

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

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COMMUNITY HUMAN SERVICES Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 3076 City or town, state or province, country, and ZIP or foreign postal code MONTEREY, CA 93942-3076 F Name and address of principal officer: ROBIN MCCRAE P.O. BOX 3076, MONTEREY, CA 93942-3076	D Employer identification number 94-6367167 E Telephone number 831-658-3811 G Gross receipts \$ 6,390,690. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.CHSERVICES.ORG		
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other ▶ JPA L Year of formation: 1972 M State of legal domicile: CA		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: ORGANIZATION PROVIDES AT RISK YOUTH, INDIVIDUALS AND FAMILIES IN MONTEREY COUNTY WITH HIGH 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 15 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 15 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 121 6 Total number of volunteers (estimate if necessary) 6 55 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, line 38 7b 0.																			
Revenue	8 Contributions and grants (Part VIII, line 1h) 5,880,870. 6,051,843. 9 Program service revenue (Part VIII, line 2g) 404,810. 332,543. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,223. 0. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 854. 5,305. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 6,287,757. 6,389,691.	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;"></th> <th style="width:25%;">Prior Year</th> <th style="width:25%;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">5,880,870.</td> <td style="text-align: right;">6,051,843.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">404,810.</td> <td style="text-align: right;">332,543.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">1,223.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">854.</td> <td style="text-align: right;">5,305.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">6,287,757.</td> <td style="text-align: right;">6,389,691.</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	5,880,870.	6,051,843.	9 Program service revenue (Part VIII, line 2g)	404,810.	332,543.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,223.	0.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	854.	5,305.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,287,757.	6,389,691.
	Prior Year	Current Year																		
8 Contributions and grants (Part VIII, line 1h)	5,880,870.	6,051,843.																		
9 Program service revenue (Part VIII, line 2g)	404,810.	332,543.																		
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,223.	0.																		
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	854.	5,305.																		
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,287,757.	6,389,691.																		
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 4,337,429. 4,756,741. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 151,278. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,712,650. 1,817,708. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 6,050,079. 6,574,449. 19 Revenue less expenses. Subtract line 18 from line 12 237,678. -184,758.																			
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 9,383,275. 10,480,393. 21 Total liabilities (Part X, line 26) 6,828,528. 8,110,076. 22 Net assets or fund balances. Subtract line 21 from line 20 2,554,747. 2,370,317.	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;"></th> <th style="width:25%;">Beginning of Current Year</th> <th style="width:25%;">End of Year</th> </tr> </thead> <tbody> <tr> <td>20 Total assets (Part X, line 16)</td> <td style="text-align: right;">9,383,275.</td> <td style="text-align: right;">10,480,393.</td> </tr> <tr> <td>21 Total liabilities (Part X, line 26)</td> <td style="text-align: right;">6,828,528.</td> <td style="text-align: right;">8,110,076.</td> </tr> <tr> <td>22 Net assets or fund balances. Subtract line 21 from line 20</td> <td style="text-align: right;">2,554,747.</td> <td style="text-align: right;">2,370,317.</td> </tr> </tbody> </table>		Beginning of Current Year	End of Year	20 Total assets (Part X, line 16)	9,383,275.	10,480,393.	21 Total liabilities (Part X, line 26)	6,828,528.	8,110,076.	22 Net assets or fund balances. Subtract line 21 from line 20	2,554,747.	2,370,317.						
	Beginning of Current Year	End of Year																		
20 Total assets (Part X, line 16)	9,383,275.	10,480,393.																		
21 Total liabilities (Part X, line 26)	6,828,528.	8,110,076.																		
22 Net assets or fund balances. Subtract line 21 from line 20	2,554,747.	2,370,317.																		

Part II Signature Block

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

Sign Here	Signature of officer ROBIN MCCRAE, CEO Type or print name and title	Date		
Paid Preparer Use Only	Print/Type preparer's name JESSE LOPEZ	Preparer's signature JESSE LOPEZ	Date 03/19/20	Check if self-employed <input type="checkbox"/> PTIN P00312725
	Firm's name ▶ BIANCHI, KASAVAN & POPE, LLLP	Firm's EIN ▶ 94-1541507		
	Firm's address ▶ 450 LINCOLN AVENUE, SUITE 200 SALINAS, CA 93901	Phone no. 831-757-5311		

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: ADDICTION, MENTAL ILLNESS AND HOMELESSNESS DESTROY LIVES AND WEAKEN FAMILIES, THEREFORE COMMUNITY HUMAN SERVICES (CHS) PROVIDES PEOPLE OF ALL AGES WITH THE TOOLS AND SUPPORT TO OVERCOME THESE CHALLENGES AND CREATE LASTING CHANGE IN THEIR LIVES.

