42%
5270	Utility Deposits	705	-	705	0%
	Telephone	960	586	374	61%
	Office Supplies	1,810	996	814	55%
5240	Office Rental	3,150	2,863	287	91%
5705	Bus Pass	6,512	6,128	384	94%
5620	Insurance	1,364	998	366	73%
0020	Food	800	496	304	62%
	Household Supplies / Supportive Cost	1,742	1,732	10	99%
5135	Moving Cost	1,742	100	-	100%
0100	TOTAL		\$ 19,119	\$ 8,739	69%
INDIRE	CT COSTS:	φ 21,000	ψ 13,113	φ 0,739	0970
5144	Indirect Costs - 7.50%	5,153	4,034	1,119	78%
-	TOTAL		\$ 4,034	\$ 1,119	78%
TOTAL	SUPPORTIVE SERVICES COSTS	\$ 81,765	\$ 65,405	\$ 15,241	80%
-	ACTED SERVICES:				
5240	Rental Assistance TOTAL	174,520 \$ 174,520	157,126 \$ 157,126	17,394 \$ 17,394	90% 90%
TOTAL	COSTS	\$ 174,520 \$ 174,520	\$ 157,126	\$ 17,394	90%
	PROGRAM COSTS:			-	
	Admin Salaries & Benefits	21,110		2,255	89%
5255	Staff Training/screening Repair / Maintenance	100 100	55	45 100	
5255	Mileage/Travel	900	-	900	• / •
	Telephone	150	74	76	
	TOTAL	\$ 22,360	\$ 18,984	\$ 3,376	85%
CONTF 5144	Administration @ 7.5%	1,677	1,424	253	85%
5144	TOTAL	,	\$ 1,424	\$ 253	85%
TOTAL	COSTS	\$ 24,037		\$ 3,629	85%
	TOTAL	\$ 280,322	\$ 242,939	\$ 36,264	87%

Fresno Economic Opportunties Commission Program: Project Hearth - Other Oct. 2019 - Sept. 2020 Project Hearth Other - 81825 / 81824

M	onthly report as of :	August-20	Budget	92%
Budget Category	Original Budget	YTD Actual	Balance as of	% Spent as of
	Oct. 19 - Sept. 20	Oct. 19 - Aug. 20	August-20	August-20
REVENUES:				
CSBG	760	760	-	100%
TOTAL	\$ 760	\$ 760	\$-	100%
OPERATION EXPENSES:				
5255 Repair & Maintenance	760	760	-	100%
TOTAL	\$ 760	\$ 760	\$-	100%
TOTAL COSTS	\$ 760	\$ 760	\$-	100%

Fresno Economic Opportunities Commission Program: PROJECT HOMEPLATE Sept. 2019 - Aug. 2020 HUD - 81835 - SUPPORTIVE SERVICES HUD - 81830 - RENTAL ASSISTANCE

25% MATCH REQUIRED

HUD - 81836 - ADMIN

	Мс	onthly report as of :	August-20	Budget	100%
Budget Category		Original Budget Sept. 19 - Aug. 20	YTD Actual Sept. 19 - Aug. 20	Balance as of August-20	% Spent as of August-20
REVENUES:		109,139	67,391	41,748	62%
HUD -Project Hearth - SUPPORTIVE S HUD -Project Hearth - RENTAL ASSIST		212,520		90,451	62% 57%
HUD -Project Hearth - ADMIN SERVICE		22,467	21,058	1,409	94%
	TOTAL	\$ 344,126	\$ 210,518	\$ 133,608	61%
SUPPORTIVE SERVICES PERSONNEL:		70 5 10	44.504	24.005	500/
Case Management/Housing Specialist	TOTAL	76,519	44,534	31,985	58%
	TOTAL	\$ 76,519	\$ 44,534	\$ 31,985	58%
PROGRAM SUPPORTIVE COSTS:				-	
5125 Housing Authority		5,410	3,752	1,658	69%
5930 California Property Inspection Services		2,000	1,450	550	73%
Fuel/Mileage / Bus Pass		4,188	2,002	2,186	48%
5570, Telephone		1,080	520	560	48%
5535, Office Supplies		3,600	2,841	759	79%
5240, Office Rental		4,200	3,940	260	94%
5737 Outreach		200	197	3	99%
5620 Insurance		964	949	15	98%
5722, Food		2,310	1,336	974	58%
5770, Program Supplies Household		1,580	1,511	69	96%
5776, Work Experience		750	92	658	12%
5800 Workshop supplies		250	204	46	82%
5190 Professional Services - Legal		350	279	71	80%
	TOTAL	\$ 26,882	\$ 19,073	\$ 7,809	71%
INDIRECT COSTS:					
5144 Indirect Costs - 7.50%		5,738	3,784	1,954	66%
	TOTAL	\$ 5,738	\$ 3,784	\$ 1,954	66%
TOTAL SUPPORTIVE SERVICES COSTS		\$ 109,139	\$ 67,391	\$ 41,748	62%
CONTRACTED SERVICES:		• 100,100	• • • • • • • • •	• • • • • • • • •	
5240 Rental Assistance		212,520	122,069	90,451	57%
TOTAL COSTS ADMIN PROGRAM COSTS:		\$ 212,520	\$ 122,069	\$ 90,451 -	57%
Admin Salaries & Benefits		19,550	19,510	40	100%
5255 Repair/Maint		50	10	40	20%
5790, Staff screening/training		150	146	4	97%
5330, Mileage/travel 5570, Telephone		1,000 150	- 69	1,000 81	0% 46%
	TOTAL	\$ 20,900		\$ 1,165	94%
CONTRACTED SERVICES:				,	
5144 Administration @ 7.5%		1,567	1,323	244	84%
TOTAL COSTS	TOTAL	\$ 1,567 \$ 22,467	\$ 1,323 \$ 21,058	1	84%
	TOTAL	\$ 22,467 \$ 344,126	\$ 21,058 \$ 210,518	\$ 1,409 \$ 133,608	94% 61%

Fresno Economic Opportunities Commission
Program: PROJECT HOMESTEAD
October 2019 - September 2020
HUD - 81865 - SUPPORTIVE SERVICES
HUD - 81860 - RENTAL ASSISTANCE

HUD - 81866 - ADMIN

M	onthly report as of :	August-20	Budget	92%
Budget Category	Original Budget	YTD Actual	Balance as of	% Spent as of
5 5 7	Oct. 19 - Sept. 20	Oct. 19 - Aug. 20	August-20	August-20
REVENUES:			-	
HUD - SUPPORTIVE SERVICES	94,859	63,606	31,253	67%
HUD - RENTAL ASSISTANCE	144,044	133,275	10,769	93%
HUD - ADMIN	22,073	19,336	2,737	88%
TOTAL	\$ 260,976	\$ 216,217	\$ 44,759	83%
SUPPORTIVE SERVICES PERSONNEL:				
Case Management/Housing Specialist	67,176	43,225	23,951	64%
TOTAL	67,176	43,225	23,951	64%
SUPPORTIVE SERVICES PROGRAM COSTS:			-	
5125 Housing Authority	7,410	3,382	4,028	46%
5315, Fuel/Mileage	1,260	481	779	38%
5270 Utility Deposits	650	621	29	96%
•		-		
5570, Telephone	960	586	374	61%
5535, Office Supplies	1,620	1,191	429	74%
5240, Office Rental	3,150	2,923	227	93%
5930 California Property Inspection Services	1,950	1,750	200	90%
5255 Repair /Maintenance	50	13	37	26%
5620 Insurance	1,016	998	18	98%
5706, Bus Token / Bus Pass	2,608	2,404	204	52%
5722 Food	874		29	
	-	845	-	97%
5772, Household	1,400	1,357	43	97%
TOTAL	22,948	16,551	6,397	72%
INDIRECT COSTS:				
5144 Indirect Costs - 7.50%	4,735	3,830	905	81%
TOTAL	4,735	3,830	905	81%
TOTAL SUPPORTIVE SERVICES COSTS	\$ 94,859	\$ 63,606	\$ 31,253	67%
CONTRACTED SERVICES:				
### Rental Assistance	144,044	133,275	10,769	93%
TOTAL RENTAL ASSISTANCE COSTS ADMINISTRATIVE SALARIES/BENEFITS:	\$ 144,044	\$ 133,275	\$ 10,769	93%
Admin Salaries & Benefits	19,500	17,840	1,660	91%
TOTAL				91%
ADMIN PROGRAM COSTS:			-	
5792 Staff Training	55	55	-	100%
5330, Travel 5570, Tepephone	828	- 92	828 58	0% 61%
TOTAL	150 \$ 1,033.00	92		14%
CONTRACTED SERVICES:	.,		¢ 000.00	1470
5144 Administration @ 7.5%	1,540	1,349	191	88%
	4 5 1 2			
TOTAL ADMIN COSTS	1,540 \$ 22,073	1,349 \$ 19,336	191 \$ 2,737	88%
TOTAL ADMIN COSTS	\$ 260,976	\$ 216,217	\$ 44,759	83%

