PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. CT-005851

(Rev. January 2020) Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

September   Comparison   Com	A F	or the	$\pm$ 2019 calendar year, or tax year beginning $\pm$ JUL $\pm$ 1, $\pm$ 2019 and ending	JUN 30, 2020					
AVENTIDAS	<b>B</b> c	heck if pplicable	C Name of organization	D Employer identif	cation number				
Define Duclines as     94-1480548			AVENIDAS						
Number and street (of P.U. box if flam is not deleverable to street adoress)   Roonswille   E teleptone number (of 500 DRYAPT STREET   City or town, state or province, country, and ZIP or foreign postal code   G. disessements   R. (650 ) 283 – 540		Name change		94-14805	48				
City or town, state or province, country, and 2/P or foreign postal code   Parl O ALTO, CA 9 43.01   Ho		return □Final	, ,						
PALO ALTO, CA 94301		termin- ated							
SAME AS C ABOVE   No   Tax-exempt status   X   501(c)(3)   501(c)		Amend		H(a) Is this a group r					
SARB		tion	F Name and address of principal officer: OOHN SINK	for subordinates					
J. Website: ▶ WWW - AVENIDAS - ORG  **Form of organization** X  Corporation** I rust		pendin	SAME AS C ABOVE	<b>H(b)</b> Are all subordinates i	ncluded? Yes No				
Part   Summary	<u> 1 1</u>	ax-exe	empt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or	527 If "No," attach a	list. (see instructions)				
Part   Summary				H(c) Group exemption	on number 🕨				
Print   Prin				'ear of formation: 1961   I	M State of legal domicile: CA				
TINFORMATION, AND COMMUNITY TO ENRICH THE LIVES OF OLDER ADULTS.   Check this box	Pa	_							
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)  6 Total number of volunteers (estimate if necessary)  7a Total unrelated business revenue (part VIII, column (C), line 12  7a Total unrelated business revenue (part VIII, line 1h)  8 Contributions and grants (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 1p)  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  11 Other revenue (Part VIII, column (A), lines 3, 64, 8c, 9c, 10c, and 11e)  12 Total revenue (Part VIII, column (A), lines 5, 64, 8c, 9c, 10c, and 11e)  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), line 11e)  15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)  16 Professional fundraising ese (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (A), line 11e)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  10 Total liabilities (Part X, line 16)  21 Total liabilities (Part X, line 16)  22 Net assets or fund balances. Subtract line 21 from line 20  49, 226, 887.  48, 543, 051.  Part III Signature Block  MAUREEN BREEN, CFO/VP, FINANCE AND ADMIN  Type or print name and title  Print/Type preparer's name  JACOB YAU  Firm's address ≥ 275 BATTERY ST, STE 900  SAN FRANCISCO, CA 94111  Phone no. 415. 781. 0.793	ø.	1							
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Solution	<u>ھ</u>	l -							
Solution	ies								
Solution	Ξ								
Revenue   Sample	Act								
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, line 2g) 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising efees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses (Part IX, column (A), line 11e) 19 Total fundraising expenses (Part IX, column (A), line 12e) 19 Total assets (Part X, column (A), line 11e) 10 Total assets (Part X, line 16) 10 Total assets (Part X, line 16) 11 Othar expenses (Part IX, column (A), line 25) 12 Total liabilities (Part X, line 26) 19 Revenue less expenses. Subtract line 18 from line 20 10 Total assets (Part X, line 26) 11 Total liabilities (Part X, line 26) 11 Total liabilities (Part X, line 26) 12 Total liabilities (Part X, line 26) 13 Total liabilities (Part X, line 26) 14 Total liabilities (Part X, line 26) 15 Total liabilities (Part X, line 26) 16 Total liabilities (Part X, line 26) 17 Total liabilities (Part X, line 26) 18 Total liabilities (Part X, line 26) 19 Revenue less expenses. Subtract line 21 from line 20 10 Total assets of und balances. Subtract line 21 from line 20 10 Total liabilities (Part X, line 26) 11 Total liabilities (Part X, line 26) 12 Total liabilities (Part X, line 26) 13 Total liabilities (Part X, line 26) 14 Total liabilities (Part X, line 26) 15 Total liabilities (Part X, line 26) 16 Total liabilities (Part X, line 26) 17 Total liabilities (Part X, line 26) 18 Total expenses Add lines 31-17 (Part X II		b	Net unrelated business taxable income from Form 990-1, line 39						
9			Contributions and greats (Port VIII line 1h)						
Total revenue (Part VIII, column (A), lines 5, 6c, 9c, 9c, 9c, 9c, 9c, 9c, 9c, 9c, 9c, 9	ne	I							
Total revenue (Part VIII, column (A), lines 5, 6c, 9c, 9c, 9c, 9c, 9c, 9c, 9c, 9c, 9c, 9	ven	I							
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Be								
13   Grants and similar amounts paid (Part IX, column (A), lines 1.3)		l							
14   Benefits paid to or for members (Part IX, column (A), line 4)   0 .									
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   3,646,686.   4,096,390.     16 Professional fundraising fees (Part IX, column (A), line 11e)   0.   0.     17 Other expenses (Part IX, column (A), lines 15)   395,788.     17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   2,460,893.   2,919,300.     18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   578,209.   1,161,454.     19 Revenue less expenses. Subtract line 18 from line 12   51,152,869.   49,873,175.     20 Total assets (Part X, line 16)   51,152,869.   49,873,175.     21 Total liabilities (Part X, line 26)   1,925,982.   1,330,124.     22 Net assets or fund balances. Subtract line 21 from line 20   49,226,887.   48,543,051.     Part II   Signature Block									
16a Professional fundraising fees (Part IX, column (A), line 11e)   0 . 0 . 0 . 0 .	"	45							
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Index 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	ses	16a			<del> </del>				
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18   Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   6 , 10 7 , 579 .   7 , 015 , 690 .     19   Revenue less expenses. Subtract line 18 from line 12   578 , 209 .   1 , 161 , 454 .     20   Total assets (Part X, line 16)   51 , 152 , 869 .   49 , 873 , 175 .     21   Total liabilities (Part X, line 26)   1 , 925 , 982 .   1 , 330 , 124 .     22   Net assets or fund balances. Subtract line 21 from line 20   49 , 226 , 887 .     21   Signature Block	Ě	17		2,460,893.	2,919,300.				
19 Revenue less expenses. Subtract line 18 from line 12  578,209. 1,161,454.  Beginning of Current Year 51,152,869. 49,873,175.  10 Total assets (Part X, line 16) 51,152,869. 49,873,175.  11,925,982. 1,330,124.  122 Net assets or fund balances. Subtract line 21 from line 20 49,226,887. 48,543,051.  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 MAUREEN BREEN, CFO/VP, FINANCE AND ADMIN Type or print name and title  Print/Type preparer's name JACOB YAU  Firm's name ► HOOD & STRONG LLP Firm's name ► HOOD & STRONG LLP Firm's name ► HOOD & STRONG LLP Firm's address ► 275 BATTERY ST, STE 900 SAN FRANCISCO, CA 94111  Phone no.415.781.0793				6,107,579.	7,015,690.				
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  MAUREEN BREEN, CFO/VP, FINANCE AND ADMIN Type or print name and title  Print/Type preparer's name Print/Type preparer's name Preparer  JACOB YAU  Preparer Firm's name HOOD & STRONG LLP Firm's EIN 94-1254756  Firm's address 275 BATTERY ST, STE 900 SAN FRANCISCO, CA 94111  Phone no. 415.781.0793		19		578,209.	1,161,454.				
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Sign Here  MAUREEN BREEN, CFO/VP, FINANCE AND ADMIN Type or print name and title  Print/Type preparer's name JACOB YAU  Preparer Use Only  Firm's name				·	y knowledge and belief, it is				
Here  MAUREEN BREEN, CFO/VP, FINANCE AND ADMIN Type or print name and title  Print/Type preparer's name  JACOB YAU  Preparer  Firm's name  HOOD & STRONG LLP  Firm's address  275 BATTERY ST, STE 900  SAN FRANCISCO, CA 94111  Preparer's signature  Date  Check  PTIN  Firm's EIN  94-1254756  Phone no.415.781.0793	true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prepare.	arer has any knowledge.					
Here  MAUREEN BREEN, CFO/VP, FINANCE AND ADMIN  Type or print name and title  Print/Type preparer's name  JACOB YAU  Preparer  Firm's name ► HOOD & STRONG LLP  Firm's address ► 275 BATTERY ST, STE 900  SAN FRANCISCO, CA 94111  Preparer  Preparer's signature  Date  Check PTIN  PTIN  Firm's EIN ► 94-1254756  Phone no.415.781.0793			Cianatura of officer	Data					
Type or print name and title  Print/Type preparer's name  Print/Type preparer's name  Preparer's signature  Preparer's signature  Preparer's signature  Date  Check PTIN  if self-employed  P 0 1 5 6 0 3 3 2  Preparer  Firm's name HOOD & STRONG LLP  Firm's address 275 BATTERY ST, STE 900  SAN FRANCISCO, CA 94111  Phone no. 415.781.0793			, -	Date					
Print/Type preparer's name	Her	е							
Paid         JACOB YAU         If self-employed         P01560332           Preparer Use Only         Firm's name         ► HOOD & STRONG LLP         Firm's EIN ► 94-1254756           Use Only         Firm's address         ≥ 275 BATTERY ST, STE 900         Phone no.415.781.0793				Date Check F	T PTIN				
Preparer         Firm's name         HOOD & STRONG LLP         Firm's EIN ▶ 94-1254756           Use Only         Firm's address         275 BATTERY ST, STE 900         Phone no.415.781.0793	Doid			if L					
Use Only Firm's address > 275 BATTERY ST, STE 900 SAN FRANCISCO, CA 94111 Phone no.415.781.0793									
SAN FRANCISCO, CA 94111 Phone no. 415.781.0793				FIIITI S EIN	)4 14J4/JU				
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#### Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit <a href="https://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits">https://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits</a>.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