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

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

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

4a (Code:) (Expenses \$ 1,074,057. including grants of \$) (Revenue \$ 1,237,144.) GENESIS HOUSE IS A STATE LICENSED RESIDENTIAL DRUG TREATMENT PROGRAM FOR ADULTS WITH 28 BEDS FOR MEN AND WOMEN AND 8 BEDS FOR PERINATAL (PREGNANT AND POSTPARTUM) WOMEN. SIX CHILDREN UP TO THE AGE OF 5 MAY LIVE WITH THEIR MOTHERS WHILE THEY ARE IN TREATMENT. SERVICES INCLUDE MEDICALLY SUPERVISED DETOXIFICATION AND ONGOING MEDICAL SUPPORT, ASSESSMENT, TREATMENT PLANNING, INDIVIDUAL, GROUP AND FAMILY COUNSELING, RELAPSE PREVENTION, PARENTING EDUCATION, DISCHARGE PLANNING, REFERRALS TO ANCILLARY SERVICES AND AFTERCARE. LAST YEAR THE CO-ED PROGRAM TREATED 164 INDIVIDUALS WITH 8,480 DAYS OF SERVICE, WHILE THE PERINATAL PROGRAM SERVED 7 INDIVIDUALS WITH 513 DAYS OF SERVICE. GENESIS HOUSE IS ACCREDITED BY CARF (COMMISSION ON THE ACCREDITATION OF REHABILITATION FACILITIES). IT IS FUNDED BY MONTEREY COUNTY BEHAVIORAL

4b (Code:) (Expenses \$ 1,093,267. including grants of \$) (Revenue \$ 1,560,361.) OFF MAIN CLINIC PROVIDES METHADONE MAINTENANCE AND DETOXIFICATION SERVICES TO ADULTS SUFFERING FROM ADDICTION TO HEROIN AND OTHER OPIATES, INCLUDING PRESCRIPTION PILLS. THE CLINIC IS STATE LICENSED AND ACCREDITED BY CARF (COMMISSION ON THE ACCREDITATION OF REHABILITATION FACILITIES). METHADONE MAINTENANCE IS A COMPREHENSIVE TREATMENT PROGRAM THAT INVOLVES THE LONG-TERM PRESCRIBING OF METHADONE AS AN ALTERNATIVE TO THE OPIOID ON WHICH THE CLIENT WAS DEPENDENT. CENTRAL TO THE TREATMENT IS COUNSELING, CASE MANAGEMENT AND OTHER MEDICAL AND PSYCHOSOCIAL SERVICES. METHADONE SUPPRESSES OPIOID WITHDRAWAL SYMPTOMS, REDUCES CRAVINGS FOR OPIOIDS, DOES NOT INDUCE INTOXICATION (I.E. SEDATION OR EUPHORIA) AND REDUCES THE EUPHORIC EFFECTS OF OTHER OPIOIDS SUCH AS HEROIN. LAST YEAR THE CLINIC TREATED 334 INDIVIDUALS WITH

4c (Code:) (Expenses \$ 1,034,721. including grants of \$) (Revenue \$ 763,310.) THE FAMILY SERVICE CENTERS' MENTAL HEALTH PROGRAMS PROVIDE OUTPATIENT THERAPY FOR EMOTIONAL AND MENTAL ILLNESS TO PEOPLE OF ALL AGES. TREATMENT CONSISTS OF BRIEF OUTCOME-FOCUSED THERAPY USING BEST PRACTICES SUCH AS COGNITIVE BEHAVIORAL THERAPY AND MOTIVATIONAL INTERVIEWING. SERVICES INCLUDE ASSESSMENT, INDIVIDUAL, GROUP AND FAMILY COUNSELING, CASE MANAGEMENT AND INFORMATION AND REFERRAL TO ANCILLARY SERVICES. THE COUNSELING ADDRESSES A VARIETY OF ISSUES SUCH AS DEPRESSION, ANXIETY, POST-TRAUMATIC STRESS, DOMESTIC VIOLENCE, CHILD ABUSE, BODY IMAGE, GENDER IDENTITY, GRIEF AND LOSS. THE PROGRAMS ARE CARF (COMMISSION ON THE ACCREDITATION OF REHABILITATION FACILITIES) ACCREDITED. LAST YEAR 661 INDIVIDUALS RECEIVED 318,895 UNITS OF COUNSELING. THE PROGRAMS ARE FUNDED BY MEDI-CAL, MENTAL HEALTH SERVICES

4d Other program services (Describe in Schedule O.) (Expenses \$ 2,398,984. including grants of \$) (Revenue \$ 2,329,315.)

4e Total program service expenses 5,601,029.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i>	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	X

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 121		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	
Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	X
If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
If "Yes," complete Form 4720, Schedule O.			

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

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

Section A. Governing Body and Management

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

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	a The organization's CEO, Executive Director, or top management official	X	
15b	b Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
ROBIN MCCRAE - 831-658-3811
2560 GARDEN RD #201B, MONTEREY, CA 93940

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ALAN COHEN CHAIR PERSON	1.00	X		X				0.	0.	0.
(2) ALAN HAFFA VICE CHAIR PERSON	1.00	X		X				0.	0.	0.
(3) ANNETTE YEE STECK FINANCE CHAIR PERSON	1.00	X		X				0.	0.	0.
(4) MARY ANN CARBONE INDIVIDUAL TRUSTEE	1.00	X						0.	0.	0.
(5) PATRICIA LINTELL INDIVIDUAL TRUSTEE	1.00	X						0.	0.	0.
(6) MARY MITCHELL INDIVIDUAL TRUSTEE	1.00	X						0.	0.	0.
(7) LOREN STECK INDIVIDUAL TRUSTEE	1.00	X						0.	0.	0.
(8) HARVEY KUFFNER INDIVIDUAL TRUSTEE	1.00	X						0.	0.	0.
(9) CRISTY DAWSON INDIVIDUAL TRUSTEE	1.00	X						0.	0.	0.
(10) ALANA MYLES INDIVIDUAL TRUSTEE	1.00	X						0.	0.	0.
(11) KYLE SAMUELS INDIVIDUAL TRUSTEE	1.00	X						0.	0.	0.
(12) DARLENE MOSLEY INDIVIDUAL TRUSTEE	1.00	X						0.	0.	0.
(13) ANTHONY ROCHA INDIVIDUAL TRUSTEE	1.00	X						0.	0.	0.
(14) STEVE MCSHANE INDIVIDUAL TRUSTEE	1.00	X						0.	0.	0.
(15) LISA BERKLEY INDIVIDUAL TRUSTEE	1.00	X						0.	0.	0.
(16) ROBIN MCCRAE CHIEF EXECUTIVE OFFICER	40.00			X				147,545.	0.	42,312.
(17) SHARON LAGANA CHIEF FINANCIAL OFFICER	40.00			X				101,660.	0.	21,448.