25% MATCH REQUIRED

Fresno Economic Opportunities Commission Program: PROJECT HERO TEAM 2 Sept. 2019 - Aug. 2020 HUD - 81845 - SUPPORTIVE SERVICES

25% MATCH REQUIRED

HUD - 81846 - ADMIN

Mo	onthly report as of	: August-20	Budget	100%
Budget Category	Original Budget Sept. 19 - Aug. 20		Balance as of August-20	% Spent as of August-20
REVENUES: HUD - SUPPORTIVE SERVICES HUD - ADMIN SERVICES	483,08 41,91			63% 87%
TOTAL	\$ 525,000	342,688	\$ 182,312	65%
SUPPORTIVE SERVICES PERSONNEL:				
Case Management/Housing Specialist	336,108	208,340	127,768	62%
TOTAL	\$ 336,108	\$ 208,340	\$ 127,768	62%
PROGRAM SUPPORTIVE COSTS:			-	
5135 Assistance with Moving Costs	4,000	200	3,800	5%
5776 Employment Services	3,000	-	3,000	0%
5325 Leased vehicle	6,840	6,659	181	97%
5315, Fuel/Mileage/vehicle maintenance	6,912		3,597	48%
5520 Computer Supplies	2,100			44%
5570, Telephone	3,300		1,047	68%
5535, Office Supplies	2,900		2	100%
5240 Office Rental / Facility Cost	13,334		8,156	39%
5705 Bus pass	5,900		5,790	2%
5737, Outreach	40,600		30	100%
5620 Insurance	3,770			99%
5722, Food			6	100%
	12,600		-	
5270 Utilities	7,000		7,000	0%
5770, Program Supplies Household	2,700		24	99%
5930 Rental Application Fees	820		820	0%
5800, Workshop supplies	2,205		1,709	22%
TOTAL	\$ 117,981	\$ 81,594	\$ 36,387	69%
INDIRECT COSTS:				
5144 Indirect Costs - 7.50%	28,999		12,880	56%
TOTAL	\$ 28,999	\$ 16,119	\$ 12,880	56%
TOTAL SUPPORTIVE SERVICES COSTS	\$ 483,088	\$ 306,053	\$ 177,035	63%
ADMIN PROGRAM COSTS:	0.5.75		-	000/
Admin Salaries & Benefits 5790 Staff Screening	35,756 555		2,347 9	93% 98%
5571 Telephone	250		-	
5330, Travel	2,212	-	2,212	
5792 Staff Training	215		5	00/0
TOTAL CONTRACTED SERVICES:	\$ 38,98	3 \$ 34,300	\$ 4,688	88%
5144 Administration @ 7.5%	2,924	2,335	589	80%
TOTAL	\$ 2,924	\$ 2,335		80%
TOTAL COSTS	\$ 41,912		1	87%
TOTAL	\$ 525,000	\$ 342,688	\$ 182,312	65%

Fresno County Economic Opportunities Commission Program: Phoenix Project - HUD Permanent Housing Contract Term: 09/01/2019 thru 08/31/2020 HUD FUNDING - 81715/81721 - SUPPORTIVE SERVICES HUD FUNDING - 81720 - Sanctuary OPERATIONS

REQUIRED MATCH

25 % MATCH REQUIRED

HUD FUNDING - 81716 - ADMIN/LEASING

	Monthly report as of	August-20	% BUDGET	100%
Budget Category	Original Budget	YTD Actual	Balance as of	% Spent
Budget Galegoly	Sept. 19 - Aug. 20			August-20
REVENUES:				-
HUD - Phoenix - SUPPORTIVE SERVICES	84,012	75,613	8,399	90%
HUD - Phoenix - OPERATIONS	95,044		38,718	59%
HUD - Phoenix - LEASING	196,893		19,379	90%
HUD - Phoenix - ADMIN	20,574	19,810	764	96%
ΤΟΤΑ	L \$ 396,523	\$ 329,263	\$ 67,260	83%
SUPPORTIVE SERVICES PERSONNEL:				
Salaries	41,001	35,788	5,213	87%
Fringe/Benefits	12,508	12,503	5	100%
HA Services -81721	5,053	3,406	1,647	67%
	L \$ 58,562	\$ 51,697	\$ 6,865	88%
SUPPORTIVE SERVICES PROGRAM COSTS: 5722, !Food Supplies	1,160	1,148	12	99%
5330, {Mileage	7,640	7,596	44	99% 99%
5705, (Bus Pass	3,116	3,097	19	99% 99%
5703, Bus Pass 5570, {Telephone	1,080	936	144	99% 87%
5535, Office Supplies	376	167	209	44%
5240, Office Rental	3,920	3,499	421	44 % 89%
5605, 5 Insurance	998	423	575	42%
5770, 5 Household Supplies	1,450	1,403	47	42 <i>%</i> 97%
			11	
5930 California Property Inspection Services	1,550	1,550	-	100%
5135, 5 Moving Cost	200	163	37	82%
TOTA	L \$ 21,490	\$ 19,982	\$ 1,508	93%
	2.000	2.024	26	000/
5144 Indirect Costs - 7.50% TOTA	3,960 L \$ 3,960	3,934 \$ 3,934	-	99% 99%
SUPPORTIVE SERVICES TOTAL COSTS	L \$ 3,960 \$ 84,012	\$ 3,934 \$ 75,613	\$ 26 \$ 8,399	99%
OPERATIONS PERSONNEL:	φ 04,012	φ 70,010	φ 0,000	0070
- Salaries	42,538	28,111	14,427	66%
- Fringe/Benefits	25,952	16,274	9,678	63%
TOTA	L \$ 68,490	\$ 44,385	\$ 24,105	65%
OPERATING COST:				
5415 Computer/Printer	2,745	109	2,636	4%
5435 Lease Copier	1,200	835	365	70%
5605 Insurance	400	317	83 5,096	79%
5770, 5 Household Furnishing	7,088	1,992	5,096	28%
5270 Utilities	100 9,840	55 5,133	4,707	55% 52%
5255, 5 Repair & Maintenance TOTA		\$ 8,441	\$ 13,042	39%
OPERATIONS INDIRECT COSTS:	_ φ _ 21,373	φ 0, 14 1	φ 10,0 1 2	0070
5144 Indirect Costs - 7.50%	5,181	3,500	1,681	68%
TOTA		\$ 3,500	\$ 1,681	68%
OPERATING TOTAL COSTS	\$ 95,044	\$ 56,326	\$ 38,828	59%
CONTRACTED SERVICES:				
Leasing	196,893	177,514	19,379	90%
Administration - Sanctuary	20,574		764	96%
TOTAL CONTRACTED SERVICES	\$ 217,467	\$ 197,324	\$ 20,143	<u>91%</u>
TOTAL COSTS	\$ 396,523	\$ 329,263	\$ 67,370	83.0%

Fresno County Economic Opportunities Commission Program: Phoenix Project - HUD Permanent Housing Contract Term: 09/01/2019 thru 08/31/2020 81725 / 81724 - Phoenix DONATIONS/RENT

Mon	thly report as of :	August-20	% BUDGET	
Budget Category	Original Budget Sept. 19 - Aug. 20	YTD Actual Sept.19 - Aug. 20	Balance as of August-20	% Spent August-20
REVENUE:				
Phoenix - RENT	24,667	24,667	-	100%
TOTAL	\$ 24,667	\$ 24,667	\$-	
OPERATION EXPENSES:				
5515 Bottled Water	200	163	37	82%
5571 Phone	25	14	11	56%
5716 Dues/Licenses	1,000	447	553	45%
5792, 5708 Staff/Other Training, Conference	200	22	178	11%
TOTAL	\$ 1,425	\$ 646	\$ 601	45%
TOTAL COSTS	\$ 1,425	\$ 646	\$ 601	45%

Amount available for future offset

\$ 24,021

Fresno County Economic Opportunities Commission Program: Project Rise - HUD Permanent Housing Contract Term: 11/01/2019 thru 10/31/2020 HUD FUNDING - 81881 - SUPPORTIVE SERVICES HUD FUNDING - 81882 - Sanctuary OPERATIONS HUD FUNDING - 81883 - ADMIN