-	ations required to file an income tax return other than Form 7004 to request an extension of time to file incom			, NEIVIIOS	s, and trusts				
Type or	Name of exempt organization or other filer, see instru	Taxpayer	ridentification	number (TIN)					
print									
File by the	AVENIDAS		94-148	0548					
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 450 BRYANT STREET								
instructions.	City, town or post office, state, and ZIP code. For a for PALO ALTO, CA 94301	oreign add	ress, see instructions.						
Enter the	Return Code for the return that this application is for (file	e a separa	te application for each return)			0 1			
Application	on	Return	Application			Return			
Is For		Code	Is For			Code			
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07			
Form 990	-BL	02	Form 1041-A			08			
Form 472	0 (individual)	03	Form 4720 (other than individual)			09			
Form 990	-PF	04	Form 5227			10			
Form 990	-T (sec. 401(a) or 408(a) trust)	Form 6069							
Form 990	-T (trust other than above)	06	Form 8870			12			
• If the c	none No. ► $650-289-5400$ organization does not have an office or place of business is for a Group Return, enter the organization's four digit  If it is for part of the group, check this box ►	Group Exe		this is fo	r the whole gro	•			
the ▶[ ▶[	quest an automatic 6-month extension of time until organization named above. The extension is for the organization named above. The extension is for the organization named above. The extension is for the organization of time until or or also JUL 1, 2019  The tax year entered in line 1 is for less than 12 months, con Change in accounting period	anization's	return for:	the exem	npt organizatio ·	n return for			
	3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  3a \$								
<b>b</b> If th	nis application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and						
<u>esti</u>	mated tax payments made. Include any prior year overp	ayment all	owed as a credit.	3b	\$	0.			
c Bal	ance due. Subtract line 3b from line 3a. Include your pa	ayment witl	h this form, if required, by						
	ng EFTPS (Electronic Federal Tax Payment System). See			1	I				

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

Form 990 (2019) AVENIDAS 94-1480548 Page 2

Part III | Statement of Program Service Accomplishments

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE MISSION OF AVENIDAS IS TO HELP OLDER ADULTS IN OUR COMMUNITY BE AS
	ACTIVE, ENGAGED AND HEALTHY AS POSSIBLE THROUGHOUT THEIR LIVES BY
	PROVIDING RELEVANT SERVICES AND PROGRAMS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? X Yes No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
 4а	(Code:) (Expenses \$ 2,309,676 • including grants of \$ 0 • ) (Revenue \$ 1,119,406 • )
-14	AVENIDAS ROSE KLEINER CENTER: ADULT DAY HEALTH CARE PROVIDES
	TRANSPORTATION, NUTRITION, RECREATION, SOCIAL SERVICE, AND HEALTH
	SERVICES (INCLUDING NURSING CARE, PHYSICAL THERAPY, OCCUPATIONAL
	THERAPY, DIETARY AND SPEECH THERAPY) TO FRAIL SENIORS AND DEPENDENT
	ADULTS. THE AVENIDAS ROSE KLEINER CENTER HAD 13,175 DAYS OF SERVICE
	PROVIDED TO 141 UNDUPLICATED CLIENTS. WITH THE COVID-19 PANDEMIC,
	PROGRAM SERVICES SHIFTED TO REMOTE OFFERINGS IN MARCH 2020.
	INGGRAM DERVICED DHIFTED TO REMOTE OFFERINGD IN MARCH 2020.
	(Code: ) (Expenses \$ 538,191. including grants of \$ 0.) (Revenue \$ 198,616.)
4b	
	PARTICIPANT & HEALTH SERVICES: PROVIDES RECEPTION, REGISTRATION,
	MEMBERSHIP TO OLDER ADULTS, AND FACILITATES THE PROVISION OF EDUCATION,
	RECREATION, AND SOCIAL SERVICES. 8,296 REGISTRATIONS WERE PROVIDED TO
	1,687 PARTICIPANTS AND HEALTH AND WELLNESS SERVICES HAD 6,467 SERVICE
	UNITS PROVIDED TO 1,115 CLIENTS. WITH THE COVID-19 PANDEMIC, PROGRAM
	SERVICES SHIFTED TO REMOTE OFFERINGS IN MARCH 2020.
	007 007
4c	(Code:) (Expenses \$307,005. including grants of \$0. (Revenue \$21,328. )
	AVENIDAS VILLAGE: PROVIDES SOCIAL, SUPPORTIVE, PRACTICAL AND OTHER
	SERVICES TO OLDER ADULT MEMBERS IN SUPPORT OF MAINTAINING THEIR
	INDEPENDENCE IN THEIR OWN HOMES. THE VILLAGE SERVES 265 MEMBERS. EVEN
	WITH THE COVID-19 PANDEMIC, SERVICE AND CONNECTIONS CONTINUE TO BE MADE
	THROUGH REMOTE OFFERINGS.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 2,059,172. including grants of \$ 0.) (Revenue \$ 126,843.)
4e	Total program service expenses ► 5,214,044.
	Form <b>990</b> (2019)

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03615\_\_1

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# Form 990 (2019) AVENIDAS Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>-</b>		
0	, ,	8		x
0	Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	<b>├°</b>		
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	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, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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		<u> X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> X</u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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		Х
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		х
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		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	. <u> </u>		_ <del>_</del> _
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	''		<del></del>
10		18	Х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	10	- 22	$\vdash$
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		v
00-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
_	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	_		v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

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	n 990 (2019) AVENIDAS	94-1480	548	Pa	age <b>4</b>				
Pa	Part IV Checklist of Required Schedules (continued)								
				Yes	No				
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on								

22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			х				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III							
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			1				
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		37					
	Schedule J	23	_X_	<del>                                     </del>				
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			1				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			x				
	Schedule K. If "No," go to line 25a	24a		_^				
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<del></del>				
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		1				
٨	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		$\vdash$				
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		$\vdash$				
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x				
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		<u> </u>				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete</i>			1				
		25b		x				
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200						
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			1				
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x				
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,							
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled							
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x				
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV							
	instructions, for applicable filing thresholds, conditions, and exceptions):							
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If							
	"Yes," complete Schedule L, Part IV	28a		Х				
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х				
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			1				
	"Yes," complete Schedule L, Part IV	28c	X	<u> </u>				
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	<u> </u>				
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation							
	contributions? If "Yes," complete Schedule M	30		X				
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X				
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			l				
	Schedule N, Part II	32		X				
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations							
_	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X				
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		77	1				
	Part V, line 1	34	X	v				
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X				
р	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	254						
26	within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		<del></del>				
36		36		x				
37	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30						
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x				
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31						
00		38	х	1				
Par								
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>						
			Yes	No				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable							
b								
С								
	(gambling) winnings to prize winners?	1c	X					

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# Form 990 (2019) AVENIDAS Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