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	5,782,146.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	269,697.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f			6,051,843.			
Program Service Revenue	2 a CLIENT FEES	Business Code	621400	332,543.	332,543.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			332,543.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)						
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	6,304.				
		b Less: direct expenses	b	999.			
		c Net income or (loss) from fundraising events			5,305.		5,305.
	9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a							
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			6,389,691.	332,543.	0.	5,305.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	356,454.		320,809.	35,645.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,491,160.	3,196,761.	233,664.	60,735.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	157,744.	140,265.	14,442.	3,037.
9 Other employee benefits	704,663.	623,865.	64,129.	16,669.
10 Payroll taxes	46,720.	44,591.	1,695.	434.
11 Fees for services (non-employees):				
a Management				
b Legal	1,110.	858.	213.	39.
c Accounting	23,000.	22,492.	429.	79.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	153,471.	133,726.	16,656.	3,089.
12 Advertising and promotion	118,339.	73,826.	37,549.	6,964.
13 Office expenses	196,770.	172,118.	20,795.	3,857.
14 Information technology	71,730.	66,150.	4,707.	873.
15 Royalties				
16 Occupancy	589,630.	502,382.	73,598.	13,650.
17 Travel	44,918.	42,070.	2,402.	446.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	32,170.	17,551.	12,332.	2,287.
20 Interest	59,264.	59,264.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	163,355.	159,638.	3,135.	582.
23 Insurance	79,605.	75,779.	3,227.	599.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a RESIDENT FOOD/HYGIENE	113,541.	110,036.	2,956.	549.
b CLINICAL/LAB FEES	90,471.	90,471.		
c DUES/LICENCES/FEES	61,396.	54,373.	5,924.	1,099.
d EQUIPMENT/COPY EXPENSE	18,938.	14,813.	3,480.	645.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	6,574,449.	5,601,029.	822,142.	151,278.
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)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	107,871.	1	52,567.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	836,719.	3	826,198.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	75,695.	9	71,410.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,280,055.		
	b Less: accumulated depreciation	10b 2,389,319.	2,787,553.	10c 2,890,736.
	11 Investments - publicly traded securities	36,163.	11	37,251.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	5,539,274.	15	6,602,231.
16 Total assets. Add lines 1 through 15 (must equal line 34)	9,383,275.	16	10,480,393.	
Liabilities	17 Accounts payable and accrued expenses	284,358.	17	291,977.
	18 Grants payable		18	
	19 Deferred revenue	21,201.	19	22,939.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	983,695.	23	1,192,929.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	5,539,274.	25	6,602,231.
	26 Total liabilities. Add lines 17 through 25	6,828,528.	26	8,110,076.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	0.	30	0.
	31 Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
	32 Retained earnings, endowment, accumulated income, or other funds	2,554,747.	32	2,370,317.
33 Total net assets or fund balances	2,554,747.	33	2,370,317.	
34 Total liabilities and net assets/fund balances	9,383,275.	34	10,480,393.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,389,691.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,574,449.
3	Revenue less expenses. Subtract line 2 from line 1	3	-184,758.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,554,747.
5	Net unrealized gains (losses) on investments	5	328.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,370,317.

Part XII Financial Statements and Reporting

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule B

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

Department of the Treasury
Internal Revenue Service

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

2018

Name of the organization

COMMUNITY HUMAN SERVICES

Employer identification number

94-6367167

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization

Employer identification number

COMMUNITY HUMAN SERVICES

94-6367167

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CFMC - HOMELESS WOMENS FUND 2354 GARDEN RD MONTEREY, CA 93940	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	HARDEN FOUNDATION 1636 ERCIA ST SALINAS, CA 93906	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	MONTEREY PENINSULA FOUNDATION 1 LOWER RAGSDALE DR MONTEREY, CA 93940	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	MONTEREY COUNTY WEEKLY GIVES 2354 GARDEN RD MONTEREY, CA 93940	\$ 14,204.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	INTERFAITH OUTREACH 26358 CARMEL RANCHO LN CARMEL, CA 93923	\$ 6,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	LOWELL AND WILDA NORTHRUP 312 CENTRAL AVENUE PACIFIC GROVE, CA 93950	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