REQUIRED MATCH

25 % MATCH REQUIRED

HUD FUNDING - 81880 - LEASING	Mont	hly report as of :	August-20	% BUDGET	83%
Budget Category		Original Budget Nov. 19 - Oct. 20	YTD Actual Sept.19 - Aug. 20	Balance as of August-20	% Spent August-20
REVENUES: HUD - RISE - SUPPORTIVE SERV HUD - RISE- OPERATIONS HUD - RISE - LEASING HUD - RISE - ADMIN	ICES	134,762 20,457 124,066 26,857	41,682 13,436 22,670 12,712	93,080 7,021 101,396 14,145	31% 66% 18% 47%
	TOTAL	\$ 306,142	\$ 90,500	\$ 215,642	30%
SUPPORTIVE SERVICES PERSONNEL:					
Salaries Fringe/Benefits HA Services - 81721	TOTAL	66,956 32,795 5,187 \$ 104,938	22,347 10,326 - \$ 32,673	44,609 22,469 5,187 \$ 72,265	33% 31% 0% 31%
SUPPORTIVE SERVICES PROGRAM CO		÷	÷ • • • • • •	÷ : _,	0170
5722, Food Supplies 5330, Mileage 5705, Bus Pass 5570, Telephone 5535, Office Supplies 5240, Office Rental 5605, Insurance		5,200 1,260 6,088 960 900 4,662 816 450	- 190 480 234 633 3,370 133 404	5,200 1,070 5,608 726 267 1,292 683 46	0% 15% 8% 24% 70% 72% 16% 90%
5770, {Household Supplies 5737 Outreach		450 150	101	40	90% 67%
5930 California Property Inspection Servi	ices	800	800	-	100%
	TOTAL	\$ 21,286	\$ 6,345	\$ 14,941	30%
INDIRECT COSTS: 5144 Indirect Costs - 7.50% SUPPORTIVE SERVICES TOTAL COST	TOTAL S	8,538 \$ 8,538 \$ 134,762	2,664 \$2,664 \$41,682	5,874 \$5,874 \$93,080	31% 31% 31%
OPERATIONS PERSONNEL:					
- Salaries - Fringe/Benefits	TOTAL	7,765 4,442 \$ 12,207	6,617 3,992 \$ 10,609	1,148 450 \$ 1,598	85% 90% 87%
OPERATING COST:					
5415 Computer/Printer 5435 Lease Copier 5770, {Household Furnishing 5255, {Repair & Maintenance	TOTAL	1,347 720 2,600 2,300 \$ 6,967	- 514 116 1,295 \$ 1,925	1,347 206 2,484 1,005 \$ 5,042	0% 71% 4% 56% 28%
OPERATIONS INDIRECT COSTS:				, , , , , , , , , , , , , , , , , , ,	2070
	TOTAL	1,283 \$ 1,283	902 \$ 902	381 \$ 381	70% 70%
OPERATING TOTAL COSTS CONTRACTED SERVICES:		\$ 20,457	\$ 13,436	\$ 7,021	66%
Leasing Administration - Sanctuary		124,066 26,857 \$ 150,923	22,670 12,712 \$ 35,382	101,396 14,145 \$ 115,541	18% 47% 23%
TOTAL CONTRACTED SERVICES		\$ 306,142	\$ 35,362 \$ 90,500	\$ 215,642	30%

Fresno County Economic Opportunities Commission Program: Bridge to Home Project Contract Term: 10/01/2019 thru 09/30/2020 HUD FUNDING - 81351/81356 - SUPPORTIVE SERVICES HUD FUNDING - 81352 - B2H OPERATIONS HUD FUNDING - 81350- Rental Assistance

REQUIRED MATCH

25 % MATCH REQUIRED

HUD FUNDING - 81353- Administration

	N	Ionthly report as of :	August-20	% BUDGET	92%
Budget Category		Original Budget OCT. 19 - SEPT. 20	YTD Actual OCT.19 - Aug. 20	Balance as of August-20	% Spent August-20
REVENUES:		1 40 000	00.457	50.445	
HUD - SUPPORTIVE SERVICES		140,602	90,457	50,145	64%
HUD - OPERATIONS		62,813	55,415	7,398	88%
		222,048 40,214	7,989 30,496	214,059 9,718	4% 76%
HUD - ADMIN				,	
	TOTAL	\$ 465,677	\$ 184,357	\$ 281,320	40%
SUPPORTIVE SERVICES PERSONNEL: Salaries		40,507	16,077	24,430	40%
Fringe/Benefits		18,292	7,357	10,935	40%
	TOTAL		\$ 23,434	\$ 35,365	40%
CONTRACTED SERVICES:	-	÷ 00,100	¢ _0,.0.	+ 00,000	
TOPCC		60,823	56,635	4,188	93%
	TOTAL	\$ 60,823	\$ 56,635	\$ 4,188	
SUPPORTIVE SERVICES PROGRAM COSTS	S:				
5722, Food Supplies		2,200	232	1,968	11%
5330, Mileage		1,580	1,580	-	100%
5705, Bus Pass		4,488	115	4,373	3%
5570, Telephone		720	208	512	29%
5535, Office Supplies		2,800	2,785	15	99%
5240, Office Rental		2,664	868	1,796	33%
5270 Utilities		850	846	4	100%
5620 Insurance		200	197	3	99%
5770, Household Supplies		800	727	73	91%
5930 California Property Inspection Services		400	380	20	95%
5737 Outreach		300	259	41	86%
	TOTAL	\$ 17,002	\$ 8,197	\$ 8,805	48%
INDIRECT COSTS:					
5144 Indirect Costs - 7.50%		3,978	2,191	1,787	55%
	TOTAL	\$ 3,978	\$ 2,191	\$ 1,787	55%
SUPPORTIVE SERVICES TOTAL COSTS		\$ 140,602	\$ 90,457	\$ 50,145	64%
OPERATIONS PERSONNEL: Salaries & Benefits		E2 E42	46 579	6,935	070/
	TOTAL	53,513 \$ 53,513	46,578 \$ 46,578	\$ 6,935	87% 87%
OPERATING COST:	TOTAL	φ 33,313	φ 40,576	φ 0,933	0770
5270 Utilities		2,350	2,344	6	100%
5415/5 Office Supplies		1,300	1,264	36	97%
5415 Equipment		2,200	1,981	219	90%
5770 Household Furnishing		580	557	23	96%
5772 Sanitation Supplies		170	-	170	0%
5255 Repair & Maintenance		2,700	2,691	9	100%
	TOTAL	\$ 9,300	\$ 8,837	\$ 463	95%
OPERATING TOTAL COSTS		\$ 62,813	\$ 55,415	\$ 7,398	88%
CONTRACTED SERVICES:		000.0.15	3.000	044.050	401
Rental Assistance		222,048	7,989	214,059	4%
5125 Administration - TPOCC		12,364 27,850	11,205 19,291	1,159	91%
Administration - Sanctuary TOTAL CONTRACTED SERVICES		\$ 262,262	\$ 38,485	8,559 \$ 223,777	69% 15%
TOTAL CONTRACTED SERVICES		\$ <u>465,677</u>	\$ 184,357	\$ 281,320	39.6%
		+00,011	+ 104,007	201,020	00.070