22 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, glad for the caleddray para enfoling with or within the year conveed by this neturn 2 and 66 b. If all teast one is reported on line 2a, did the organization file all required federal employment tax returns?  33 Did the organization have unrelated business gross income of \$1,000 or more during the year?  34 At any time during the calendary year, did the organization have an intenset in, or a signature or other authority over, a financial account in a foreign country becure as a bank account, securities account, or other financial accountry?  35 Was the organization party to a prohibited tax sharts transaction at any time during the tax year?  36 Was the organization party to a prohibited tax shelter transaction at any time during the tax year?  37 Bis Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of markations?  37 Bis Was the organization intudes with every solicitation an express statement that such contributions or gifts were not tax deductibles and arbitations?  38 Bis If Yes, and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles of arbitation and party for goods and services provided to the payor?  39 Bis If Yes, and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles and arbitation are services provided?  39 Bis If Yes, and the organization include with every solicitation and party for goods and services provided to the payor?  39 Bis If Yes, and the organization include with every solicitation and party for goods and services provided to the payor?  39 Bis If Yes, and the organization include with every solicitation and party for goods and services provided to the fermi solicitation of the organization include and party for goods and servi						Yes	No					
b If a least one is reported on line 2a, did the organization file all required federal employment tox returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to a-fine (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3b If "Yes," has it filed a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account).  5b If "Yes," organization are the name of the foreign country.  5c If "Yes to line 5a or 5b, did the organization that is was or is a party to a prohibited tax shafter transaction?  5c If "Yes to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shafter transaction?  5c If "Yes to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shafter transaction?  5d If "Yes to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shafter transaction?  5d If "Yes to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shafter transaction?  5d If "Yes to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shafter transaction?  5d If "Yes to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shafter transaction?  5d If "Yes to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shafter transaction?  5d If "Yes to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shafter transaction?  5d If "Yes is did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6d Organization statement was deductible as charitable contributions?  6d Organization statement was party and the statement of the organization shaft of the party of the organization statement was a party of the organization statement was a pa	<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,										
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  Ja Did the organization have unrelated business gross income of \$1,000 or more during the year?  Ja A I arry time during the calendar year, of the year? If "No" to line 36, provide an explanation on Schedule O  Ja Harry time during the calendar year, of the year? If "No" to line 36, provide an explanation on Schedule O  Ja Harry time during the calendar year, of the organization have an interest in, or a signature or other authority over, a financial account? The second of the provided in the p		filed for the calendar year ending with or within the year covered by this return	2a	66								
3a Diff the organization have unrelated business gross income of \$1,000 or more during the year?  4b If Yes, "has it field a Form 990-T for this year? If "No" to fine 3b, provide an explanation on Schedule O  4c A lary time during the calendary year, did the organization have an interest in, or a signature or other authority over, a francial account; in a tonigin country (such as a bank account, securities account, or other financial account)?  4c If Yes, "In a fine the name of the foreign country."  5c Was the organization a party to a prohibete tax shetler transaction at any time during the tax year?  5c Was the organization an party to a prohibete tax shetler transaction at any time during the tax year?  5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization should be organization that it was or is a party to a prohibeted tax shetler transaction?  6c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization should with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c Variation of the organization that were not tax deductible as charitable contributions under section 170(c).  6d Was the organization start may receive deductible contributions under section 170(c).  7d Organizations that may receive deductible contributions under section 170(c).  8d Was the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8282?  9d If we organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8282? filed during the year  9 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8282 filed during the year  1c Vest Was the organization sell was personal benefit contract?  7d Was the organization sell, we have a pure premiums on a personal benefit contract?  7d W	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns										
b If "Yes," has it field a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountry)  b If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accountry (FBAR)).  5b Was the creanization a party to a prohibitoted tax shelter transaction at any time during the tax year?  5c If "Yes," to line 5a or 5b, did the organization file Form 888-67?  6a Does the organization have accountagl goes receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6b If "Yes," did the organization in include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8d If "Yes," did the organization in excess of 57 since party as a contribution and party for goods and services provided to the payor?  7a X If "Yes," did the organization notify the donor of the value of the goods or services provided?  7b If "Yes," did the organization notify the donor of the value of the goods or services provided?  7c If If "Yes," did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7c X  7d If "Yes," a financiate the number of Forms 8282 filed during the year  6 Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1088-0?  7a Yif If we organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1088-0?  7a Sponsoring organization have excess business holdings at any time during the year?  8 Sponsoring organization have excess												
4a A any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account).  b If "Yes," and there the name of the foreign country (such as a bank account, securities account, or other financial account?  b If "Yes," and there the name of the foreign country (such as a bank account, securities account, or other financial Accounts (FBAR).  5a Was the organization in the organization that it was or is a party to a prohibited tax shelter transaction?  5b X C If "Yes" to line Sa or 5b, did the organization file Form 888-67?  6c If "Yes" to line Sa or 5b, did the organization flore form 888-67?  6d 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?  6d V "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6d Organizations that may receive deductible contributions under section 170(c).  8 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  9 If "Yes," did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible?  10 If the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible?  10 If the organization include on nority the donor of the value of the goods or services provided?  11 If "Yes," indicate the number of Forms 8282 filed during the year  12 If Yes," indicate the number of Forms 8282 filed during the year  13 If Yes," indicate the number of Forms 8282 filed during the year  14 If Yes, "Indicate the number of Forms 8282 filed during the year  15 If He organization file Form 4884 filed that year indicates the number of Form							<u>X</u>					
financial account in a foreign country such as a bank account, securities account, or other financial account)?  b If Yes,* enter the name of the foreign country \rightarrow See instructions for fining requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any stable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If Yes* to line Sa or 5b, did the organization file Form 8888-17.  6a Does the organization 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?  5c If Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  9d If the organization seeke a payment in excess of 35° made party as contribution and party for goods and services provided to the payor?  7a X To D If Yes,* did the organization norify the donor of the value of the goods or services provided?  7b If Yes,* did the organization receive a payment in excess of 35° made party as contribution and party for goods and services provided to the payor?  7a D If Yes,* did the organization received a contribution of quience of the value of the goods or services provided?  7c D If Yes,* did the organization seeked and contribution of quience of the payor of the value of the goods or services provided?  7b D If the organization received a contribution of quience of the payment of the payor of the payor of the very organization received a contribution of quience of the payment of		•			3b							
b if "Yes," enter the name of the foreign country ▶  See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  58 Was the organization aparty to a prohibited tax shelter transaction?  59 Was the organization in the organization fill for more 1886 F.?  50 Did any taxable party notify the organization fill form 8886 F.?  50 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?  50 M If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  50 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  51 If "Yes," did the organization include with every solicitation and partly for goods and services provided to the payor?  52 If "Yes," did the organization notify the donor of the value of the godo's resruices provided?  53 If "Yes," did the organization neceive apyment in excess of \$75 made partly as contribution and partly for goods and services provided to the payor?  54 If "Yes," did the organization neceive apyment in excess of \$75 made partly as contribution of services provided?  54 If "Yes," did the organization selle, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  55 If "Yes," did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  55 If "Yes," Indicate the number of Forms 8282 filed during the year?  56 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  56 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  57 If the organization have excess business holdings at any ti	4a			•			37					
See instructions for tiling requirements for FinCRN Form 114, Report of Foreign Bank and Financial Accounts (FBAR),  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c Does the organization and 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?  5c Did not propagalization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that many receive deductible as charitable contributions?  5c Different tax deductible?  7c Organizations that many receive deductible contributions under section 170(c).  8d Did the organization notify the donor of the value of the goods or services provided?  7b If "Yes," did the organization notify the donor of the value of the goods or services provided?  7c Did the organization receive a payment in excess of \$75 made party as a contribution of quality of goods and services provided to the payor?  7c If If "Yes," indicate the number of Forms 8282 filed during the year  8c Did the organization received a contribution of qualified intellectual property, did the organization received a contribution of qualified intellectual property, did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-07  8c Sponsoring organizations make any taxelide distributions under section 4966?  9c Sponsoring organizations make any taxelide distributions under section 4966?  9c Did the sponsoring organizations make any taxelide distributions under section 4966?  9c Did the sponsoring organization make any taxelide distributions under section 4966?  9c Did the sponsoring organization make any taxelide distributions under section 4966?  9c Did the sponsoring organization make any taxelide distributi			accour	nt)?	4a		X					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b   X  c If "Yes" to line 5a or 5b, did the organization file Form 8886-77  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6a   X  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions?  7   Organizations that may receive deductible contributions under section 170(c).  a Did the organization that may receive deductible contributions under section 170(c).  b If "Yes," did the organization notify the donor of the value or the goods or services provided?  c Did the organization notify the donor of the value or the goods or services provided?  7   X   X  d If "Yes," indicate the number of Forms 8282 filed during the year  b Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7   X   X  g If the organization received a contribution of qualified intellectual property, did the organization file Form 8890 as required?  h If the organization received a contribution of qualified intellectual property, did the organization file Form 8990 as required?  7   Sponsoring organization make any taxable distributions under section 4966?  8   Sponsoring organization make any taxable distributions under section 4966?  9   Sponsoring organization make any taxable distributions under section 4966?  9   Section 501(c)(12) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12  c Gross income from members or shareholders  b Gross income from them).  10a   Section 501(c)(12) qualified nonp	b	· · · · · · · · · · · · · · · · · · ·		· /ED A D\								
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amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  15 X  If "Yes," see instructions and file Form 4720, Schedule N.	b											
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13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  18 A X	12a		1041	?	12a							
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14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  15 X  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X												
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X					ıö		22					
,	16		t incor	ne?	16		Х					
	.5	If "Yes," complete Form 4720, Schedule O.	1001		.5							

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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.

	Check if Schedule O contains a response or note to any line in this Part VI					X				
Sec	tion A. Governing Body and Management									
					Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1	7						
	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.									
b	Enter the number of voting members included on line 1a, above, who are independent	1b	1	6						
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?									
3	Did the organization delegate control over management duties customarily performed by or under the									
		-		3		Х				
4	Did the organization make any significant changes to its governing documents since the prior Form 9					Х				
5	Did the organization become aware during the year of a significant diversion of the organization's ass					Х				
6	Did the organization have members or stockholders?			6		Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap									
	more members of the governing body?	-		7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st									
	persons other than the governing body?			7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea									
а	The governing body?	-	-	8a	Х					
b	Each committee with authority to act on behalf of the governing body?			8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read									
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Coc	/e )							
	(This decision is requested information assure policies not required by the internal ne	veriae ooc	.,		Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х				
	If "Yes," did the organization have written policies and procedures governing the activities of such ch									
			,	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	Х					
b										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				Х					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y									
	in Schedule O how this was done	,		12c	Х					
13	Did the organization have a written whistleblower policy?			13	Х					
14	Did the organization have a written document retention and destruction policy?			14	Х					
15	Did the process for determining compensation of the following persons include a review and approva									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official			15a	Х					
b	Other officers or key employees of the organization			15b	Х					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent with a	1							
	taxable entity during the year?			16a		х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ									
	exempt status with respect to such arrangements?			16b						
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ▶CA									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990-T (S	Section 501(c)(	3)s only)	availa	ble				
	for public inspection. Indicate how you made these available. Check all that apply.	,	. , ,	, ,,						
	X Own website Another's website X Upon request Other (explain	on Sched	ule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	nd finan	cial					
	statements available to the public during the tax year.		. ,,							
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and red	ords <b>&gt;</b>							
	MAUREEN BREEN - 650-289-5400		-							
	450 BRYANT STREET, PALO ALTO, CA 94301									

**AVENIDAS** 94-1480548 <u> Page</u> **7** Form 990 (2019)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			((	C)			(D)	(E)	(F)
Name and title	Average	(do	not cl	Posi			nne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son is	s both	n an	compensation	compensation	amount of
	week		Lei aii	uau	recto	i / ii us	iee)	from	from related	other
	(list any hours for	lirecto				L		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or 0	stee			satec		(W-2/1099-MISC)	(***2/1099*****100)	organization
	organizations	truste	al tru		oyee	nd mc		(** =* ** = * * * * * * * * * * * * * *		and related
	below	Individual trustee or director	Institutional trustee	ser	Key employee	Highest compensated employee	ner			organizations
	line)	ib	Insti	Officer	Key	High	Former			
(1) BARBARA KRIMSKY BINDER	10.00	1							_	_
CHAIR		Х		Х				0.	0.	0.
(2) HENRY MASSEY	10.00	1							_	_
VICE CHAIR		Х		Х				0.	0.	0.
(3) LARRY KLEIN	5.00	1							_	_
TREASURER		Х		Х				0.	0.	0.
(4) RICK STERN	5.00	1							_	_
SECRETARY		Х		Х				0.	0.	0.
(5) LOREN BROWN	2.00	1							_	_
DIRECTOR AT LARGE		Х						0.	0.	0.
(6) JEREMY BURNS	2.00	ļ								
DIRECTOR AT LARGE		Х						0.	0.	0.
(7) BARBARA CARLITZ	2.00	ļ								
DIRECTOR AT LARGE		Х						0.	0.	0.
(8) DEBORAH CEN	2.00	ļ								
DIRECTOR AT LARGE		Х						0.	0.	0.
(9) MIKE COUCH	2.00	ļ								
DIRECTOR AT LARGE		Х						0.	0.	0.
(10) DEXTER DAWES	2.00	ļ								
DIRECTOR AT LARGE		Х						0.	0.	0.
(11) BILL FRIEDMAN	2.00	l								
DIRECTOR AT LARGE		Х						0.	0.	0.
(12) JULIE LAU	2.00	ļ								
DIRECTOR AT LARGE	0.00	Х						0.	0.	0.
(13) KATHY LAYENDECKER	2.00	<b>∤</b>								
DIRECTOR AT LARGE	2 00	Х						0.	0.	0.
(14) MARGO OGUS	2.00	٠,,								
DIRECTOR AT LARGE	2 00	Х						0.	0.	0.
(15) MIKE RANTZ	2.00	٠,,								
DIRECTOR AT LARGE	2 00	Х						0.	0.	0.
(16) DR. LINDA SHORTLIFFE	2.00	٠,,							_	_
DIRECTOR AT LARGE	2 00	Х						0.	0.	0.
(17) JEROME SPECTOR	2.00	₩.							_	_
DIRECTOR AT LARGE		X						0.	0.	0.
932007 01-20-20				_						Form <b>990</b> (2019)