COMMUNITY HUMAN SERVICES

94-6367167

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	DUNSPAUGH DALTON FOUNDATION 1501 VENERA AVENUE, SUITE 312 CORAL GABLES, FL 33146	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	NANCY BUCK RANSOM 550 CAMINO EL ESTERO #201 MONTEREY, CA 93940	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	ROTARY CLUB OF MONTEREY & PG PO BOX 669 MONTEREY, CA 93942	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	SCHILLING CARR CHARITABLE TRUST 801 MESA ROAD MONTEREY, CA 93940	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	IN-N-OUT BURGER FOUNDATION 4199 CAMPUS DRIVE, 9TH FLOOR IRVINE, CA 93940	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	RUNAWAY INCOME - BCP REGION IX, 90 7TH STREET, 9TH FLOOR SAN FRANCISCO, CA 94103	\$ 283,895.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization COMMUNITY HUMAN SERVICES	Employer identification number 94-6367167
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	SAFE PASSAGE CONTRACT 600 HARRISON STREET SAN FRANCISCO, CA 94107	\$ 130,574.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	CITY OF SALINAS ESG 65 WEST ALISAL STREET, 2ND FLOOR SALINAS, CA 93901	\$ 28,441.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	MONTEREY COUNTY DEPT OF SOCIAL SERVICES 1000 S. MAIN STREET SALINAS, CA 93901	\$ 182,239.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	MONTEREY COUNTY BEHAVIORAL HEALTH-SALINAS 1270 NATIVIDAD ROAD SALINAS, CA 93906	\$ 402,733.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	CITY OF MONTEREY CDBG 580 PACIFIC STREET MONTEREY, CA 93940	\$ 167,551.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	CITY OF SEASIDE CDBG 440 HARCOURT AVE SEASIDE, CA 93955	\$ 19,809.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

COMMUNITY HUMAN SERVICES

94-6367167

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	CITY OF DEL REY OAKS - JPA 650 CANYON DEL REY RD. DEL REY OAKS, CA 93940	\$ 3,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	CITY OF CARMEL - JPA PO BOX CC CARMEL, CA 93921	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	CITY OF MARINA - JPA 211 HILLCREST AVE. MARINA, CA 93933	\$ 10,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	MONTEREY PENINSULA COLLEGE - JPA 980 FREMONT BLVD, MONTEREY, CA 93940	\$ 2,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	CITY OF MONTEREY - JPA 735 PACIFIC STREET, SUITE A MONTEREY, CA 93940	\$ 55,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	MONTEREY PENINSULA USD - JPA 700 PACIFIC STREET MONTEREY, CA 93940	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization COMMUNITY HUMAN SERVICES	Employer identification number 94-6367167
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	PACIFIC GROVE USD - JPA 435 HILLCREST AVENUE PACIFIC GROVE, CA 93950	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	NORTH MONTEREY COUNTY USD - JPA 8142 MOSS LANDING ROAD MOSS LANDING, CA 95039	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	CITY OF PACIFIC GROVE - JPA 300 FOREST AVE. PACIFIC GROVE, CA 93950	\$ 17,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	CITY OF SAND CITY - JPA 1 SYLVAN PARK SAND CITY, CA 93955-3094	\$ 4,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	CITY OF CARMEL USD - JPA PO BOX 222700 CARMEL, CA 93923	\$ 7,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	MONTEREY COUNTY OFFICE OF EDUCATION - JPA SUPERINTENDENT OF SCHOOLS, COUNTY OF MONTEREY SALINAS, CA 93901	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization COMMUNITY HUMAN SERVICES	Employer identification number 94-6367167
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	SALINAS UNION HSD - JPA 431 WEST ALISAL STREET SALINAS, CA 93901	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	EFSP 701 NORTH FAIRFAX STREET ALEXANDRIA, VA 22314-2064	\$ 12,525.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization COMMUNITY HUMAN SERVICES	Employer identification number 94-6367167
---	---

Part II Noncash Property (see instructions). Use duplicate copies of Part 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
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization COMMUNITY HUMAN SERVICES	Employer identification number 94-6367167
---	---

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 Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(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

2018

Open to Public Inspection

Name of the organization: COMMUNITY HUMAN SERVICES; Employer identification number: 94-6367167

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and yes/no questions about donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for public use, habitat, open space, historic area, historic structure); 2. Conservation contribution details (table with 2a-2d); 3-9. Monitoring and reporting requirements (checkboxes for policy, staff hours, expenses, and reporting).

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with 2 main sections: 1a-1b. Reporting requirements for collections of art, historical treasures, or other similar assets held for public exhibition, education, or research.

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		486,495.		486,495.
b Buildings		2,272,239.	830,847.	1,441,392.
c Leasehold improvements		1,693,412.	789,370.	904,042.
d Equipment		641,791.	596,747.	45,044.
e Other		186,118.	172,355.	13,763.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,890,736.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DUE FROM OTHER FUNDS	6,602,231.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	6,602,231.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO OTHER FUNDS	6,602,231.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	6,602,231.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements	1	6,391,018.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	328.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	328.
3	Subtract line 2e from line 1	3	6,390,690.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	-999.
c	Add lines 4a and 4b	4c	-999.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	6,389,691.

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

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

1	Total expenses and losses per audited financial statements	1	6,575,448.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	999.
e	Add lines 2a through 2d	2e	999.
3	Subtract line 2e from line 1	3	6,574,449.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	6,574,449.

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE AGENCY IS A NON-PROFIT PUBLIC BENEFIT CORPORATION THAT IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND CLASSIFIED BY THE INTERNAL REVENUE SERVICE AS OTHER THAN A PRIVATE FOUNDATION AND QUALIFIES FOR DEDUCTIBLE CONTRIBUTIONS AS PROVIDED IN SECTION 170(B)(1)(A)(VI). IT IS ALSO EXEMPT FROM STATE FRANCHISE AND INCOME TAXES UNDER SECTION 23701(D) OF THE CALIFORNIA REVENUE AND TAXATION CODE. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN REFLECTED IN THESE FINANCIAL STATEMENTS. INCOME TAX RETURNS FOR 2015 AND FORWARD MAY BE AUDITED BY REGULATORY AGENCIES, HOWEVER, THE AGENCY IS NOT AWARE OF ANY SUCH ACTIONS AT THIS TIME.