Budget Category Original Budget	August-20 YTD Actual CT.19 - Aug. 20 22,587 14,488 - 2,838 39,913 4,125 1,873 5,998 13,894	% BUDGET Balance as of August-20 12,862 1,215 55,512 7,245 \$ 76,834 6,066 2,692 \$ 8,758	92% % Spent August-20 64% 92% 0% 28% 34% 40% 41%
OCT. 19 - SEPT. 20 OCTREVENUES:HUD - SUPPORTIVE SERVICESHUD - OPERATIONSHUD - RENTAL ASSISTANCEHUD - ADMINISTRATION10,083TOTAL \$ 116,747 \$SUPPORTIVE SERVICES PERSONNEL:Salaries10,191Fringe/Benefits4,565	CT.19 - Aug. 20 22,587 14,488 - 2,838 39,913 4,125 1,873 5,998	August-20 12,862 1,215 55,512 7,245 \$ 76,834 6,066 2,692	August-20 64% 92% 0% 28% 34%
HUD - SUPPORTIVE SERVICES35,449HUD - OPERATIONS15,703HUD - RENTAL ASSISTANCE55,512HUD - ADMINISTRATION10,083TOTAL \$ 116,747 \$Supportive Services personnel:Salaries10,191Fringe/Benefits4,565	14,488 2,838 39,913 4,125 1,873 5,998	1,215 55,512 7,245 \$ 76,834 6,066 2,692	64% 92% 0% 28% 34%
HUD - SUPPORTIVE SERVICES35,449HUD - OPERATIONS15,703HUD - RENTAL ASSISTANCE55,512HUD - ADMINISTRATION10,083TOTAL \$ 116,747 \$SUPPORTIVE SERVICES PERSONNEL:Salaries10,191Fringe/Benefits4,565	14,488 2,838 39,913 4,125 1,873 5,998	1,215 55,512 7,245 \$ 76,834 6,066 2,692	92% 0% 28% 34%
HUD - OPERATIONS15,703HUD - RENTAL ASSISTANCE55,512HUD - ADMINISTRATION10,083TOTAL \$ 116,747 \$SUPPORTIVE SERVICES PERSONNEL:Salaries10,191Fringe/Benefits4,565	14,488 2,838 39,913 4,125 1,873 5,998	1,215 55,512 7,245 \$ 76,834 6,066 2,692	92% 0% 28% 34%
HUD - RENTAL ASSISTANCE HUD - ADMINISTRATION55,512 10,083TOTAL\$ 116,747\$SUPPORTIVE SERVICES PERSONNEL: Salaries Fringe/Benefits10,191 4,565	2,838 39,913 4,125 1,873 5,998	55,512 7,245 \$ 76,834 6,066 2,692	0% 28% 34% 40%
HUD - ADMINISTRATION10,083TOTAL\$116,747SUPPORTIVE SERVICES PERSONNEL: Salaries10,191 4,565	39,913 4,125 1,873 5,998	7,245 \$ 76,834 6,066 2,692	28% 34% 40%
TOTAL\$116,747\$SUPPORTIVE SERVICES PERSONNEL:10,191Salaries10,191Fringe/Benefits4,565	39,913 4,125 1,873 5,998	\$ 76,834 6,066 2,692	34% 40%
SUPPORTIVE SERVICES PERSONNEL:Salaries10,191Fringe/Benefits4,565	4,125 1,873 5,998	6,066 2,692	40%
Salaries10,191Fringe/Benefits4,565	1,873 5,998	2,692	
Fringe/Benefits 4,565	1,873 5,998	2,692	
	5,998		I 41%
		+ -,	41%
CONTRACTED SERVICES:	13,894		
TOPCC 15,206		1,312	91%
TOTAL \$ 15,206 \$	13,894	\$ 1,312	
SUPPORTIVE SERVICES PROGRAM COSTS:			
5722, Food Supplies 550	-	550	0%
5330, Mileage 764	101	663	13%
5705, Bus Pass 428	29	399	7%
5570, Telephone 180	50	130	28%
5535, Office Supplies 780	746	34	96%
5240, Office Rental 666	322	344	48%
5270 Utilities 500	478	22	96%
5520 Computer Supplies 120	-	120	0%
5620 Insurance 50	41	9	82%
5770, Household Supplies 250	245	5	98%
5930 California Property Inspection Services 50	20	30	40%
5737 Outreach 150	124	26	83%
TOTAL \$ 4,488 \$	2,156	\$ 2,332	48%
INDIRECT COSTS:	,	• J	-
5144 Indirect Costs - 7.50% 999	539	460	54%
TOTAL \$ 999 \$	539	\$ 460	54%
SUPPORTIVE SERVICES TOTAL COSTS \$ 35,449 \$	22,587	\$ 12,862	64%
OPERATIONS PERSONNEL:			
- Personnel 13,403	12,279	1,124	92%
TOTAL \$ 13,403 \$	12,279	\$ 1,124	92%
OPERATING COST:			
5270 Utilities 600	586	14	98%
5415/t Office Supplies 325	316	9	97%
5415 Equipment 500	495	5	99%
5770 Household Furnishing 145	139	6 55	96%
5772Sanitation Supplies555255Repair & Maintenance675	- 673	55 2	0% 100%
5255 Repair & Maintenance 675 TOTAL \$ 2,300 \$	2,209	\$ 91	96%
OPERATING TOTAL COSTS \$ 15,703 \$	14,488	\$ 1,215	90%
CONTRACTED SERVICES:	17,400	,210	5270
Rental Assistance 55,512	-	55,512	0%
Administration - TPOCC 3,091	2,838	253	92%
Administration - Sanctuary 6,992	3,655	3,337	52%
TOTAL CONTRACTED SERVICES \$ 65,595 \$	6,493	\$ 59,102	10%
TOTAL COSTS \$ 116,747 \$	43,568	\$ 73,179	37.3%



FINANCE OFFICE INTEROFFICE MEMO

DATE: OCTOBER 5, 2020

TO: MISTY GATTIE-BLANCO, JENNIFER CRUZ

CC: EMILIA REYES, MICHELLE TUTUNJIAN, JIM RODRIGUEZ, SUSAN SHIOMI

FROM: REBECCA HEINRICY, KRISTY FUNG

SUBJECT: LGBTQ+ VARIANCE REPORT – AUGUST 2020

LGBTQ+ - CSBG: (80030)

Funding Source: CSBG Grant *Funding Period*: January 1, 2020 – December 31, 2020 *Revenue:* Budgeted revenue is \$162,000. *Expenses*: YTD expenses are \$59,172, or 37% of budget. Project period is 67% complete.

Observations: Fresno EOC Sanctuary LGBTQ+ project provides supportive services to individuals of all ages in the LGBTQ+ community. This project is currently operating below budget within personnel due to receiving additional grant funds to support this project.

LGBTQ+ - Donation: (80031)

Funding Source: Firework Revenue & Various Donations *Funding Period*: January 1, 2019 – December 31, 2020 *Revenue:* Total funding received since January 2019 is \$100,856. *Expenses*: Expenses to date are \$62,176, or 62% of budget.

Observations: There is approximately \$38,680 available for future unrestricted support of the project. Proceeds from the firework stand represent a significant portion of the proceeds within this project.

LGBTQ+ - Rise Up: (80032)

Revenue: Rise Up provided a contribution to the project of \$20,000. *Expenses*: Expenses to date are \$13,139, or 66% of budget.

Observations: Funding of \$6,861 is available for future support of the project.



LGBTQ+ - Youth Substance Abuse Disorder Prevention Program: (80033)

Funding Source: Funding is provided by the Sierra Health Foundation for the period of March 2020 to November 2022.

Revenue: Revenue to date is \$47,513.

Expenses: Expenses to date are \$47,513, or 5% of budget. Project period to date is 18% complete.

Observations: Project operations were delayed and impacted by COVID-19. Funds are still anticipated to be fully utilized by the end of the project term.

LGBTQ+ - Health Access Foundation (80034)

Revenue: Health Access Foundation provided contributions to the project totaling \$16,700.

Expenses: Expenses to date are \$15,650, or 94% of budget.

Observations: Funding of \$1,050 is available for supportive costs.

Multi-Agency Access Program: (80018)

Funding Source: County of Fresno has provided funding for the period of July 2020 to June 2021.

Revenue: Funding is \$284,529. Revenue to date is \$18,603.

Expenses: Expenses to date are \$265,926, or 7% of budget. Project period to date is 17% complete.

Observations: Funding is to operate an access point for services across multiple agencies. Project operations were delayed during recruitment of project personnel and then further impacted by COVID-19 with staff working remotely. Funds are still anticipated to be fully utilized by the end of the project term.

Fresno County Economic Opportunities	Fresno County Economic Opportunities Commission							
Program: LGBTQ - CSBG	Program: LGBTQ - CSBG							
Contract Term: 01/01/2020 thru 12/31/20	20							
Project - 80030								
Мо	nthly report as of :	August-20	% Budget	67%				
Budget Category	Original Budget	YTD Actual	Balance as of	% Spent				
	Jan. 20 - Dec. 20	Jan. 20 - Aug. 20	August-20	August-20				
REVENUES:								
CSBG	162,000	59,172	102,828	37%				
TOTAL	\$ 162,000	\$ 59,172	\$ 102,828	37%				
SALARIES & FRINGES:								
Salaries	86,419	20,932	65,487	24%				
Fringe/Benefits	44,265	6,924	37,341	16%				
TOTAL	\$ 130,684	\$ 27,856	\$ 102,828	21%				
Others								
5240 Office Rental	21,073	21,073	-	100%				
5335, Travel	133	133	-	100%				
5737 Outreach	318	318	-	100%				
5255 Repairs/Maintenance - building	3,834	3,834	-	100%				
5520, Computer Supplies	57	57	-	100%				
5555, Printing / Advertisement	275	275	-	100%				
5570 Telephone	1,758	1,758	-	100%				
5635 Insurance	129	129	-	100%				
5716 Dues - Organizations	594	594	-	100%				
5770 Program Supplies - Household	203	203	-	100%				
5772 Janitorial Supplies	136	136	-	100%				
5776 Program Supplies - Personal Articles	185	185	-	100%				
5792 Staff Training	22	22	-	100%				
5535 Office Supplies	2,332	2,332	-	100%				
5806 Supportive Costs - Other	267	267		100%				
TOTAL	\$ 31,316	\$ 31,316	\$-	100%				
TOTAL	\$ 162,000	\$ 59,172	\$ 102,828	37%				