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Form 990 (2019) AVENTDAS									34-1400	J40 Page 0
Part VII   Section A. Officers, Directors, Trus	stees, Key Emp	oloye	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do			ition	າ than d	one	Reportable	Reportable	Estimated
	hours per	box,	, unles	ss pe	rson i	s both	n an	compensation	compensation	amount of
	week (list any		Jei aii		II ecto	Tritus	(66)	from	from related	other
	hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	stee			sated		(W-2/1099-MISC)	(***2/1099-10130)	organization
	organizations	truste	nstitutional trustee		yee	Highest compensated employee		(** 27 1000 141100)		and related
	below	idual	ution	la la	key employee	est co oyee	ie.			organizations
	line)	Indiv	Instit	Officer	Key e	High	Former			
(18) STEVE WADE	2.00									
DIRECTOR AT LARGE (THRU 5/1/20)		Х						0.	0.	0.
(19) AMY ANDONIAN	40.00									
PRESIDENT/CEO				Х				183,367.	0.	11,971.
(20) MAUREEN BREEN	40.00									
CFO/VP, FINANCE & ADMIN				Х				161,592.	0.	6,141.
(21) MARY HOHENSEE	40.00									
VP, FUND DEVELOPMENT						X		137,396.	0.	15,606.
(22) JOHN SINK	32.00									
VP, PROGRAMS						Х		124,491.	0.	15,008.
(23) KARI MARTEL	40.00									
VP, MARKETING & COMMUNICATIONS						Х		124,419.	0.	12,571.
(24) KRISTINA LUGO	40.00									
DIRECTOR, AVENIDAS ROSE KLEINER CTR						Х		130,023.	0.	5,100.
1b Subtotal	1	l		I			<b></b>	861,288.	0.	66,397.
c Total from continuation sheets to Part V								0.	0.	0.
d Total (add lines 1b and 1c)							<b>&gt;</b>	861,288.	0.	66,397.
Total number of individuals (including but r							o re	· · · · · · · · · · · · · · · · · · ·		•
compensation from the organization						•		,	•	6

Yes Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 Х Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services X rendered to the organization? If "Yes." complete Schedule J for such person

#### **Section B. Independent Contractors**

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

the organization. Report compensation for the calcinating year chaing with or within	Title organization 3 tax year.	
(A)	(B)	(C)
Name and business address	Description of services	Compensation
VANCE BROWN, INC.	CONSTRUCTION	
3197 PARK BLVD, PALO ALTO, CA 94306	SERVICES	3,732,590.
OLDER ADULTS TECHNOLOGY SERVICES		
168 7TH STREET, STE 3A, BROOKLYN, NY 11215	PROGRAM TECHNOLOGY	326,015.
NOVATRANS, LLC	TRANSPORTATION	
P.O. BOX 460, MOUNTAIN VIEW, CA 94042	SERVICES	243,083.
KBM-HOGUE, 225 W SANTA CLARA ST, STE 1550,	DESIGN FURNITURE	
SAN JOSE, CA 95113	SERVICES	237,687.
XANTRION, INC.		
651 THOMAS L BERKLEY WAY, OAKLAND, CA 94612	IT/SOFTWARE SERVICES	107,654.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization > 5		
		= 000 (aa.ta)

Form **990** (2019)

15570510 758661 03615

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Form 990 (2019) AVENIDAS
Part VIII Statement of Revenue

			Check if Schedule O c	onta	ains a	response	or note to any line	e in this Part VIII			
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ņγ	1	a	Federated campaigns			1a					
ant	•		Membership dues			1b					
င်္ပ			Fundraising events			1c	11,905.				
ffs, r A						1d	, -				
nie.			Government grants (contri			1e	757,737.				
Sir			All other contributions, gifts,				, -				
e ti		•	similar amounts not included	-		1f	3,528,864.				
G		g	Noncash contributions included in I			1g \$	56,327.				
Contributions, Gifts, Grants and Other Similar Amounts		•	<b>Total.</b> Add lines 1a-1f			. <b></b>		4,298,506.			
- "							Business Code				
o l	2	а	ADULT DAY HEALTHCARE	FE	ES		624100	1,119,406.	1,119,406.		
Ş			AVENIDAS VILLAGE				624100	221,328.	221,328.		
Ser		С	PARTICIPANT AND HEAL	TH	SERV	ICES	624100	198,616.	198,616.		
E S		d	OTHER PROGRAM SERVICE	ES			624100	126,843.	126,843.		
Program Service Revenue		е									
Pr			All other program service	ever	nue						
			Total. Add lines 2a-2f					1,666,193.			
	3		Investment income (includ	ing o	divider	nds, intere	st, and				
			other similar amounts)				<b>&gt;</b>	879,245.			879,245.
	4		Income from investment o								
	5		Royalties								
					(i	) Real	(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
		С	Rental income or (loss)	6с							
		d	Net rental income or (loss)				<b></b>				
	7	а	Gross amount from sales of		<b>⊢</b> `′	ecurities	(ii) Other				
			assets other than inventory	7a	1,7	799,982.					
		b	Less: cost or other basis								
ne			and sales expenses	7b		169,301.					
ther Revenue		С	Gain or (loss)	7с	1,3	330,681.					
8			Net gain or (loss)			· · · · · · · · · · · · · · · · · · ·	, <b></b>	1,330,681.			1,330,681.
he	8	а	Gross income from fundraisir	-	•						
ō			including \$			· I					
			contributions reported on		,						
		_	Part IV, line 18				5,625.				
			Less: direct expenses				3,106.	2,519.			2 510
			Net income or (loss) from t				<b>P</b>	2,519.			2,519.
	9	a	Gross income from gaming								
		<b>L</b>	Part IV, line 19								
			Net income or (loss) from (								
			Gross sales of inventory, le								
	10	а	and allowances								
		h	Less: cost of goods sold								
			Net income or (loss) from s								
		<u> </u>	THE MOSTILE OF GOOD HOTELS	Juice	. O. III		Business Code				
snc	11	а									
Miscellaneous Revenue	•	b	-								
ella		c	-								
isc.			All other revenue								
Σ			<b>Total.</b> Add lines 11a-11d								
	12		Total revenue. See instruction					8,177,144.	1,666,193.	0.	2,212,445.

932009 01-20-20

# Form 990 (2019) AVENIDAS Part IX Statement of Functional Expenses

	ion 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons			,	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to domestic organizations		·		
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	407 017	67 112	205 161	44 742
	trustees, and key employees	407,017.	67,113.	295,161.	44,743
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	2 000 006	2 402 614	E06 100	100 100
7	Other salaries and wages	3,098,986.	2,402,614.	506,190.	190,182
8	Pension plan accruals and contributions (include	Q1 <i>6</i> 1 <i>1</i>	64,708.	10,760.	6 116
_	section 401(k) and 403(b) employer contributions)	81,614. 283,023.	207,644.	53,124.	6,146, 22,255,
9	Other employee benefits	225,750.	176,053.	35,124.	13,751
10	Payroll taxes	223,730.	170,033.	33,340.	13,731
11	Fees for services (nonemployees):				
a	Management	1,500.		1,500.	
b		39,500.		39,500.	
q	5 F	37,300.		37,300.	
d	Lobbying Professional fundraising services. See Part IV, line 17				
e f	Investment management fees	92,383.	68,657.	18,480.	5,246
g		32,303.	00,037.	10, 100.	3,240
9	column (A) amount, list line 11g expenses on Sch O.)	614,153.	574,676.	39,477.	
12	Advertising and promotion	129,213.	111,601.	13,925.	3,687
13	Office expenses	265,395.	151,424.	95,532.	18,439
14	Information technology	197,962.	113,547.	67,878.	16,537
15	Royalties	,	,	, i	•
16	Occupancy	300,130.	212,775.	87,355.	
17	Travel	12,592.	11,999.	593.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	26,024.	9,053.	13,223.	3,748
20	Interest	2,358.		2,358.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	699,783.	590,174.	74,620.	34,989
23	Insurance	172,009.	122,569.	43,743.	5,697
24	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 0.)				
а	TRANSPORTATION SERVICE	227,626.	227,626.		
b	NUTRITION SERVICE	96,972.	96,972.		
С	OTHER FUNDRAISING EXP.	30,368.			30,368
d	BAD DEBT	6,000.	3,699.	2,301.	
е	All other expenses	5,332.	1,140.	4,192.	
25	Total functional expenses. Add lines 1 through 24e	7,015,690.	5,214,044.	1,405,858.	395,788
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)				

**AVENIDAS** 94-1480548 Page 11 Form 990 (2019)
Part X | Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or note	to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1,048,030.	1	2,983,324.
	2	Savings and temporary cash investments			642,537.	2	2,235,771.
	3	Pledges and grants receivable, net	913,909.	3	356,323.		
	4	Accounts receivable, net			481,458.	4	237,688.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial c	contributor, or 35%			
		controlled entity or family member of any of these	e perso	ons		5	
	6	Loans and other receivables from other disqualifi	ied per				
		under section 4958(f)(1)), and persons described	in sec	tion 4958(c)(3)(B)		6	
छ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
<b>ĕ</b>	9	Donat del como con estado de forma de de como es			167,080.	9	137,175.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	22,941,165.			
	b	Less: accumulated depreciation	10b	2,560,374.	20,941,986.	10c	20,380,791.
	11	Investments - publicly traded securities			26,504,562.	11	23,280,691.
	12	Investments - other securities. See Part IV, line 1	1		453,307.	12	261,412.
	13	Investments - program-related. See Part IV, line 1	1	L		13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equa			51,152,869.	16	49,873,175.
	17	Accounts payable and accrued expenses			1,525,982.	17	658,923.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
es	22	Loans and other payables to any current or former					
Liabilities		trustee, key employee, creator or founder, substa					
iab		controlled entity or family member of any of these				22	
-	23	Secured mortgages and notes payable to unrelat			400 000	23	671 201
	24	Unsecured notes and loans payable to unrelated			400,000.	24	671,201.
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines					
	00	of Schedule D			1,925,982.	25	1,330,124.
	26	Total liabilities. Add lines 17 through 25			1,945,964.	26	1,330,124.
ű		Organizations that follow FASB ASC 958, chec	ck ner				
- S	07	and complete lines 27, 28, 32, and 33.			47,701,644.	07	47,317,578.
ala	27	Net assets without donor restrictions			1,525,243.	27 28	1,225,473.
g	28	Net assets with donor restrictions			1,323,243.	20	1,223,473.
<u>ا</u> ڌِ		Organizations that do not follow FASB ASC 95	o, cne	eck nere			
Net Assets or Fund Balances	20	and complete lines 29 through 33.  Capital stock or trust principal, or current funds				29	
şţ	29						
ISS	30	Paid-in or capital surplus, or land, building, or equ				30 31	
et /	31	Retained earnings, endowment, accumulated inc			49,226,887.	31	48,543,051.
ž	32	Total liabilities and not assets/fund balances					49,873,175.
	33	Total liabilities and net assets/fund balances			51,152,869.	33	49,873,