Part XIII Supplemental Information *(continued)*

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RECLASSIFIED SPECIAL EVENT EXPENSE -999.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RECLASSIFIED SPECIAL EVENT EXPENSE 999.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2018

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

COMMUNITY HUMAN SERVICES

Employer identification number

94-6367167

Part I Questions Regarding Compensation

1a 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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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

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?

3 Indicate which, if any, of the following the filing 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.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- 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:

- a** The organization?
- b** Any related organization?
- 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:

- a** The organization?
- b** Any related organization?
- 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

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2018

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ROBIN MCCRAE CHIEF EXECUTIVE OFFICER	(i)	147,545.	0.	0.	0.	42,312.	189,857.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

COMMUNITY HUMAN SERVICES

Employer identification number

94-6367167

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

QUALITY, LOW-COST AND CONFIDENTIAL SUBSTANCE ABUSE, MENTAL HEALTH AND
HOMELESS SERVICES. CHS IS A JOINT POWERS AUTHORITY AND 501(C)(3).

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

HEALTH, PRIVATE GRANTS AND DONATIONS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

73,516 DOSES OF ORAL METHADONE, NARCAN AND BUPRENORPHRINE AND 324,067
MINUTES OF COUNSELING. IT IS FUNDED BY MEDI-CAL, THE VETERANS'
ADMINISTRATION, CLIENT FEES, PRIVATE GRANTS AND DONATIONS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

ACT FUNDING, CLIENT FEES, PRIVATE GRANTS AND DONATIONS.

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

SAFE PLACE PROVIDES TRAUMA-INFORMED COUNSELING AND STREET OUTREACH
SERVICES TO RUNAWAY AND HOMELESS YOUTH AND THEIR FAMILIES. SERVICES
INCLUDE INDIVIDUAL, GROUP AND FAMILY COUNSELING, SUBSTANCE ABUSE
INTERVENTION UTILIZING "THE SEVEN CHALLENGES," SURVIVAL AID SUCH AS
FOOD, CLOTHING AND HYGIENE PRODUCTS, TEMPORARY SHELTER AND FAMILY
REUNIFICATION OR ALTERNATE PLACEMENT. LAST YEAR, THE PROGRAM SERVED 204
INDIVIDUALS WITH 2,231 UNITS OF SERVICE. IT IS FUNDED BY THE DEPARTMENT
OF HEALTH AND HUMAN SERVICES, BEHAVIORAL HEALTH, PRIVATE GRANTS AND
DONATIONS (MONETARY AND IN-KIND).

Name of the organization

COMMUNITY HUMAN SERVICES

Employer identification number

94-6367167

THE OUTPATIENT TREATMENT CENTERS OFFERS COMPREHENSIVE ASSESSMENT, MEDICAL EVALUATION, INDIVIDUALIZED TREATMENT PLANNING, INDIVIDUAL, GROUP AND FAMILY COUNSELING, TRAUMA AND CRISIS COUNSELING, RELAPSE PREVENTION AND COPING SKILLS, DISCHARGE PLANNING AND CONTINUING CARE SUPPORT GROUPS. IT ALLOWS INDIVIDUALS TO RECEIVE TREATMENT FOR DRUG OR ALCOHOL ADDICTION WHILE CONTINUING WITH THEIR DAILY ACTIVITIES SUCH AS SCHOOL OR WORK. THE CENTERS ARE FUNDED BY MEDI-CAL, CLIENT FEES, PRIVATE GRANTS AND DONATIONS. LAST YEAR, THE PROGRAM SERVED 419 INDIVIDUALS WITH 159,750 UNITS OF COUNSELING.

THE DAISY PROGRAM (DRUG AND ALCOHOL INTERVENTION SERVICES FOR YOUTH) PROVIDES SUBSTANCE ABUSE INTERVENTION AND GANG EDUCATION TO AT-RISK YOUTH AND THEIR FAMILIES UTILIZING THE EVIDENCE-BASED CURRICULUM "THE SEVEN CHALLENGES." IT IS FUNDED BY THE PROBATION DEPARTMENT, THE BEHAVIORAL HEALTH DEPARTMENT, PRIVATE GRANTS AND DONATIONS. LAST YEAR, THE PROGRAM SERVED 134 INDIVIDUALS WITH 3,174 UNITS OF COUNSELING.

THE FAMILY TO FAMILY PROGRAM FACILITATES CHANGE IN THE FOSTER CARE SYSTEM AND REDUCES FOSTER CARE PLACEMENTS THROUGH RECRUITING AND SUPPORTING FOSTER FAMILIES AND ADVOCATING FOR FAMILIES IN A TEAM DECISION MAKING PROCESS WITH SOCIAL SERVICES. IT IS FUNDED BY THE DEPARTMENT OF SOCIAL SERVICES, PRIVATE GRANTS AND DONATIONS. THIS PROGRAM WAS TERMINATED AT THE END OF JULY 2018.