Fresno Cou	Fresno County Economic Opportunities Commission						
Program: L	Program: LGBTQ - Donation						
Contract Te	Contract Term: 01/01/2019 thru 12/31/2020						
Project - 80	031						
_	Мо	nthly report as of :	August-20				
Budget Cate	gory	Original Budget	YTD Actual				
		Jan. 19 - Dec. 20	Jan. 19 - Aug. 20				
REVENUES	:						
	Fundraising Income	97,583	97,583				
	Donations	3,273	3,273				
	TOTAL	\$ 100,856	\$ 100,856				
Others							
4410	Fundraising Expense	52,802	52,802				
5520	Computer Supplies	1,828	1,828				
5255	Repairs/Maintenance - building	1,133	1,133				
5737	Outreach	820	820				
5806	Supportive Costs	1,107	1,107				
5722, 5724	Food/Snacks	1,538	1,538				
5757	Program - Misc. Expenses	784	784				
5126	Stipends	150	150				
5762	Program Incentives	100	100				
5260	Security Services	1,494	1,494				
5537	Office Furniture	114	114				
5535	Office Supplies	223	223				
5774	Program Supplies - Medical	83	83				
	TOTAL	\$ 62,176	\$ 62,176				
	TOTAL	\$ 62,176	\$ 62,176				
	Funds Availble for fu	ture expenditures	\$ 38,680				
Note: Sales	tax for 2020 Firework sales will be	recorded in Octobe	er 2020.				

Fresno County Economic Oppo	rtunities Commis	sion		
Program: LGBTQ - Rise Up				
Contract Term: 08/15/2019 thru	12/31/2020			
	1 12/31/2020			
Project - 80032	hly roport as of :	August 20		
	hly report as of :	August-20 YTD Actual	Delense es of	0/ Spont
Budget Category	Original Budget		Balance as of	
	Aug. 19 - Dec.	Aug. 19 - Aug. 20	August-20	August-20
REVENUES:	00.000	00.000		
Rise Up	20,000		-	100%
TOTAL	\$ 20,000	\$ 20,000	\$-	100%
SALARIES & FRINGES:				
Salaries & Benefits	6,703	5,359	1,344	80%
TOTAL	\$ 6,703	\$ 5,359	\$ 1,344	80%
Others				
5535 Office Supplies	600	521	79	87%
5335, Travel	720	249	471	35%
5722 Meeting food and expenses	560	80	480	14%
5806 Survey Incentive	10,000	6,000	4,000	60%
5160 Audit	22	15	7	68%
5144 Admin	1,395	915	480	66%
TOTAL	\$ 13,297	\$ 7,780	\$ 5,517	59%
TOTAL	\$ 20,000	\$ 13,139	\$ 6,861	66%

Fresno County Economic Opportunities Commission Program: LGBTQ - Youth Substance Abuse Disorder Prevention Program Contract Term: 03/15/2020 thru 11/30/2022 Proiect - 80033

Project - 80033				
	nthly report as of :	August-20	% Budget	18%
Budget Category	Original Budget	YTD Actual	Balance as of	
	Mar. 20 - Nov. 22	Mar. 20 - Aug. 20	August-20	August-20
REVENUE:				
Billing Income - Third Party	1,000,000	47,513	952,487	5%
TOTAL	\$ 1,000,000	\$ 47,513	\$ 952,487	5%
SALARIES & FRINGES:				
Salaries	401,627	26,610	375,017	7%
Benefits	213,347	5,746	207,601	3%
TOTAL	\$ 614,974	\$ 32,356	\$ 582,618	5%
CONTRACTUAL				
5126 Stipends	21,150	-	21,150	0%
5125 Clinical Director	16,920	-	16,920	0%
#### Assessments and Counseling	24,000	-	24,000	0%
LCC	49,500	-	49,500	0%
TOTAL	\$ 111,570	\$-	\$ 111,570	0%
Others				
5535 Office Supplies	3,300	-	3,300	0%
5330 Travel	6,201	-	6,201	0%
5560 Certification	28,000	-	28,000	0%
5520 Computer Supplies	3,000	-	3,000	0%
5620 Insurance	3,960	168	3,792	4%
5435 Leased Copier	3,300	-	3,300	0%
5240, Facility Rental & Utilities	99,000	10,554	88,446	11%
5737, Outreach/Advertisement	6,600	-	6,600	0%
5570, Telephone	5,280	980	4,300	19%
5790 Staff Clearance	273	91	182	33%
5792 CPR/First Aid Training	180	-	180	0%
5806 Program Supplies	4,950	-	4,950	0%
5722 Food	6,927	-	6,927	0%
5815 Transportation	31,680	-	31,680	0%
5160 Audit	1,115	53	1,062	5%
5144 Admin	69,690	3,311	66,379	5%
TOTAL	\$ 273,456	\$ 15,157	\$ 258,299	6%
TOTAL	\$ 1,000,000	\$ 47,513	\$ 952,487	5%

Fresno County Economic	Fresno County Economic Opportunities Commission							
-	Program: LGBTQ - Health Access Foundation							
Contract Term: 08/15/20								
Project - 80034								
•	thly report as of :	August-20						
Budget Category	Original Budget	YTD Actual	Balance as of	% Spent				
	Jan. 20 - Aug. 20	Jan. 20 - Aug. 20	August-20	August-20				
REVENUES:								
HAF	16,700	15,650	1,050	94%				
TOTAL	\$ 16,700	\$ 15,650	\$-	100%				
SALARIES & FRINGES:								
Salaries & Benefits	13,938	13,938	-	100%				
			-					
TOTAL	\$ 13,938	\$ 13,938	\$-	100%				
OPERATING:								
5806 Supportive Costs	1,450	400	1,050	28%				
5929 Wellness Training	250	250	-	100%				
5160 Audit	17	17	-	100%				
5144 Admin	1,045	1,045	-	100%				
TOTAL	\$ 2,762	\$ 1,712	\$ 1,050	62%				
TOTAL	\$ 16,700	\$ 15,650	\$ 1,050	94%				

Note: Short-term MOU ended 8/31/20 for \$15,000.

An additional \$1,700 was received to fund activiites cost.

Program: Multi-Agency Access Program								
Contract Term: 7/01/2020 thru 06/30/20								
Project - 80018								
-	hly report as of :	August-20	% Budget	17%				
Budget Category	Original Budget	YTD Actual	Balance as of	% Spent				
	Jul. 20 - Jun. 21	Jul. 20 - Aug. 20	August-20	August-20				
REVENUES:								
Billing Income County	284,529	18,603	265,926	7%				
TOTAL	\$ 284,529	\$ 18,603	\$ 265,926	100%				
SALARIES & FRINGES:								
Salaries	144,187	11,299	132,888					
Benefits	76,576	3,470	73,106					
TOTAL	\$ 220,763	\$ 14,769	\$ 205,994	7%				
Others								
5535 Office Supplies	1,800	-	1,800	0%				
5335, Mileage/Vehicle Maintenance/Fuel		-	9,536					
5620 Insurance	1,620	56	1,564	3%				
5790 Staff Screening	273	91	182					
5325 Leased Vehicle	5,244	-	5,244	0%				
5705, Bus Passes	1,500	-	1,500					
5570, Telephone	5,040	736	4,304	15%				
5240 Office Rent	15,984	1,653	14,331	10%				
5270, Utilities	900	-	900	0%				
5776, Client Supplies	2,040	-	2,040	0%				
5144 Admin	19,829	1,298	18,531	7%				
TOTAL	\$ 63,766	\$ 3,834	\$ 59,932	6%				
TOTAL	\$ 284,529	\$ 18,603	\$ 265,926	7%				

Fresno County Economic Opportunities Commission



FINANCE OFFICE INTEROFFICE MEMO

DATE: OCTOBER 5, 2020

TO: CHRYSTAL STREETS

CC: EMILIA REYES, MICHELLE TUTUNJIAN, MISTY GATTIE-BLANCO, JIM RODRIGUEZ, SUSAN SHIOMI

FROM: REBECCA HEINRICY, KRISTY FUNG

SUBJECT: SHELTER FINANCIAL ANALYSIS - AUGUST 2020

Consolidated:

The following analysis is based on the YTD expenses for the Shelter. Current funding levels are approximately \$1,546,600 for the year.

Homeless Youth Emergency Services Pilot Program: 80310/50310

Funding Period: 4/1/2017 - 3/31/2022

Revenue: The grant award is for five years and is for a total of \$2,500,000. For year 2020-21, the budgeted amount is for \$500,000.