Form 990 (2019) AVENIDAS 94-1480548 Page 12

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,17		
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,01		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,16		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	49,22		
5	Net unrealized gains (losses) on investments	5	-1,84	5,2	<u>90.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	48,54	3,0	<u>51.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	· · · · · · · · · · · · · · · · · · ·	3b		
			Forn	<sub>1</sub> 990	(2019)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

**Employer identification number** Name of the organization 94-1480548 **AVENIDAS** Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

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

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

Sec	ction A. Public Support	71	<u> </u>	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and	` ,	, ,	` ,	, ,	, ,	
	membership fees received. (Do not						
	include any "unusual grants.")	4630893.	10278548.	5749232.	4201372.	4298506.	29158551.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	4630893.	10278548.	5749232.	4201372.	4298506.	29158551.
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)						5001262.
6	Public support. Subtract line 5 from line 4.						24157289.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
7	Amounts from line 4	4630893.	10278548.	5749232.	4201372.	4298506.	29158551.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	836,606.	632,610.	930,477.	812,767.	879,245.	4091705.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	6,895.	10,776.	5,700.	4,625.	5,625.	
11	<b>Total support.</b> Add lines 7 through 10						33283877.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 7	,717,669.
13	First five years. If the Form 990 is for	the organization's	s first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3)	_
	organization, check this box and stop						<b>&gt;</b>
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2019 (li	ine 6, column (f) di	vided by line 11, co	olumn (f))		14	72.58 %
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	70.88 %
16a	33 1/3% support test - 2019. If the c	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				<b>▶</b> X
b	33 1/3% support test - 2018. If the c						
	and stop here. The organization quali	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	- 2019. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the "fac-	ts-and-circumstand	ces" test, check th	is box and stop h	i <b>ere.</b> Explain in Pai	t VI how the organ	nization
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a p	oublicly supported	organization		▶□
b	10% -facts-and-circumstances test	- 2018. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	ne "facts-and-circu	mstances" test, ch	eck this box and	<b>stop here.</b> Explain	in Part VI how the	е
	organization meets the "facts-and-circ	umstances" test.	The organization q	ualifies as a public	ly supported orgar	nization	▶□
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	s ▶
					Sche	dule A (Form 990	or 990-EZ) 2019

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

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

<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	, ,	,		1	
				+	
the organization's	s first second thir	d fourth or fifth to	l Ny voor as a soctio	1 n 501(c)(3) organiza	L
•		*	•	. , . ,	
Support Per	rcentage				
		column (fl)		15	(
, , , , , , , , , , , , , , , , , , , ,		.,,			
				1 10 1	
		ne 13. column (f))		17	
					<b>▶</b> □
-	-		• •		🚩 🗀
•				•	
	•	· ·		-	
	the organization's  Support Per  Be 8, column (f), col	(a) 2015 (b) 2016  (b) 2016  (c) 2015 (b) 2016  (c) 2016  (c) 2016  (c) 2016  (d) 2016  (e) 30 2016  (e) 40 2016  (e) 40 2016  (e) 50 2016  (e) 60 2	the organization's first, second, third, fourth, or fifth to the organization's first, second, third, fourth, or fifth to the second se	the organization's first, second, third, fourth, or fifth tax year as a section of the organization's first, second, third, fourth, or fifth tax year as a section of the organization (f), divided by line 13, column (f))  Support Percentage  18, column (f), divided by line 13, column (f))  Schedule A, Part III, line 15  Thent Income Percentage  19 (line 10c, column (f), divided by line 13, column (f))  Olf Schedule A, Part III, line 17  Organization did not check the box on line 14, and line 15 is more than a stop the organization did not check a box on line 14 or line 19a, and line 16 is more than the organization did not check a box on line 14 or line 19a, and line 16 is more than the organization did not check a box on line 14 or line 19a, and line 16 is more than the organization did not check a box on line 14 or line 19a, and line 16 is more than the organization did not check a box on line 14 or line 19a, and line 16 is more than the organization did not check a box on line 14 or line 19a, and line 16 is more than the organization did not check a box on line 14 or line 19a, and line 16 is more than the organization did not check a box on line 14 or line 19a, and line 16 is more than the organization did not check a box on line 14 or line 19a, and line 16 is more than the organization did not check a box on line 14 or line 19a, and line 16 is more than the organization did not check a box on line 14 or line 19a, and line 15 is more than the organization did not check a box on line 14 or line 19a, and line 15 is more than the organization did not check a box on line 14 or line 19a, and line 15 is more than the organization did not check a box on line 14 or line 19a, and line 15 is more than the organization did not check a box on line 14 or line 19a, and line 15 is more than the organization did not check a box on line 14 or line 19a, and line 18 is more than the organization did not check a box on line 14 or line 19a, and line 18 is more than the organization did not check a box on line 14 or line 19a, and	the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organizes:  Support Percentage  18, column (f), divided by line 13, column (f)  15  The column (f), divided by line 13, column (f))  The column (f), divided by line 13, column (f) [15]

# Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

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

	Yes	No
1		
2		
За		
26		
3b		
0.		
Зс		
_		
4a		
4b		
4c		
50		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
30		
40-		
10a		
46.		
10b		

Pai	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
<u> </u>	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		1	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
•	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			
Sac	supported organizations played in this regard. Stion E. Type III Functionally Integrated Supporting Organizations	3		
1 a	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.	•		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization is the parent of each of its supported organizations. Complete line's perow.  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst			
2	Activities Test. Answer (a) and (b) below.	uctions)	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		103	140
u	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
~	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b>	3a		
b				
_	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi:	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	ov. 20, 1970 (explain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must c	omplete Sec	tions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrated	d Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Par	<sup>rt V</sup> │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations <sub>(continued)</sub>	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizations	8	
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 t	he organization is responsive		
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	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:			
а	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Part IV, Section A, line 1; Part IV, Sect	Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; 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, ion 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, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
SCHEDULE A, PART	II, LINE 10, EXPLANATION FOR OTHER INCOME:
FUNDRAISING REVE	NUE
2015 AMOUNT: \$	6,895.
2016 AMOUNT: \$	10,776.
2017 AMOUNT: \$	5,700.
2018 AMOUNT: \$	4,625.
2019 AMOUNT: \$	5,625.

# Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

**Schedule of Contributors** 

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

**Employer identification number** 

	94-1480548					
Organization type (check	cone):					
Filers of:	Section:					
Form 990 or 990-EZ	$\boxed{X}$ 501(c)( $3$ ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	n is covered by the <b>General Rule</b> or a <b>Special Rule.</b> (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. See instructions.				
For an organizat	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling my one contributor. Complete Parts I and II. See instructions for determining a contributor's					
Special Rules						
sections 509(a)( any one contribu	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support of and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, ator, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount of the property of th	or 16b, and that received from				
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.						
year, contributio is checked, ente purpose. Don't c	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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
<b>Faution:</b> 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), ut it <b>must</b> 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 ertify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

LHA 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)

Name of organization

Employer identification number

AVENIDAS

94-1480548

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Name, address, and ZIF + 4	\$ 1,125,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
No. 3		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	* 150,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	numo, audi ess, and EIF T T	\$\$	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 6	Name, address, and ZIP + 4	* \$ 226,381.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

AVENIDAS

94-1480548

Part II	<b>Noncash Property</b> (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(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
		<u> </u>	
		\$	
(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
		<b>\$</b>	
(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
			1

Name of organization **Employer identification number AVENIDAS** 94-1480548 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

**AVENIDAS** 

**Employer identification number** 94-1480548

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds	<b>Or Accounts.</b> Complete if the	
	Organization answered Tes Offi Offi 990,1 artiv, line	(a) Donor adv	sed funds	(b) Funds and other accounts	
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in w	riting that the assets	held in donor advise	ed funds	
	are the organization's property, subject to the organization's e	exclusive legal control	?	Yes	No
6	Did the organization inform all grantees, donors, and donor ad				
	for charitable purposes and not for the benefit of the donor or				
	impermissible private benefit?			Yes	No
Pa	rt II Conservation Easements. Complete if the orga	anization answered "	es" on Form 990, F	Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	n (check all that apply	·).		
	Preservation of land for public use (for example, recreati	ion or education) [	Preservation of	a historically important land area	
	Protection of natural habitat		Preservation of	a certified historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation conti	ibution in the form o	of a conservation easement on the las	st
	day of the tax year.			Held at the End of the Tax	Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements			2b	
С	Number of conservation easements on a certified historic structure	cture included in (a)		2c	
d	Number of conservation easements included in (c) acquired af	fter 7/25/06, and not	on a historic structu	ıre	
	listed in the National Register			2d	
3	Number of conservation easements modified, transferred, release	ased, extinguished, o	r terminated by the	organization during the tax	
	year ▶				
4	Number of states where property subject to conservation ease	ement is located			
5	Does the organization have a written policy regarding the period	odic monitoring, inspe	ection, handling of		_
	violations, and enforcement of the conservation easements it h			Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations,	and enforcing cons	servation easements during the year	
	<b>—</b>				
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and	enforcing conservat	tion easements during the year	
	<b>&gt;</b> \$				
8	Does each conservation easement reported on line 2(d) above	•	•		٦
	and section 170(h)(4)(B)(ii)?				_ No
9	In Part XIII, describe how the organization reports conservation		·		
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization	n's financial stateme	ents that describes the	
Da	organization's accounting for conservation easements.  rt III   Organizations Maintaining Collections of A	Art Historical T	roacurae or Ot	hor Similar Assats	
Га	Complete if the organization answered "Yes" on Form 9	-	easures, or Oti	ilei Siiliidi Assets.	
				and belones about words	
та	If the organization elected, as permitted under FASB ASC 958				
	of art, historical treasures, or other similar assets held for publi	•	•	•	
h	service, provide in Part XIII the text of the footnote to its finance.				
b	If the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public 6				
	provide the following amounts relating to these items:	exhibition, education,	or research in furth	lerance of public service,	
	•			<b>•</b> •	
	(i) Revenue included on Form 990, Part VIII, line 1				
2	If the organization received or held works of art, historical treas	sures or other similar			
~	the following amounts required to be reported under FASB AS			i gaiii, piovide	
а		~		<b>&gt;</b> \$	
	Assets included in Form 990, Part X				
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990	2019