SAFE PASSAGE IS A 6 BED, CO-ED, DRUG AND ALCOHOL FREE, TRANSITIONAL SUPPORTIVE HOUSING PROGRAM FOR HOMELESS YOUTH AND YOUTH AGING OUT OF THE FOSTER CARE SYSTEM, AGES 18 TO 21. THE PROGRAM PROVIDES ONGOING ASSESSMENT, LIFE SKILLS EDUCATION AND CASE MANAGEMENT AIMED AT

Name of the organization

COMMUNITY HUMAN SERVICES

Employer identification number

94-6367167

PROVIDING YOUTH WITH A SOLID FOUNDATION FOR TRANSITIONING OUT OF HOMELESSNESS AND INTO INDEPENDENT ADULTHOOD. IT IS FUNDED BY HOUSING AND URBAN DEVELOPMENT, CLIENT RENTS, PRIVATE GRANTS AND DONATIONS. LAST YEAR, THE PROGRAM SERVED 10 INDIVIDUALS WITH 1,572 DAYS OF SERVICE.

THE PARENT EDUCATION PARTNERSHIP PROVIDES PARENTING EDUCATION CLASSES USING THE EVIDENCE-BASED CURRICULUM "TRIPLE P" (POSITIVE PARENTING PROGRAM). IT IS FUNDED BY THE MENTAL HEALTH SERVICES ACT, PRIVATE GRANTS AND DONATIONS. LAST YEAR, THE PROGRAM SERVED 473 INDIVIDUALS WITH 2,655 CLASSES.

THE PATHWAYS TO SAFETY PROGRAM FACILITATES CHANGE IN THE FOSTER CARE SYSTEM AND REDUCES FOSTER CARE PLACEMENTS THROUGH EARLY INTERVENTION WITH FAMILIES REPORTED FOR SUSPECTED CHILD ABUSE WHERE REMOVING THE CHILDREN FROM HOME IS NOT WARRANTED BUT WHERE THE FAMILY IS AT HIGH RISK FOR FUTURE CHILD PROTECTIVE SERVICES ACTION. IT IS FUNDED BY THE DEPARTMENT OF SOCIAL SERVICES, PRIVATE GRANTS AND DONATIONS.

THE CATS PROGRAM (COUNSELING AND THERAPY SERVICES) PROVIDES OUTREACH AND MENTAL HEALTH COUNSELING TO LGBTQ INDIVIDUALS AND INDIVIDUALS WITH HIV/AIDS. IT IS FUNDED BY THE MENTAL HEALTH SERVICES ACT, PRIVATE GRANTS AND DONATIONS. LAST YEAR, LGBTQ SERVED 40 INDIVIDUALS WITH 35,592 UNITS OF COUNSELING AND HIV/AIDS SERVED 5 INDIVIDUALS WITH 1,857 COUNSELING UNITS.

THE DOMESTIC VIOLENCE PROGRAM PROVIDES PSYCHO-EDUCATIONAL GROUP COUNSELING TO SELF-REFERRED AND COURT-ORDERED INDIVIDUALS. IT IS FUNDED BY CLIENT FEES, PRIVATE GRANTS AND DONATIONS. LAST YEAR, THE PROGRAM

Name of the organization

COMMUNITY HUMAN SERVICES

Employer identification number

94-6367167

SERVED 211 INDIVIDUALS WITH 3,395 COUNSELING UNITS.

THE SUPERVISED VISITATION PROGRAM PROVIDES VISITATION AND EXCHANGE SERVICES TO SELF-REFERRED AND COURT-ORDERED NON-CUSTODIAL PARENTS AND THEIR CHILDREN. IT IS FUNDED BY CLIENT FEES, PRIVATE GRANTS AND DONATIONS. LAST YEAR, THE PROGRAM SERVED 123 INDIVIDUALS WITH 650 VISITING HOURS.

THE SAFE PLACE SHELTER PROVIDES HOMELESS YOUTH, BETWEEN AGES 18 AND 24, A BED, A HOT MEAL, CLOTHING, AND ACCESS TO COUNSELING AND REFERRALS. IT IS FUNDED BY AN EMERGENCY SOLUTIONS GRANT, A COMMUNITY ACTION PARTNERSHIP GRANT AND PRIVATE GRANTS AND DONATIONS. LAST YEAR, THE SHELTER SERVED 84 INDIVIDUAL CLIENTS WITH 1,584 BED NIGHTS.

THE SUPERKIDS/SUPERTEENS PROGRAM PROVIDES SCHOOL-BASED COUNSELING TO AT-RISK YOUTH TO IMPROVE MENTAL HEALTH AND ACADEMIC ACHIEVEMENT. SERVICES INCLUDE INDIVIDUAL AND GROUP COUNSELING AND CONSULTATION WITH SCHOOL STAFF. IT IS FUNDED BY CONTRACTS WITH SCHOOL DISTRICTS, PRIVATE GRANTS AND DONATIONS. LAST YEAR, THE PROGRAM SERVED 122 INDIVIDUALS WITH 573 COUNSELING UNITS.

SOBER LIVING IS COMPRISED OF TWO SOBER LIVING ENVIRONMENTS FOR MEN AND WOMEN IN EARLY RECOVERY FROM SUBSTANCE ABUSE: A 5 BED RESIDENTIAL HOME FOR WOMEN AND A 6 BED RESIDENTIAL HOME FOR MEN. THE PROGRAM PROVIDES A SAFE PLACE FOR WOMEN AND MEN TO RE-ESTABLISH THEMSELVES IN THE COMMUNITY WHILE MAINTAINING THEIR SOBRIETY. IT IS FUNDED BY CLIENT RENTS, PRIVATE GRANTS AND DONATIONS. LAST YEAR, THE PROGRAM WHICH WAS CLOSED FOR RENOVATIONS FROM JULY 2018 TO APRIL 2019, SERVED 12

Name of the organization

COMMUNITY HUMAN SERVICES

Employer identification number

94-6367167

INDIVIDUALS WITH 488 DAYS OF SERVICE.