Expenses: Project expenses to date are \$1,323,357 or 53% of total budget. The project period is 68% complete. Expenses within the fourth year of funding are \$134,992 or 27% of the year 4 budget, which is 42% complete.

OBSERVATIONS: The Sanctuary Transitional Shelter operates in the facility formerly utilized as the Transitional Living Center #1. Project period to date spending is impacted by having full operations for this project begin in August 2017 rather than April 2017, as originally anticipated and more recently by COVID-19. Overall, this project is operating below budget. A budget modification will be submitted to offset line items that are overspent and moved to line items that are underspent due to other funding sources for this project.

HHS: 80352

Funding Period: 9/30/2019 - 9/29/2020

Revenue: The grant award is \$200,000. HHS requires a \$22,222 non-federal match. *Source of Match:* Shelter facility rental income.

Expenses: YTD expenses are \$150,712 or 75% of budget. The program period is 92% complete.

OBSERVATIONS: This grant is operating approximately below budget due to the impact of COVID-19 on operations. A carryover request is being prepared for projected available funds.

HHS CARES: 80319

Funding Period: 9/30/2019 – 9/29/2020 *Revenue:* The supplemental CARES grant award is \$40,000. *Expenses:* YTD expenses are \$7,354 or 18% of budget. The program period is 92% complete.

OBSERVATIONS: This grant is operating approximately below budget due to the recent release of these funds. A carryover request is being prepared for projected available funds.

USDA: 80181

Funding Period: 7/1/20 – 6/30/21 Reimbursement: Funds are received based on meals consumed which is \$214 to date. *Expenses:* YTD expenses are \$208. Program period is 17% complete.

OBSERVATIONS: Food, which is provided by Fresno EOC's Food Services, is ordered based on expected consumption and is reimbursed based on actual consumption. The National School Nutrition Program reimburses Sanctuary Youth Shelter for a portion of meal costs (breakfast and lunch) for meals served. COVID-19 closures impacted this funding stream.

Rental/Allocation: 80107

Funding Period: 1/1/20 - 12/31/20

Revenue: The budget is \$67,159. Actual funds received to date is \$44,773.

Expenses: YTD expenses are \$34,371, or 51% of budget. Program period is 67% complete. Rent charged to other Fresno EOC programs must be supported by actual costs to maintain the facility. Based on actual costs incurred, this agreed upon rate will be reviewed when needed.

OBSERVATIONS: Revenue generated is primarily from interagency lease agreements and is used to support building maintenance and utility costs. This is also needed as a match for the federal grant supporting the Youth Shelter. Overall, this project has funds accumulated to offset expenses later in the year, such as any larger repairs. If unspent at the end of the year, then funds will be refunded to internal occupants.

Donation: 80340

Funding Period: 1/1/18 – 12/31/20 *Revenue:* Donations and CSBG are budgeted at \$155,059. *Expenses:* YTD expenses are \$143,174. Program period is 67% complete.

OBSERVATIONS: Donations are critical for use in grant matching and for sustaining program operations. Funding is used to maintain quality and comprehensive services, to assist with special projects pertaining to Sanctuary operations, and to account for any unforeseen needs. As of August, there is approximately \$11,885 available for future support.

Shelter - Youth Bridge Housing County HEAP: 80313

Funding Period: 7/9/19 – 5/31/21 *Revenue:* The grant award is for \$327,884. *Expenses:* YTD expenses are \$154,387, or 47% of budget. Funding period is 61% completed.

OBSERVATIONS: This funding is from US Department of Social Services passed through the County of Fresno. Funding is used to support Homeless Emergency Aid Program (HEAP). Project is under budget due to three-month ramp up period after being awarded to allow for recruitment of personnel.

Shelter - Youth Bridge Housing City HEAP: 80313

Funding Period: 7/01/19 – 6/30/21 *Revenue:* The grant award is for \$300,000. *Expenses:* YTD expenses are \$102,721, or 34% of budget. Funding period is 58% completed.

OBSERVATIONS: This funding is from US Department of Social Services passed through the City of Fresno. Funding is used to support Homeless Emergency Aid Program (HEAP). The project is slightly under budget due to recruitment of staff and cleints.

Shelter – Renovation City CDBG: 80188

Funding Period: 12/30/19 – 12/29/20 Revenue: The grant award is for \$368,000. Expenses: YTD expenses are \$103,953, or 28% of budget. Funding period is 67% completed.

OBSERVATIONS: Funds will be used to complete facility repairs at the Transitional Shelter for young adults ages 18-24. These improvements will be provided for all 16 units and work would include updated HVAC system, bathrooms, windows, painting, flooring, lighting, perimeter gates, and phone system updates. Work is anticipated to be completed prior to grant expiration.

Fresno Economic Opportunities Commission Program: Homeless Youth Emergency Services Pilot Program Contract Term: 4/1/2017 thru 03/31/2022 (5 yrs.) CaIOES - HY FUNDING - 80310/50310

		Monthly report as of :				August-20	% Budget	68.3%
					4th Year Balance as		YTD Balance as	
Budget Category		Original Budget	Fourth Year Budget	Fourth Year Actual	of	YTD Actual	of	% Spent
		4/1/17 - 3/31/22	4/1/20-3/31/21	4/1/20 - 8/31/20	8/31/2020	Apr. 17- Aug. 20	8/31/2020	August-20
REVENUES:								
4105 Shelter CalOES - HY		2,250,000	450,000	118,482	331,518	1,190,249	1,059,751	53%
E&T CalOES		250,000	50,000	16,510	33,490	133,108	116,892	53%
	TOTAL	\$ 2,500,000	\$ 500,000	\$ 134,992	\$ 365,008	\$ 1,323,357	\$ 1,176,643	53%
SALARIES & FRINGES:								
Shelter Salaries		1,022,022	216,299	69,451	146,848	595,783	426,239	58%
Shelter Fringe/Benefits		412,239	89,326	21,865	67,461	192,516	219,723	47%
E&T Salaries		167,222	33,386	12,183	21,203	94,577	72,645	57%
E&T Fringe/Benefits		63,624	12,783	3,299	9,484	30,199	33,425	47%
	TOTAL	\$ 1,665,107	\$ 351,794	\$ 106,798	\$ 244,996	\$ 913,075	\$ 752,032	55%
OPERATIING EXPENSES					10 5 15		15 000	
Shelter Facility		86,950	17,700	5,155	12,545	41,642	45,308	48%
E&T Facility Rental		8,550	1,800	750	1,050	5,700	2,850	67%
Office Supplies		17,188	1,815	278	1,537	9,902	7,286	58%
E&T Office Supplies		3,000	600	256	344	1,885	1,115	63%
Lease copiers/Software		11,100	1,440	309	1,131	5,255	5,845	47%
Telephones/Mobile/Internets		16,316	2,901	586	2,315	10,803	5,513	66%
E&T Telephones/Mobile/Internets		3,405	680	22	658	654	2,751	19%
Vehicle Lease		24,801	-	-	-	13,302	11,499	54%
Vehicle Maint/Fuel/Mileage		10,507	1,567	1,565	2	6,111	4,396	58%
E&T Vehicle Maint/Fuel/Mileage		3,750	750	-	750	93	3,657	2%
Vehicle Insurance /Liability Insurance		23,480	5,120	1,562	3,558	12,683	10,797	54%
Printing/Advertising/Outreach		19,684	1,834	-	1,834	3,980	15,704	20%
Staff Training		3,750	300	-	300	1,760	1,990	47%
Staff Background		1,536	-	91	(91)	1,274	262	83%
Audit		3,000	600	158	442	1,439	1,561	48%
	TOTAL	\$ 237,017	\$ 37,107	\$ 10,732	\$ 26,375	\$ 116,483	\$ 120,534	49%
CONTRACTED SERVICES:					55.044		174 405	
5125 Family First Counseling	TOTAL	298,490	58,000	2,656	55,344	124,065	174,425	42%
	TOTAL	\$ 298,490	\$ 58,000	\$ 2,656	\$ 55,344	\$ 124,065	\$ 174,425	42%
PROGRAM COSTS:		0.405	005	011	(106)	0.400	5	100%
Client Transportation	4	3,125	625	811	(186) 3,855	3,120		100%
Client Hygiene Supplies/Emergency Clo	tning	29,905	4,000	145		11,464	18,441	38%
Meals/Snacks		68,100	14,400	3,113	11,287	35,817	32,283	53%
Furniture		14,823	-	-	- 1 004	10,093	4,730	68%
Janitorial Supplies/Maint Repair		20,505	3,000	1,096	1,904	16,890	3,615	82%
Life Skills/Workshop Materials		7,538	1,200	448	752	5,018	2,520	67%
Recreation Supplies	TOTAL	7,108	600 ¢ 23.825	48	552	3,712	3,396	52%
	IOTAL	\$ 151,104	\$ 23,825	\$ 5,661	\$ 18,164	\$ 86,114	\$ 64,990	57%
INDIRECT COSTS: 5144 Indirect Costs - 7.50%		140.000	20.074	0.145	20,129	02 620	64,662	560/
	TOTAL	148,282 \$ 148,282	29,274 \$ 29,274	9,145 \$ 9,145	\$ 20,129	83,620 \$ 83,620	\$ 64,662	56% 56%
	IUTAL		. ,	. ,				
TOTAL COSTS		\$ 2,500,000	\$ 500,000	\$ 134,992	\$ 365,008	\$ 1,323,357	\$ 1,176,643	53%