15570510 758661 03615

Par	rt III   Organizations Maintaining C	ollections of Art	, Historical Tre	asures, oi	r Other S	Similar Ass	ets (contii	nued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that	make sigr	nificant use of	its		
	collection items (check all that apply):								
а	Public exhibition	d	Loan or excl	nange progra	am				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they further th	e organizatio	n's exemp	t purpose in F	Part XIII.		
5	During the year, did the organization solicit or								
	to be sold to raise funds rather than to be ma						Yes		No
Par	rt IV Escrow and Custodial Arrang	gements. Comple	te if the organization	n answered "	'Yes" on F	orm 990, Part	IV, line 9, or		
	reported an amount on Form 990, Par		· ·						
1a	Is the organization an agent, trustee, custodia	an or other intermedia	ary for contributions	or other ass	sets not ind	cluded			
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII								_
	, ,	ŗ	3				Amoun	t.	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a							Yes	$\Box$	No
	If "Yes," explain the arrangement in Part XIII.								j
	rt V   Endowment Funds. Complete i								
	· I	(a) Current year	(b) Prior year	(c) Two year		i) Three years b	ack (e) Fou	r vears	hack
1a	Beginning of year balance	27,107,180.	27,110,471.	26,075		23,653,6		,838,	
h	Contributions	, ,	, ,	,		201,9			693.
c	Net investment earnings, gains, and losses	272,162.	1,069,988.	2,174	1,505.	3,230,0		-232,	
q	Grants or scholarships	, .	, , -	,					
e	0.1								
·		1,610,140.	1,073,279.	1 140	0,000.	1,009,7	09.	984,	122.
	and programs Administrative expenses	2,121,211			,,,,,,,	_,,.			<u></u>
'		25,769,202.	27,107,180.	27 110	7,471.	26,075,9	66. 23	,653,	634.
2	End of year balance [Provide the estimated percentage of the curr	· · · · ·			, - , - ,			, ,	
a	Board designated or quasi-endowment	97.29	%	Tield as.					
b	Permanent endowment  2.71	%							
·	The percentages on lines 2a, 2b, and 2c shou								
22	Are there endowment funds not in the posses	•	ion that are hold an	d administor	ad for the	organization			
Ja		331011 Of the organizat	ion that are neid an	u auriii iistei	ed for title	organization		Yes	No
	by: (i) Unrelated organizations						3a(i)	163	No X
	(m) D						- (1)		X
h	If "Yes" on line 3a(ii), are the related organiza	tions listed as require							
4	Describe in Part XIII the intended uses of the	•							
	rt VI Land, Buildings, and Equipm		virient iunus.						
	Complete if the organization answered		Part IV line 11a S	aa Form 990	Part X lin	ne 10			
	Description of property	(a) Cost or ot				cumulated	(d) Boo	le volu	
	Description of property	basis (investm	` '		` '	eciation	(u) 500	n value	<b>C</b>
10	Land	<del>-                                       </del>	2000	(- 3.1.2.)	асрі				
_			21 52	3,936.	1 0	28,370.	19,59	5 5	66
b	Buildings		21,32	5,550.	±, 9,	<u> </u>	10,09	<u>, , , , , , , , , , , , , , , , , , , </u>	<del></del>
q			71	3,445.	1 4	63,127.	25	0,3	1.8
d				3,443.		68,877 <b>.</b>		4,9	
	Other				т,	<u>,</u>	20,38		
rota	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part 🕽	<u>(, column (B), line 1(</u>	<i>JC.)</i>		·····	40,30	U , / :	<u>,, , , , , , , , , , , , , , , , , , ,</u>

Schedule D (Form 990) 2019

Complete if the organization answered "Yes" o  a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-ye	ar market valu
	(b) Book value	(c) Method of Valuation. Cost of Grid of ye	ai market vala
Closely held equity interests  Other			
(A)			
A) B)			
C)			
(D)			
E)			
F)			
G)			
H)			
II. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990 Part IV line	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-ye	ar market valu
1)	.,		
2)			
3)			
4)			
5)			
6)			
7)			
(8)			
(9)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Complete if the organization answered "Yes" o	n Form 000 Part IV line	11d Soc Form 000 Bart V line 15	
	Description		(b) Book value
· · · · · · · · · · · · · · · · · · ·	Сооприон		(b) Book value
(1)			
2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.	<u>15.)</u>	<b>&gt;</b>	
Complete if the organization answered "Yes" o	n Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	
(a) Description of liability			(b) Book value
(1) Federal income taxes			(-,
2)			
3)			
•			
(4)			
(5)			
(6)			
(7)			
(8)			
(8)			

932053 10-02-19

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 AVENIDAS		94-	1480548 Page
Part XI Reconciliation of Revenue per Audited Financial Sta	tements With Revenue	e per Return.	
Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.		
1 Total revenue, gains, and other support per audited financial statements		1	6,248,551
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
a Net unrealized gains (losses) on investments		,290.	
<b>b</b> Donated services and use of facilities		,974.	
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d			-1,839,316
3 Subtract line 2e from line 1		3	8,087,867
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	00		
a Investment expenses not included on Form 990, Part VIII, line 7b		2,383.	
b Other (Describe in Part XIII.)		3,106.	00 077
c Add lines 4a and 4b			89,277
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.	)	5	8,177,144
Part XII Reconciliation of Expenses per Audited Financial Sta		es per Retur	n.
Complete if the organization answered "Yes" on Form 990, Part IV, lin			6 022 207
		1	6,932,387
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا م ا	: 074	
a Donated services and use of facilities		5,974.	
<b>b</b> Prior year adjustments			
c Other losses	1 1	3,106.	
d Other (Describe in Part XIII.)			9,080
e Add lines 2a through 2d			6,923,307
3 Subtract line 2e from line 1			0,525,501
<ul> <li>4 Amounts included on Form 990, Part IX, line 25, but not on line 1:</li> <li>a Investment expenses not included on Form 990, Part VIII, line 7b</li> </ul>	40   92	2,383.	
		,,,,,,,,,	
		4c	92,383
c Add lines 4a and 4b  5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 1			7,015,690
Part XIII Supplemental Information.	<u>6.)                                    </u>		7,013,030
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	1· Part IV lines 1b and 2b· Part	art 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 ar		210 0, 1110 1, 1 010	7, 1110 2, 1 411 71,
into La ana 15, ana rait/in, into La ana 15.7 no complete tino part to provide an	ry additional information.		
PART V, LINE 4:			
THE PURPOSE OF THE BOARD DESIGNATED ENDOW	MENT IS TO FUNI	OPERATI	ONS BY
PROVIDING AN ANNUAL DISTRIBUTION OF BETWEE	EN 5.5% AND 3.5	5% OF THE	IMMEDIATE
PAST TWELVE QUARTER AVERAGE ROLLING VALUE	OF THESE INVES	STMENTS.	THE
EFFECTIVE DISTRIBUTION RATE WAS 5% AND 4.	3% FOR THE YEAR	RS ENDING	JUNE 30,
2020 AND 2019, RESPECTIVELY.			
PART X, LINE 2:			
		~ \	
AVENIDAS IS EXEMPT FROM INCOME TAXES UNDER	R SECTION 501(C	2)(3) OF	THE
INTERNAL REVENUE CODE AND SECTION 23701D (	OF THE STATE OF	CALIFOR	NIA
DOMESTIC AND MANAGEMENT CODE TO ADDITION OF	·····	Decen	TAIDD DI
REVENUE AND TAXATION CODE. IN ADDITION, A	VENIDAS HAS BEE	IN DETERM	TNED BA

THE INTERNAL REVENUE SERVICE NOT TO BE A PRIVATE FOUNDATION WITHIN THE

Schedule D (Form 990) 2019

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization	Employer identification number											
AVENIDA	94-1480548											
Part I Fundraising Activities. required to complete this par	<ul> <li>Complete if the organization answe t.</li> </ul>	red "Y	es" or	n Form 990, Part IV, li	ne 1	7. Form 990-EZ	filers are not					
1 Indicate whether the organization rais												
<b>b</b> Internet and email solicitations	<ul> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>e Solicitation of non-government grants</li> <li>f Solicitation of government grants</li> </ul>											
c Phone solicitations	f Solicitat g Special											
d In-person solicitations	<b>g</b> openial	idildic	aloning '	ovento								
2 a Did the organization have a written of	or oral agreement with any individual	(includ	ling of	ficers, directors, trus	tees,	or						
key employees listed in Form 990, P	art VII) or entity in connection with pr	rofessi	onal fu	undraising services?		Yes	No					
<b>b</b> If "Yes," list the 10 highest paid indiv		ant to	agreei	ments under which th	ne fur	ndraiser is to be	•					
compensated at least \$5,000 by the	organization.											
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	to (or reta	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization					
		Yes	No									
Total			<b>•</b>									
3 List all states in which the organization or licensing.	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	exempt from re	gistration					

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

Schedule G (Form 990 or 990-EZ) 2019

94-1480548 Page 2 Schedule G (Form 990 or 990-EZ) 2019 AVENIDAS Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events CHINESE NEW NONE (add col. (a) through YEAR DINNER col. (c)) (event type) (event type) (total number) 17,530. 17,530. Gross receipts <u>11,905</u>. 11,905. 2 Less: Contributions 5,625 **3** Gross income (line 1 minus line 2) 5,625. 4 Cash prizes 5 Noncash prizes Direct Expenses Rent/facility costs 858. 858. 1,713. 1,713. 7 Food and beverages 400. 400. 8 Entertainment 135. 135. Other direct expenses 3,106. **10** Direct expense summary. Add lines 4 through 9 in column (d) 2,519. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: \_

Schedule G (Form 990 or 990-EZ) 2019

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

**b** If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2019 AVENTDAS	94-1480348 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other e	
to administer charitable gaming?	
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
<b>b</b> An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events be	
Name ▶	
Address >	
15a Does the organization have a contract with a third party from whom the organization receives gaming	g revenue? Yes No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ of gaming revenue retained by the third party ▶ \$	and the amount
c If "Yes," enter name and address of the third party:	
Name	
Address >	
16 Gaming manager information:	
Name	
Gaming manager compensation  \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
<b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceed	ds to
retain the state gaming license?	Yes No
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organization	itions or spent in the
organization's own exempt activities during the tax year > \$	•
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, colu	
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instruction	15.

## SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Open to Public Inspection

94 - 1480548

Internal Revenue Service

Name of the organization

**AVENIDAS** 

Department of the Treasury

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

Inspection
Employer identification number

OMB No. 1545-0047

Pa	art I Questions Regarding Compensation			
	<u>-</u>		Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2019

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	perients	(B)(I)-(U)	reported as deferred on prior Form 990
(1) AMY ANDONIAN	(i)	183,367.	0.	0.	5,824.	6,147.	195,338.	0.
PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MAUREEN BREEN	(i)	161,592.	0.	0.	4,848.	1,293.	167,733.	0.
CFO/VP, FINANCE & ADMIN	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MARY HOHENSEE	(i)	137,396.	0.	0.	4,152.	11,454.	153,002.	0.
VP, FUND DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 2

#### **SCHEDULE L**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

# **Transactions With Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open To Public Inspection

Name of the organization  AVENIDAS									Employer identification number 94-1480548						
		ions (section 5	01/0\/3	) cocti	ion 501(c)(4), and sec	otion	501(c)(20) orga				40				
1		Relationship bet			art IV, line 25a or 25b	, or	FOIII 990-EZ, Pa	art V, I	irie 40	D.	(4)	Corro	cted?		
(a) Name of disqualified p	person (b)	person and o			(d	c) De	escription of tran	sactio	n			es	No		
		•									<del>  '</del> '	-	140		
											+				
											$\top$				
2 Enter the amount of tax i	incurred by the	organization man	agers	or disc	qualified persons dur	ing t	he year under								
section 4958									<b>&gt;</b> \$						
3 Enter the amount of tax,	if any, on line 2,	, above, reimburs	sed by	the org	ganization				<b>&gt;</b> \$						
	., -														
		terested Per													
•	-				, Part V, line 38a or F	orm	990, Part IV, lin	e 26; d	or if th	e orga	nizatio	n			
reported an amo										<b>(h)</b> Ap	nroved	60. 14			
(a) Name of interested person	(b) Relationship with organization		(c) Purpose of loan (d) Loan to or from the organization?		(e) Original principal amount		(f) Balance due		In ault?	hy hoard o		or agreements			
			То	From				Yes	No	Yes	No	Yes	No		
	<u> </u>														
			1												
	-														
	1		+												
	1		+												
	+		+												
	+		+												
			+												
Total		l	1		<b>&gt;</b> \$	l									
Part III   Grants or As	sistance Be	nefiting Inter	este	d Per											
Complete if the o	organization ans	swered "Yes" on	Form 9	90, Pa	art IV, line 27.										
(a) Name of interested person		answered "Yes" on Form 990, Part I  (b) Relationship between interested person and the organization			(c) Amount of assistance	(c) Amount of (d) Typ					Purpose of assistance				
		0.941112													

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

Schedule L (Form 990 or 990-EZ) 2019

Complete if the organization answere  (a) Name of interested person	(b) Relation		een intere	sted	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization? revenues?		
							Yes	No	
VANCE BROWN, INC.	ENTITY	MORE	THAN	35	942,588.	CONSTRUCTIO		Х	
	_								
	_							-	
Part V Supplemental Information.									
Provide additional information for resp	ponses to ques	stions on S	chedule L	(see ir	nstructions).				
SCH L, PART IV, BUSINESS	TRANSACT	CIONS	INVOL	VIN	G INTERESTE	ED PERSONS:			
(A) NAME OF PERSON: VANCE	BROWN,	INC.							
(B) RELATIONSHIP BETWEEN	INTEREST	אם כאי	RSON	AND	ORGANTZATT	ON:			
			210011		01:0111:1				
ENTITY MORE THAN 35% OWNER	D BY LOR	REN BR	OWN,	DIR	ECTOR				
/D/ DECONTRACT OF MEANICA	OMION. C	ONTOME	TTOMTO	AT C	EDVITOEC				
(D) DESCRIPTION OF TRANSAC	CTION: C	ONSTR	.00110	N S	ERVICES				
_									

## **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

Employer identification number **AVENIDAS** 94-1480548

Par	τι	Types	s of Property							
				(a)	(b)	(c)	(d)			
				Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de			
				applicable		Form 990, Part VIII, line	noncash contribu	ition ai	mounts	3
1	Art -	Works of	art							
2			treasures							
3			interests							
4			olications							
5			ousehold goods							
6			vehicles							
7			nes							
8		llectual pro								
9			blicly traded	Х	2	56,327	. FAIR MARKET	VA:	LUE	
10			sely held stock							
11			rtnership, LLC, or							
	trust	t interests								
12	Sec	urities - Mis	scellaneous							
13			ervation contribution -							
	Hist	oric structı	ıres							
14	Qua	lified cons	ervation contribution - Other							
15	Real	l estate - R	esidential							
16	Real	l estate - C	ommercial							
17	Real	l estate - O	ther							
18	Coll	ectibles								
19			<i>'</i>							
20	Drug	gs and med	dical supplies							
21										
22			acts							
23			imens							
24			artifacts							
25			()							
26			)							
27		er 🕨 (	)							
28	Othe		)	<u> </u>						
29			ms 8283 received by the organiz		,				0	
	tor v	vnich the c	organization completed Form 828	83, Part IV, L	Jonee Acknowledg	ement <b>29</b>			0	
20-	D:					autani in Daut I. liman d'Alaus			Yes	No
зua			r, did the organization receive by							
			at least three years from the date ses for the entire holding period?					30a		Х
h			•					Sua		
о 31	<ul> <li>b If "Yes," describe the arrangement in Part II.</li> <li>1 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?</li> </ul>									
		-	nization hire or use third parties	-	•	•		31	Х	
JŁa		s trie orgai tributions?	·		_	· ·	) i	32a	х	
h			ibe in Part II.					0Za		
33			tion didn't report an amount in c	olumn (c) for	a type of property	for which column (a) is cl	necked.			
		cribe in Pa				(a) 10 01	,			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

SCHEDULE M, LINE 32B:

this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

Part II

DONATED.

Schedule M (Form 990) 2019 932142 09-27-19

### **SCHEDULE O**

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

2019
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

**AVENIDAS** 

Employer identification number 94-1480548

FORM 990, PART I, LINE 6: IN THE FIRST QUARTER OF FY20, AVENIDAS VOLUNTEERS PROVIDED SERVICES TO OUR PROGRAMS IN THE FOLLOWING WAYS: TUTORING IN READING FOR SCHOOL AGE CHILDREN (AVENIDAS EARLY LITERACY PROGRAM), TECH TUTORING FOR SENIORS TEACHING LIFELONG LEARNING CLASSES (SENIOR PLANET AT AVENIDAS), EXERCISE CLASSES AND RUNNING GROUPS (FITNESS OR SOCIAL) AT ALL THREE CENTER SITES: ARKC, CUBBERLEY AND 450 BRYANT, ADMINISTRATIVE SUPPORT VOLUNTEERING FOR FUNDRAISING EVENTS, PROVIDING ACTIVITIES AT OUR ADULT DAY HEALTH PROGRAM AND OUR CHINESE COMMUNITY CENTER (ACCC) TAX PREPARATION (AARP), FLOWER DELIVERY TO FACILITIES (AVENIDAS BEING MEDPAL ADVOCATES (AVENIDAS VILLAGE) CHECKING IN CALLS, SERVING ON COMMITTEES AND THE BOARD AND EVENT VOLUNTEERING FOR AVENIDAS FUNDRAISING AND COMMUNITY ENGAGEMENT EFFORTS. THE DOOR TO DOOR PROGRAM PROVIDED TRANSPORTATION TO HOMEBOUND SENIORS. AFTER MARCH 13, 2020, SOME OF THE PROGRAMS ABOVE WERE PUT ON HOLD DUE TO THE COVID-19 PANDEMIC AND THE DOOR TO DOOR PROGRAM PIVOTED TO PROVIDE: GROCERY AND PRESCRIPTION DELIVERY, FRIENDLY OUTREACH CALLS AND DISTRIBUTION OF PERSONAL PROTECTIVE EQUIPMENT (PPE) LIKE MASKS, FACE SHIELDS, GLOVES AND GOWNS TO SENIOR FACILITIES. VOLUNTEERS HELPED STAFF WITH THESE TRANSPORTATION WAS SCHEDULED WITH LYFT; NO RIDES WERE PROVIDED BY VOLUNTEER DRIVERS DURING THIS TIME. THE CHANGES FOLLOWED COUNTY AND AGENCY GUIDELINES.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

ON MARCH 11, 2020, THE WORLD HEALTH ORGANIZATION PUBLICLY CHARACTERIZED

COVID-19 AS A PANDEMIC. MANY FEDERAL, STATE AND LOCAL GOVERNMENTAL

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

Schedule O (Form 990 or 990-EZ) (2019)

**Employer identification number** Name of the organization 94-1480548 **AVENIDAS** AGENCIES HAVE DECLARED A STATE OF EMERGENCY AND ISSUED A VARIETY OF RECOMMENDATIONS IMPACTING TRAVEL, GROUP GATHERINGS, ETC. AS A RESULT, THIS HAS SIGNIFICANTLY IMPACTED THE AVENIDAS' OPERATIONS IN MANY WAYS. AVENIDAS PHYSICALLY CLOSED ITS TWO COMMUNITY CENTERS TO THE PUBLIC AT 450 BRYANT STREET AND AT THE CUBBERLEY COMMUNITY CENTER ON MARCH  $12 \mathrm{TH}$  . THE AVENIDAS ROSE KLEINER CENTER SUSPENDED ADULT DAY HEALTH CARE GROUP SERVICES AND CLOSED ITS CENTER AT 270 ESCUELA IN MOUNTAIN VIEW ON MARCH 13TH. HANDYMAN SERVICES, DOOR-TO-DOOR VOLUNTEER CLIENT TRANSPORTATION, EARLY LITERACY PROGRAM, AVENIDAS BLOOMS; AND SEVERAL ANCILLARY PERSONAL HEALTH SERVICES WERE SUSPENDED WHILE OTHER PROGRAMMING WENT 100% REMOTE. REMOTE SERVICES INCLUDE ZOOM CLASSES, MAILINGS, PHONE CALLS, GROCERY SHOPPING, AND HEALTH MONITORING. PROGRAM MANAGERS INITIALLY MET TWICE PER WEEK TO REVIEW PARTICIPANT NEEDS AND IDENTIFIED WAYS TO ADDRESS THOSE NEEDS. CURRENTLY, THE PROGRAM MANAGERS MEET WEEKLY. SINCE OUR TEMPORARY IN-CENTER CLOSURE, WE HAVE ADDED GROCERY DELIVERY TO FRAIL SENIORS, SOCIAL AND BIRTHDAY CALLS, INCREASED CAREGIVER SUPPORT, AND HAVE APPROVED EMERGENCY FUNDING TO IN-HOME PERSONAL CARE NEEDS. OUR ENRICHMENT CENTERS AT 450 BRYANT AND CUBBERLEY LOCATIONS HAVE OVER 30 ON-LINE CLASSES OFFERED PER SEMESTER. OUR VILLAGE PROGRAM IS RESPONDING TO THEIR SENIORS AGING IN PLACE BY PROVIDING NEEDED SUPPORT FOR HOME REPAIR, GROCERY SHOPPING, AND SOCIAL SUPPORT. OUR VOLUNTEER PROGRAM AND DOOR TO DOOR PROGRAM HAS EXPANDED SERVICE TO DELIVER GROCERIES, PPE, ARRANGE TRANSPORTATION. THE CARE PARTNERS PROGRAM IS PROVIDING EDUCATION, CRISIS AND CARE MANAGEMENT, AND CAREGIVER SUPPORT