SUBSTANCE USE PREVENTION PROGRAM (SUPP) IS A SCHOOL-BASED COUNSELING PROGRAM FOR STUDENTS. THE PROGRAM AIMS TO PROVIDE SOCIO-EMOTIONAL SUPPORT TO STUDENTS AND TO ADDRESS AND IDENTIFY SUBSTANCE USE AND ABUSE ISSUES. THIS PROGRAM FOCUSES ON SUBSTANCE USE PREVENTION AND EDUCATION, ANGER MANAGEMENT TECHNIQUES, AND PROVIDES ADDITIONAL SUPPORT TO ALL PARTICIPANTS. SERVICES INCLUDE: INDIVIDUAL AND GROUP COUNSELING, CONSULTATION WITH PARENTS/ TEACHERS/ SCHOOL STAFF, STUDENT AND PARENT PRESENTATIONS (AS REQUESTED), INFORMATION AND REFERRALS, YATV (YOUTH ALTERNATIVES TO VIOLENCE PROGRAM) FOR SELF-REFERRED, SUSPENDED AND/OR EXPELLED STUDENTS, ADAPT, A STUDENT-CENTERED APPROACH TO SUBSTANCE USE PREVENTION, AND THE SEVEN CHALLENGES DRUG INTERVENTION PROGRAM. NEW THIS YEAR WAS THE ADDITION OF VAPE OFFENSE WORKSHOPS. LAST YEAR PROGRAM PROVIDED 746 INDIVIDUALS IN THE SALINAS UNION HIGH SCHOOL DISTRICT AND KING CITY UNION SCHOOL DISTRICT WITH 30,301 UNITS OF SERVICE. EXPENSES \$ 2,398,984. INCLUDING GRANTS OF \$ 0. REVENUE \$ 2,329,315.

FORM 990, PART VI, SECTION A, LINE 2:

ANNETTE YEE STECK AND LOREN STECK, TWO BOARD MEMBERS REPRESENTING DIFFERENT JPA MEMBER AGENCIES, ARE MARRIED TO EACH OTHER.

FORM 990, PART VI, SECTION A, LINE 4:

DURING THE CURRENT FISCAL YEAR COMMUNITY HUMAN SERVICES ADDED SALINAS UNION HIGH SCHOOL DISTRICT AS A MEMBER AGENCY OF THE CHS JPA.

FORM 990, PART VI, SECTION B, LINE 11B:

COMMUNITY HUMAN SERVICES HAS A STANDING AUDIT COMMITTEE TO REVIEW THE

Name of the organization

COMMUNITY HUMAN SERVICES

Employer identification number

94-6367167

ANNUAL 990 AND OTHER TAX EXEMPT PAPERWORK, MAKE RECOMMENDATIONS TO THE FULL BOARD OR ADOPT THE DOCUMENTS ON BEHALF OF THE BOARD PRIOR TO THE NOVEMBER 15TH OR EXTENSION FILING DEADLINE. THE AUDIT COMMITTEE MEETING IS ANNOUNCED AT THE OCTOBER BOARD MEETING AND PUBLISHED IN THE BOARD MEETING MINUTES. THE AGENDA IS PUBLISHED AND POSTED ON OUR WEBSITE IN EARLY NOVEMBER AT LEAST 72 HOURS PRIOR TO THE MEETING IN ACCORDANCE WITH THE BROWN ACT.

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

THE AGENCY HAS A WRITTEN CONFLICT OF INTEREST POLICY ADOPTED FROM THE GUIDELINES OF THE POLITICAL REFORM ACT OF 1974, GOVERNMENT CODE 81000. ALL BOARD MEMBERS AND MANAGEMENT STAFF FILE ANNUAL CONFLICT OF INTEREST FORMS WITH THE MONTEREY COUNTY BOARD OF SUPERVISOR'S CLERK BY APRIL 1ST. FORMS ARE ALSO FILED FOR REQUIRED INDIVIDUALS ASSUMING OR LEAVING THE OFFICE. THE AGENCY'S ADMINISTRATIVE SERVICES MANAGER MAINTAINS THE FILES AND RESPONDS TO INQUIRIES OR REQUESTS WHEN NECESSARY.

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

THE AGENCY'S STANDING PERSONNEL COMMITTEE SOLICITS COMPARABLE SALARY INFORMATION FROM OTHER LOCAL AND SIMILAR SERVICE PROVIDERS PERIODICALLY. WHEN SALARY ADJUSTMENTS ARE CONTEMPLATED, THE COMMITTEE USES DATA TO RECOMMEND SALARY ADJUSTMENTS TO THE BOARD FOR CONSIDERATION AND ACTION ON AN AGENDIZED ITEM.