Fresno Economic Opportunities Commission Program: Shelter Contract Term: 09/30/2019 thru 09/29/2020 HHS - FUNDING - 80352

REQUIRED NON-FEDERAL MATCH = \$22,222

	Ма	nthly Report as of	August-20	% Budget	92%
	INIO	itiliy Report as of	August-20	% Budget	92 %
Budget Category		Original Budget Oct. 19 - Sept. 20	YTD Actual Oct. 19 - August 20	Balance as of August-20	% Spent August-20
REVENUES:					
4125	HHS	200,000	,	,	75%
	TOTAL	\$ 200,000	\$ 150,712	\$ 49,288	75%
SALARIES & FR	INGES:				
	Salaries - (HHS)	114,947	91,685	23,262	80%
	Fringe/Benefits - (HHS)	48,392	28,092	20,300	58%
	TOTAL	\$ 163,339	\$ 119,777	\$ 43,562	73%
TRAVEL/MILEA	-				
5340	RHY Annual Conference	1,400	2,885	(1,485)	206%
	(Out-of-State)		-	-	
	TOTAL	\$ 1,400	\$ 2,885	\$ (1,485)	206%
Program Cost				10	
5770	Household Supplies	400	381	19	95%
5115, 5722, 5768	Meals - Food	3,540	2,238	1,302	63%
5776, 5774	Personal/Medical Supplies	400	377	23	94%
5772	Janitorial Supplies	550	346	204	63%
5729, 5780	Recreational/Classroom Supplies	50	21	29	42%
5800, 5806	Positive Youth Dev. Activities	600	500	100	83%
	TOTAL	\$ 5,540	\$ 3,863	\$ 1,677	70%
CONTRACTED SEF					
5160	Audit	223	168	55	75%
	TOTAL	\$ 223	\$ 168	\$ 55	75%
OTHER COSTS:		0.555	0.550		4000/
5535, 5435	Computer/Office Supplies/Copier	3,555	3,553	2	100%
5792, 5790, 5335	Staff Training (CCL)	865	865	-	100%
5315, 5350, 5345	Vehicle Maint./ Fuel	2,900	1,641	1,259	57%
5620	Insurance	6,025	5,487	538	91%
5730, 5716	Licenses/Fees/Dues	2,200	1,961	239	89%
	TOTAL	\$ 15,545	\$ 13,507	\$ 2,038	87%
INDIRECT COSTS:		10.050	40 540	2 4 4 4	750/
5144	Indirect Costs - 7.5%	13,953	10,512	3,441	75%
	TOTAL	\$ 13,953	\$ 10,512	\$ 3,441	75%
TOTAL COSTS		\$ 200,000	\$ 150,712	\$ 49,288	75%

Fresno Economic Opportunities Commission Program: Shelter Contract Term: 09/30/2019 thru 09/29/2020 HHS CARES - FUNDING - 80319

HHS	CARES - FUNDING - 80319					
		Мо	nthly Report as of	August-20	% Budget	92%
Buda	et Category		Original Budget	YTD Actual	Balance as of	% Spent
Duug	et eategory		0 0	Oct. 19 - August 20		August-20
REV	ENUES:					
4125	HHS		40,000	7,354	32,646	18%
	TC	TAL	\$ 40,000	\$ 7,354	\$ 32,646	18%
SAL	ARIES & FRINGES:					
	Salaries - (HHS)		14,074	1,424	12,650	10%
	Fringe/Benefits - (HHS)		2,348	674	1,674	29%
	TC	TAL	\$ 16,422	\$ 2,098	\$ 14,324	13%
Progr	am Cost					
5255	Repairs/Maintenance - Building		400	375	25	94%
5772	Janitorial Supplies		2,598	2,593	5	100%
5539	Personal Protective Equipment		7,200	900	6,300	13%
5560	Thermometer Scan Supplies and Sys		4,600	-	4,600	0,0
		TAL	\$ 14,798	\$ 3,868	\$ 10,930	26%
-	RACTED SERVICES:			_		
5160	Audit		45	8	37	18%
		TAL	\$ 45	\$ 8	\$ 37	18%
-	R COSTS:					
5927	Intercom system		5,000	-	5,000	0%
5260	Security Service	TAL	945	867	78	92%
		TAL	\$ 5,945	\$ 867	\$ 5,078	15%
	ECT COSTS:		0.700	F40	2 277	400/
5144	Indirect Costs - 7.5%	TAL	2,790	513	2,277	18%
		TAL	\$ 2,790	\$ 513	\$ 2,277	18%
тоти	AL COSTS		\$ 40,000	\$ 7,354	\$ 32,646	18%

Fresno Economic Opportunities Commission Program: Shelter Contract Term: 07/01/2020 thru 06/30/2021 USDA Shelter - FUNDING - 80181

Мо	nthly Report as of	August-20	% Budget	17%
Budget Category	Original Budget July 20 - June 21	YTD Actual July 20 - August 20	Balance as of August-20	% Spent August-20
REVENUES:				
USDA	214	214	-	100%
TOTAL	\$ 214	\$ 214	\$-	100%
CONTRACTED SERVICES:5115Contract Services (Food Service)	208	208	-	100%
	\$ 208	\$ 208	\$-	100%
TOTAL COSTS	\$ 208	\$ 208	\$-	100%

Eroono Econ	France Francesia One arturities Commission							
	Fresno Economic Opportunities Commission Program: Shelter							
•	m: 01/01/2020 thru 12/	24/2020						
	RENTAL (80107)	31/2020						
SHELIER - R	· · ·	hly Poport on of	August 20	% Budget	67%			
	WOIL	hly Report as of	August-20	% Budget	07 /0			
Budget Categ	orv	Original Budget	YTD Actual	Balance as of	% Spent			
Dudget Caley	OI y	Jan. 20 - Dec.	Jan. 20 - Aug. 20		August-20			
REVENUE:		0dil. 20 - DC0.	0an. 20 - Aug. 20	/ lugust 20	/ lugust 20			
	SHELTER - RENT	67,159	44,773	22,386	67%			
	TOTAL	\$ 67,159	\$ 44,773	\$ 22,386	67%			
SALARIES &	FRINGE:							
	Salaries	15,500	6,699	8,801	43%			
	Fringe/Benefits	9,553	2,668	6,885	28%			
	TOTAL	\$ 25,053	\$ 9,367	\$ 15,686	37%			
EQUIPMENT	COSTS:							
5405	Depreciation	14,906	9,937	4,969	67%			
	TOTAL	\$ 14,906	\$ 9,937	\$ 4,969	67%			
FACILITIES C	COSTS:							
5255	Maintenance/Repairs	6,000	2,629	3,371	44%			
5220	Pest Control	1,200	260	940	22%			
5620	Insurance	300	39	261	13%			
5535, 5425	Office Supplies	150	-	150	0%			
5571, 5570	Telephone	3,800	2,625	1,175	69%			
5230	Property Taxes	50	-	50	0%			
5270	Utilities	12,000	7,115	4,885	59%			
5280	Water/sewer/Garbage	3,700	2,399	1,301	65%			
	TOTAL	\$ 27,200	\$ 15,067	\$ 12,133	55%			
TOTAL COST	ſS	\$ 67,159	\$ 34,371	\$ 32,788	51%			

Fresno Economic Opportunities Commission Program: Shelter Contract Term: 1/01/2018 thru 12/31/2020 FUNDING - DONATIONS - 80340