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Schedule O (Form 990 or 990-EZ) (2019) Page 2 **Employer identification number** Name of the organization 94-1480548 **AVENIDAS** TO AVENIDAS MEMBERS AND FAMILY CAREGIVERS. OUR ROSE KLEINER CENTER IN MOUNTAIN VIEW, AN ADULT DAY HEALTH CARE PROGRAM, IS MAKING SOCIAL AND TELEHEALTH CALLS, SENDING ACTIVITY PACKETS, PROVIDING CAREGIVER SUPPORT, AND HAS SEVERAL ZOOM ACTIVITIES AND EXERCISE SESSIONS EACH WEEK. WE ARE PROUD OF THE OPERATIONS TEAM PIVOTING SO QUICKLY TO IDENTIFY AND MEET THE NEEDS OF THE COMMUNITY AND OUR PARTICIPANTS. WE WILL CONTINUE TO MEET THESE NEEDS AS WE CONTINUE OUR PLANNING FOR REOPENING OUR CENTERS, HOPEFULLY IN LATE SPRING 2021. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: ADDITIONAL PROGRAMS INCLUDING SOCIAL WORK (794 CLIENTS), TRANSPORTATION (423 CLIENTS), HANDYMAN (226 JOBS), CHINESE COMMUNITY CENTER (1,550 REGISTRATIONS), SENIOR PLANET AND VOLUNTEER SERVICES (SERVING 15,967 HOURS FOR PARTICIPANTS & CLIENTS) AND LGBTQ SENIORS PARTICIPANTS WERE ALL SERVED THIS YEAR. SERVICES CONTINUED TO PIVOT TO MEET THE NEEDS OF OUR PARTICIPANTS STARTING IN MARCH 2020 DUE TO THE PANDEMIC. WITH THE AVENIDAS COMMUNITY BEING AT HIGH RISK OF COVID-19 DUE TO AGE, STAFF WAS ABLE TO PROVIDE AND INCREASE THE AMOUNT OF SERVICE PROVISION, EDUCATIONAL OPPORTUNITIES, PROGRAMMING, AND RESOURCE MANAGEMENT TO OUR PARTICIPANTS AND THE COMMUNITY DURING THE PANDEMIC. EXPENSES \$ 2,059,172. INCLUDING GRANTS OF \$ 0. REVENUE \$ 126,843. FORM 990, PART VI, SECTION B, LINE 11B: THE BOARD OF DIRECTORS HAS DELEGATED RESPONSIBILITY FOR REVIEW OF FORM 990

TO THE AUDIT COMMITTEE OF THE BOARD; SUCH COMMITTEE DOES REVIEW THE RETURN

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Name of the organization AVENIDAS Employer identification number 94-1480548

BEFORE IT IS FILED. FORM 990 IS SENT TO ALL BOARD MEMBERS VIA EMAIL BEFORE FILING. QUESTIONS FROM THE BOARD OR COMMITTEE ARE RESPONDED TO VIA EMAIL OR IN MEETINGS.

FORM 990, PART VI, SECTION B, LINE 12C:

CONFLICT OF INTEREST COMPLIANCE IS REVIEWED ANNUALLY AT A BOARD MEETING.

BOARD MEMBERS AND EMPLOYEES WITH SUBSTANTIAL INFLUENCE OVER AVENIDAS ARE

REQUIRED TO SIGN THE ORGANIZATION'S "CONFLICT OF INTEREST AND DISCLOSURE

STATEMENT" ANNUALLY. ANY DISCLOSED EVENTS, TRANSACTIONS, ARRANGEMENTS OR

OTHER SITUATIONS DEEMED TO BE POTENTIALLY A CONFLICT OF INTEREST ARE

DISCUSSED WITH THE FULL BOARD AND VOTED ON AS NECESSARY.

DETERMINING WHETHER A CONFLICT OF INTEREST EXISTS: THE PRESIDENT & CEO

DETERMINES A CONFLICT OF INTEREST WITH REGARD TO AN EMPLOYEE WITHOUT

SUBSTANTIAL INFLUENCE OVER AVENIDAS; THE BOARD DETERMINES IF A CONFLICT OF

INTEREST EXISTS WITH REGARD TO THE PRESIDENT & CEO OR AN EMPLOYEE WITH

SUBSTANTIAL INFLUENCE OVER AVENIDAS; THE REMAINING BOARD MEMBERS DETERMINE

IF A CONFLICT OF INTEREST EXISTS WITH REGARD TO A BOARD MEMBER.

WITH REGARD TO AN EMPLOYEE WITHOUT SUBSTANTIAL INFLUENCE OVER AVENIDAS, THE PRESIDENT & CEO SHALL DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS.

WITH REGARD TO THE PRESIDENT & CEO, OR AN EMPLOYEE WITH SUBSTANTIAL

INFLUENCE OVER AVENIDAS, THE BOARD SHALL DETERMINE IF A CONFLICT OF

INTEREST EXISTS. IF THERE IS A QUESTION AS TO WHETHER AN EMPLOYEE HAS

SUBSTANTIAL INFLUENCE OVER AVENIDAS, THE PRESIDENT & CEO SHALL PRESENT THIS

ISSUE TO THE BOARD OF DIRECTORS, AND THE BOARD SHALL RESOLVE THE MATTER.

Name of the organization AVENIDAS Employer identification number 94-1480548

AFTER AN AFFILIATION DISCLOSURE BY A BOARD MEMBER, THE BOARD MEMBER SHALL

LEAVE THE MEETING WHILE THE IMPLICATIONS OF THE AFFILIATION ARE CONSIDERED

AND VOTED UPON. THE REMAINING BOARD MEMBERS SHALL DETERMINE IF A CONFLICT

OF INTEREST EXISTS.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF DIRECTORS REVIEWS THE COMPENSATION OF THE CEO AND CFO

ANNUALLY. AS PART OF THESE REVIEWS, THE BOARD EXAMINES PUBLISHED MARKET

DATA OF COMPARABLE NONPROFITS IN THE ORGANIZATION'S GEOGRAPHIC AREA.

THE CEO REVIEWS THE CFO'S PERFORMANCE AND MAKES A RECOMMENDATION TO THE
BOARD REGARDING ANY PROPOSED CHANGES TO THE CFO'S COMPENSATION. AFTER

DISCUSSION, THE BOARD VOTES TO APPROVE THE FINAL SALARY ACTION FOR THE CFO.

THE TWO MOST RECENT REVIEWS OF THE CFO'S COMPENSATION TOOK PLACE IN JULY

2019 AND SEPTEMBER 2020.

AFTER SOLICITING INPUT FROM THE BOARD AND STAFF, THE BOARD CHAIR WRITES AND PRESENTS A REVIEW OF THE CEO'S PERFORMANCE AND MAKES A RECOMMENDATION TO THE BOARD REGARDING ANY PROPOSED CHANGES TO THE CEO'S COMPENSATION. AFTER DISCUSSION, THE BOARD VOTES TO APPROVE THE FINAL SALARY ACTION FOR THE CEO. THE TWO MOST RECENT REVIEWS OF THE CEO'S COMPENSATION TOOK PLACE IN SEPTEMBER 2019 AND SEPTEMBER 2020.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST FOR

THE SAME PERIOD OF TIME SET FORTH IN SEC. 6104(D).

## **SCHEDULE R** (Form 990)

Part I

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization **AVENIDAS** 

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

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

94-1480548

(a)  Name, address, and EIN (if applicable)  of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state o foreign country)	(d) Total inco	ome End-of-year	r assets Direct	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organization a	answered "Yes" on Form 990	), Part IV, line 34,	pecause it had one	or more related tax-exe	mpt		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	contr ent	g) 512(b)(13) rolled tity?	
HOME EQUITY LOAN PROGRAM FOR SENIORS - 77-0004626, 450 BRYANT STREET, PALO ALTO, CA 94301	REVERSE MORTGAGES	CALIFORNIA	501(C)(3)	LINE 12D,	N/A	Yes	No X	
							21	
For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	l	1		Schedule R	 (Form 99	90) 2019	

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)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)		
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	1	ortionate	Code V-UBI	General	Percentage ownership		
of related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets	allocations?		amount in box 20 of Schedule K-1 (Form 1065)	partner	ownership		
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0		
	1												
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)  Name, address, and EIN  of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section 512(b)(13) controlled entity?	
		country)		,				Yes	No
-								<u> </u>	
-									
								<del>                                     </del>	<del>                                     </del>

Page 3

Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b (	Giπ, grant, or capital contribution to related organization(s)				ar			
c (	Gift, grant, or capital contribution from related organization(s)				1c	X		
	Loans or loan guarantees to or for related organization(s)				1d	X		
	Loans or loan guarantees by related organization(s)				1e	X		
	Divides de formulated conseivation(s)				40	Х		
T 1	Dividends from related organization(s)				1f	X		
	Sale of assets to related organization(s)				1g	X		
n 1	Purchase of assets from related organization(s)				1h	X		
	Exchange of assets with related organization(s)				1i			
j l	Lease of facilities, equipment, or other assets to related organization(s)				1j	X		
k l	Lease of facilities, equipment, or other assets from related organization(s)				1k	Х		
	Performance of services or membership or fundraising solicitations for related orga				11	X		
	Performance of services or membership or fundraising solicitations by related orga				1m	X		
	Sharing of facilities, equipment, mailing lists, or other assets with related organizati				1n	X		
	Sharing of paid employees with related organization(s)				10	Х		
	3 1 1 7 3 (7							
p	Reimbursement paid to related organization(s) for expenses				1p	Х		
p Reimbursement paid to related organization(s) for expenses  q Reimbursement paid by related organization(s) for expenses								
•					1q			
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 w	vho must complete th	is line, including covered relat	ionships and transaction thresholds.				
	<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount in	volved			
/1\								
(1)								
(2)								
(3)								
(4)								
(F)								
(5)								
(6)								
32163	09-10-19	5.0		Schedule	R (Form 9	90) 2019		

Schedule R (Form 990) 2019 AVENIDAS 94-1480548 Page 4

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.?  Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation Yes N	Code V-UBI amount in box 2 of Schedule K-	General of managing partner?  Yes No	(k) r Percentage ownership