FORM 990, PART VI, SECTION C, LINE 18:

DOCUMENTS ARE OPEN AND AVAILABLE TO THE PUBLIC UPON REQUEST. AGENDAS FOR BOARD MEETINGS ARE FORWARDED TO LOCAL NEWSPAPERS. UPDATED GOVERNANCE AND FINANCIAL DOCUMENTS ARE FILED WITH THE CALIFORNIA SECRETARY OF STATE ATTORNEY GENERAL'S OFFICES. FINANCIAL STATEMENTS ARE FILED WITH DUNN &

Name of the organization COMMUNITY HUMAN SERVICES	Employer identification number 94-6367167
---	---

BRADSTREET AND POSTED TO THEIR WEBSITE. AUDITED FINANCIAL STATEMENTS ARE FILED WITH LOCAL FUNDING SOURCES, THE STATE CONTROLLER'S OFFICE, AND THE FEDERAL CLEARINGHOUSE AND ARE POSTED ON GUIDESTAR. BOARD AGENDAS AND MINUTES AS WELL AS AGENCY FINANCIALS AND 990'S ARE POSTED TO THE AGENCY WEBSITE, KEEPING THE PUBLIC INFORMED OF THE AGENCY FINANCES.

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

DOCUMENTS ARE OPEN AND AVAILABLE TO THE PUBLIC UPON REQUEST. AGENDAS FOR BOARD MEETINGS ARE FORWARDED TO LOCAL NEWSPAPERS. UPDATED GOVERNANCE AND FINANCIAL DOCUMENTS ARE FILED WITH THE CALIFORNIA SECRETARY OF STATE ATTORNEY GENERAL'S OFFICES. FINANCIAL STATEMENTS ARE FILED WITH DUNN & BRADSTREET AND POSTED TO THEIR WEBSITE. AUDITED FINANCIAL STATEMENTS ARE FILED WITH LOCAL FUNDING SOURCES, THE STATE CONTROLLER'S OFFICE, AND THE FEDERAL CLEARINGHOUSE AND ARE POSTED ON GUIDESTAR. BOARD AGENDAS AND MINUTES AS WELL AS AGENCY FINANCIALS AND 990'S ARE POSTED TO THE AGENCY WEBSITE, KEEPING THE PUBLIC INFORMED OF THE AGENCY FINANCES.

FORM 990, PART XII, LINE 2 - CHANGE IN OVERSIGHT OR SELECTION PROCESS

THE AGENCY'S STANDING AUDIT COMMITTEE IS RESPONSIBLE FOR THE SELECTION OF A CPA FIRM AND REVIEWS THE AUDIT WITH THE FIRM REPRESENTATIVE(S). THE CURRENT FIRM IS IN ITS 2ND YEAR OF A 3 YEAR SELECTION AWARD.

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

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

Name(s) shown on return

Business or activity to which this form relates

Identifying number

COMMUNITY HUMAN SERVICES

FORM 990 PAGE 10

94-6367167

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

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

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

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

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	78,218.

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

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2018	17	73,281.
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

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

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

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

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

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	11,856.
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	163,355.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		24b If "Yes," is the evidence written? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use:								
		%						
		%						
STATEMENT 1		%					11,856.	
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	11,856.
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
30 Total business/investment miles driven during the year (don't include commuting miles)												
31 Total commuting miles driven during the year ...	SEE PART V STATEMENT											
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2018 tax year:					
43 Amortization of costs that began before your 2018 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

FORM 4562, PART V LISTED PROPERTY INFORMATION-MORE THAN 50% STATEMENT 1

(A) DESCRIPTION	(B) DATE	(C) BUS. %	(D) COST	(E) BASIS	(F) LIFE	(G) MTH/CV	(H) DEDUCTION	(I) 179 ELECTED	
(J) AUTO NO	(K) TOTAL MILES	(L) BUSINESS MILES	(M) COMMUTING MILES	(N) PERSONAL MILES	(O) WAS VEH. AVAIL.? Y N	(P) > 5% OWNER? Y N	(Q) ANOTHER VEH. AVAILABLE? Y N		
1987 FORD VAN (PDS)(7.5)	06/23/87	100.00	16,310.	16,310.	5.00	SL	-HY		
1987 FORD VAN (PDS)(7.5)	06/23/87	100.00	16,254.	16,254.	5.00	SL	-HY		
1988 FORD FESTIVA (ADMIN)(7.5)	05/01/88	100.00	7,640.	7,640.	5.00	SL	-HY		
1996 FORD AEROSTAR-GR	01/31/97	100.00	16,539.	16,539.	5.00	SL	-HY		
1999 GMC VAN-PU (1)	05/31/99	100.00	23,747.	23,747.	5.00	SL	-HY		
2000 GMC VAN-PU	06/27/00	100.00	22,837.	22,837.	5.00	SL	-HY		
2000 GMC VAN-GRC	06/27/00	100.00	22,837.	22,837.	5.00	SL	-HY		
2002 GMC VAN (PERI)	02/19/02	100.00	23,655.	23,655.	5.00	SL	-HY		
2001 GMC VAN (REYS)	04/22/03	100.00	11,758.	11,758.	5.00	SL	-HY		
2001 GMC VAN (PU)	04/22/03	100.00	11,758.	11,758.	5.00	SL	-HY		
2018 FORD TRANSIT	02/22/18	100.00	39,028.	39,028.	5.00	SL	-HY	7,806.	
2013 E350 LR WAG 12 PASSENGER	05/22/18	100.00	20,250.	20,250.	5.00	SL	-HY	4,050.	
TOTAL TO FORM 4562, PART V, LINE 26								11,856.	

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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 www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

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

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. COMMUNITY HUMAN SERVICES	Employer identification number (EIN) or 94-6367167
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 3076	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MONTEREY, CA 93942-3076	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (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)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

ROBIN MCCRAE

- The books are in the care of ▶ **2560 GARDEN RD #201B - MONTEREY, CA 93940**
Telephone No. ▶ **831-658-3811** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2018**, and ending **JUN 30, 2019**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

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	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.