FUNDING - DONATIONS - 80340 Monthly Report as of August-20 % Budget								
		nthiy Report as of	August-20	% Budget	67%			
Budget Cete	aan/	Original Budget	YTD Actual	Balance as of	% Spent			
Budget Cate	gory	Jan. 18- Dec. 20	Jan. 18 - Aug. 20	August-20	August-20			
REVENUE:		Jan. 10- Dec. 20	Jan. 10 - Aug. 20	August-20	August-20			
	tion -	37,751	37,751		1000/			
	onations	117,308		- 11,885	100%			
U	SBG TOTAL	\$ 155,059			90%			
		φ 155,059	φ 143,174	-	92%			
	alaries	71,996	71,996		100%			
				-	100%			
	ringe/Benefits TOTAL	26,347 \$ 98,343	26,347	-	100%			
CONTRACT		\$ 98,343	\$ 98,343	-	100%			
	ED SERVICES:	2.025	2.025					
5170 C	ontract Services- Consulting TOTAL	2,025 \$ 2,025	2,025	-	1000/			
	N EXPENSES:	۵ <u>ک</u> ,025	\$ 2,025	-	100%			
		2 4 2 7	2 4 2 7		1000/			
	ecurity Service	3,137	3,137	-	100%			
	tilities-PG&E	13,280	13,280	-	100%			
	/ater & Sewer	3,747	3,747	-	100%			
	oftware licenses	58	58	-	100%			
	omputer Supplies	3,665	3,665	-	100%			
	ffice Supplies	423	423	-	100%			
	eased - Copiers	508	508	-	100%			
	elephone	3,480	3,480	-	100%			
	ostage	224	224	-	100%			
	epreciation- 2 A/C units	1,473	1,473	-	100%			
	eeting	170	170	-	100%			
5720, 579(Fi		1,000	1,000	-	100%			
5335, 533(Ti		899	899	-	100%			
	ther Cost	55	55	-	100%			
	upplies - Other	538	538	-	100%			
	rst Aid (Inc. WC)	180	180	-	100%			
5240 R	ental - Office	2,092	2,092	-	100%			
5255 M	aintenance/Repairs	4,051	4,051	-	100%			
5620 In	surance	2,096	2,096	-	100%			
	TOTAL	\$ 41,076	\$ 41,076	-	100%			
PROGRAM								
	ransitional Living Services	235	235	-				
	ousehold Supplies	44	44	-	100%			
	anitorial Supplies	812	812	-	100%			
5806 S	upportive Costs - Other	639	639	-	100%			
	TOTAL		\$ 1,730	\$-	100%			
TOTAL COS	STS	\$ 143,174	\$ 143,174	\$-	100%			

Fresno Economic Opportunities Commission Program: Shelter - Youth Bridge Housing HEAP Contract Term: 07/09/2019 thru 05/31/2021 County of Fresno - 80313

Monthl	y Report as of	August-20	% Budget	61%
	Original			
Budget Category	Budget	YTD Actual	Balance as of	% Spent
5 5 7	July 19 - May	Jul. 19 - August 20	August-20	August-20
REVENUE:				
4115 Billing Income - County	327,884	154,387	173,497	47%
TOTAL	\$ 327,884	\$ 154,387	\$ 173,497	47%
SALARIES & FRINGE:				
Salaries	131,465	76,113	55,352	58%
Fringe/Benefits	48,896	24,648	24,248	50%
TOTAL	\$ 180,361	\$ 100,761	\$ 79,600	56%
Facility Cost				
5255 Maintenance/Repairs	4,000	2,044	1,956	51%
5260 Security Services	400	246	154	62%
5270 Utilities-PG&E	11,425	5,184	6,241	45%
5280 Water & Sewer	5,025	3,854	1,171	77%
5205 Janitorial Services	1,675	1,675	-	100%
5772 Janitorial Supplies	1,760	349	1,411	20%
TOTAL	\$ 24,285	\$ 13,352	\$ 10,933	55%
Services & Supplies				
5115 / Meals/Snacks	28,097	2,908	25,189	10%
5160 Audit	366	172	194	47%
5315/⊹Vehicle Maint/Fuel	3,450	58	3,392	2%
5620 Insurance	2,760	1,932	828	70%
5435 Leased - Copiers	1,840	806	1,034	44%
5535 Office Supplies	6,840	3,396	3,444	50%
5570, ¦Telephone	10,460	1,012	9,448	10%
5705 Bus Passes	13,800	3,469	10,331	25%
5770 Shelter Furniture	7,903	7,903	-	100%
5776 Client personal Supplies	11,520	4,049	7,471	35%
5790 Staff Background	384	91	293	24%
5792 Staff Training	560	55	505	10%
5806 Program Supplies	2,400	269	2,131	11%
5927 /: Client Health & Safety Education	10,008	3,395	6,613	34%
TOTAL	\$ 100,388	\$ 29,515	\$ 70,873	29%
INDIRECT COSTS:			10.55	
5144 Indirect Costs - 7.5%	22,850	10,759	12,091	47%
TOTAL	\$ 22,850	\$ 10,759	\$ 12,091	47%
TOTAL COSTS	\$ 327,884	\$ 154,387	\$ 173,497	47%

Fresno Economic Opportunities Commission Program: Shelter - Youth Bridge Housing HEAP Contract Term: 07/01/2019 thru 06/30/2021 City of Fresno - 80315

	Ма	onthly Report as of	August-20	% Budget	58%
		Original Dudget		Delense es ef	0/ Creat
Buda	get Category	Original Budget July 19 - June 21	YTD Actual	Balance as of	
DEV	ENUES:	July 19 - Julie ZT	Jul. 19 - Aug. 20	August-20	August-20
		300,000	102,721	197,279	2.40/
4110	Billing Income - City TOTAL	\$ 300,000	\$ 102,721	\$ 197,279	34%
CAL	ARIES & FRINGES:	φ 300,000	φ 102,721	φ 197,279	34%
SAL		145 214	57 700	87,522	40%
	Salaries	145,314	57,792	39,943	
	Fringe/Benefits TOTAL	58,174 \$ 203,488	18,231 \$ 76,023	\$ 127,465	31% 37%
Facili	ty Cost	φ 203,400	φ 10,023	φ 127,405	3770
гасш	Maintenance/Repairs	2,400	938	1,462	39%
5260	Security Services	600	246	354	41%
5260 5270	Utilities-PG&E	4,350	2,207	2,143	41% 51%
5270 5280	Water & Sewer	2,722	1,419	1,303	52%
5260 5220	Pest Control	2,722	12	188	6%
5220	TOTAL	\$ 10,272	\$ 4,822	\$ 5,450	47%
Sorvi	ces & Supplies	ψ 10,272	ψ 4,022	ψ 0,400	4770
00111	Meals/Snacks	12,000	475	11,525	4%
	Audit	335	115	220	34%
	Vehicle Maint/Fuel	1,200	114	1,086	10%
	Rental Vehicle	6,000	-	6,000	0%
	Insurance	2,400	849	1,551	35%
	Leased - Copiers/Computer supplies		806	3,694	18%
	Office Supplies	1,200	240	960	20%
	Telephone	16,320	7,293	9,027	45%
	Bus Passes	2,400	343	2,057	14%
	Shelter Furniture	2,200	2,779	(579)	126%
	Client personal Supplies	5,760	1,480	4,280	26%
	Staff Training	2,400	-	2,400	0%
	Program Supplies	4,800	223	4,577	5%
	Client Health & Safety Education	3,818	-	3,818	0%
	TOTAL	\$ 65,333	\$ 14,717	\$ 50,616	23%
INDIR	ECT COSTS:		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
5144	Indirect Costs - 7.5%	20,907	7,159	13,748	34%
	TOTAL	\$ 20,907	\$ 7,159	\$ 13,748	34%
тот	AL COSTS	\$ 300,000	\$ 102,721	\$ 197,279	34%

Fresno Economic Opportunities Commission Program: Shelter Contract Term: 12/30/2019 thru 12/29/2020 City of Fresno - 80188

Monthly Report		Ionthly Report as of		August-20	% Budget		67%
Budget Category		Original Budget Dec. 19 - Dec. 20	Dee	YTD Actual c. 19 - August 20	Balance as of August-20		% Spent August-20
REVE	ENUES:						
4110	Billing Income - City	368,000		103,953		264,047	28%
	TOTAL	\$ 368,000	\$	103,953	\$	264,047	28%
SALARIES & FRINGES:							
	Salaries	13,874		2,663		11,211	19%
	Fringe/Benefits	7,187		1,046		6,141	15%
	TOTAL	\$ 21,061	\$	3,709	\$	17,352	18%
CONTRACTED SERVICES:							
5125	General Contractor	221,944		-		221,944	0%
5125	Lighting	10,000		-		10,000	0%
5125	Gate	10,000		-		10,000	0%
5125	HVAC	98,056		98,056		-	100%
5160	Audit	109		35		74	32%
	TOTAL	\$ 340,109	\$	98,091	\$	74	29%
INDIRECT COSTS:							
5144	Indirect Costs - 7.5%	6,830		2,153		4,677	32%
	TOTAL	\$ 6,830	\$	2,153	\$	4,677	32%
ΤΟΤΑ	AL COSTS	\$ 368,000	\$	103,953	\$	264,047	28%