Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

2019	
Open to Public	
Inspection	

A F	For th	e 2019	calenc	dar year, or tax year beginning		07/01,2019	, and ending			06	/30, 20 20				
			C Nam	ie of organization				D	Employer ide	ntificat	ion number				
В	Check if a	pplicable:	LA	CASA DE DON PEDRO,	INC.				23-724	9368	}				
	Addre		Doing	g business as											
	7 '	change	Num	ber and street (or P.O. box if mail is	not delivered to street ac	ddress)	Room/suite	E	E Telephone number						
	Initial	return	75	PARK AVENUE	((973) 482-8312									
		return/ nated	City	or town, state or province, country, a	and ZIP or foreign postal										
		onded NEWARK, NJ 07104									25,416,583.				
		cation	F Nam	e and address of principal officer:	RAYMOND OC	ASIO		H(H(a) Is this a group return for Yes X No						
	penu	iiig	75	PARK AVENUE, NEWARE	K, NJ 07104			H(subordinates b) Are all subord		luded? Yes No				
ı	Tax-ex	empt st	atus:	X 501(c)(3) 501(c) () (insert no.)	4947(a)(1)	or 52	7	If "No," at	tach a li	st. (see instructions)				
J	Websi	ite: ►	WWW.	LACASANWK.ORG		<u> </u>			c) Group exem	ption nu	mber >				
ĸ	Form	of orgar	nization:	X Corporation Trust	Association Othe	er 🕨	L Year of	f formation:	1972 M	State of	of legal domicile: DE				
	art I		ımmar		<u> </u>		 		<u> </u>						
		Briefly	v descri	ibe the organization's mission o	r most significant acti	vities: LA CA	SA DE DO	N PEDR	O'S MIS	SION	I IS TO				
ø	-			SELF-SUFFICIENCY, EM											
anc				IZATION.											
ern	2	Check	k this bo	ox if the organization di	iscontinued its opera	ations or dispose	ed of more tha	an 25% of	its net asset	S.					
Activities & Governance	3	Numb	er of vo	oting members of the governing	•	•				3	16.				
∞	4			idependent voting members of t						4	16.				
ties	5			r of individuals employed in cale						5	352.				
Ξ̈́	6			r of volunteers (estimate if necess						6	99.				
Act	7a			ed business revenue from Part V						7a	0.				
				d business taxable income from I	` '					7b					
									rior Year	1.4	Current Year				
Revenue	8	Contr	ibutions	s and grants (Part VIII, line 1h) .				18	3,899,38	5.	24,117,369.				
	9	Program service revenue (Part VIII, line 2g)							,066,43	37.	1,058,075.				
	10								-127,27		10,810.				
ĕ	11	200							388,32		187,741.				
	12	00.005								25,373,995.					
	13			similar amounts paid (Part IX, colu					1,117,667.		1,447,091.				
	14			I to or for members (Part IX, colu					· ·	0.	0.				
"	4.5			er compensation, employee bene				13	8,899,69	4.	14,175,938.				
Expenses	16 a			fundraising fees (Part IX, column						0.	0.				
be	b			sing expenses (Part IX, column (I	_,	C).								
ш	17			ses (Part IX, column (A), lines 11				5	5,183,87	2.	4,826,362.				
				es. Add lines 13-17 (must equal					,201,23		20,449,391.				
				s expenses. Subtract line 18 from					25,64		4,924,604.				
or		110101	100 1000	o experience. Cubit det inte 10 troit	1 1110 12 1 1 1 1 1			Beginning	g of Current		End of Year				
ets	20	Total	assets ((Part X, line 16)				8	3,914,32	25.	19,444,216.				
Net Assets or Fund Balances	21			es (Part X, line 26)				4	4,441,06	3.	10,046,350.				
E E	22			r fund balances. Subtract line 21					1,473,26		9,397,866.				
	rt II			e Block											
Un	der pe	nalties o	of perjun	y, I declare that I have examined thi	s return, including acc	ompanying sched	ules and staten	nents, and	to the best of	f my k	nowledge and belief, it is				
true	e, corre	ect, and	complet	e. Declaration of preparer (other than	officer) is based on all	information of wh	ich preparer ha	s any know	ledge.						
Sig		5	Signature	e of officer					Date						
He	re														
		Ī	Гуре or p	orint name and title											
		Print/	Type pre	eparer's name	Preparer's signature		Date		Check	if P	TIN				
Paid		JOS	EPH	PEREZ	JOSEPH PERE	Z	11/30/2020 self-employed P00961850								
	parer	Firm's	s name	►WITHUMSMITH+BROWN	, PC		I		m's EIN ▶ 2	22-2					
Use	Only	ly									828-1614				
Ma	y the			this return with the preparer)								
				tion Act Notice, see the separat			, 			'	Form 990 (2019)				

23-7249368 LA CASA DE DON PEDRO, INC.

For	rm 990 (2019) Page 2
Р	art III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	LA CASA DE DON PEDRO'S MISSION IS TO FOSTER SELF-SUFFICIENCY,
	EMPOWERMENT, AND NEIGHBORHOOD REVITALIZATION.
_	
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	services?
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 \$ 11,433,076. including grants of \$) (Revenue \$ 355,882.)
	EARLY CHILDHOOD PROGRAM - TO PROVIDE PRESCHOOL EDUCATION TO THREE
	AND FOUR YEAR OLD CHILDREN UNDER THE NEWARK PUBLIC SCHOOLS.
	(Code:) (Expenses \$ 2,504,253. including grants of \$ 1,145,985.) (Revenue \$ 5,721.)
710	COMMUNITY IMPROVEMENT PROGRAM - THIS PROGRAM IS PRIMARILY
	COMPRISED OF TWO COMPONENTS, THE LOW INCOME HOME ENERGY ASSISTANCE
	PROGRAM (HOME ENERGY) AND THE WEATHERIZATION ASSISTANCE PROGRAM
	(WEATHERIZATION). THE HOME ENERGY PROGRAM PROVIDES PAYMENT
	ASSISTANCE FOR INCOME ELIGIBLE INDIVIDUALS THROUGHOUT ESSEX
	COUNTY. THE WEATHERIZATION PROGRAM PROVIDES ASSISTANCE FOR
	ELIGIBLE HOMEOWNERS, LANDLORDS, AND TENANTS WITH HOME IMPROVEMENTS
	RELATED ENERGY CONSERVATION MEASURES.
_	
4c	(Code:) (Expenses \$2,331,026. including grants of \$) (Revenue \$607,850.)
	YOUTH AND FAMILY SERVICES PROGRAM - TO PROVIDE FAMILY COUNSELING,
	PARENTING AND HEALTH EDUCATION, AFTER SCHOOL AND SUMMER ENRICHMENT
	PROGRAMS, LEADERSHIP DEVELOPMENT, DOMESTIC VIOLENCE INTERVENTION, AND YOUTH EMPOWERMENT SERVICES.
	AND TOUTH EMPOWERMENT SERVICES.
4d	Other program services (Describe on Schedule O.) ATTACHMENT 1
_	(Expenses \$ 1,633,712. including grants of \$ 301,106.) (Revenue \$ 88,622.)
1.	Total program conting expenses 17, 902, 067

LA CASA DE DON PEDRO, INC. 23-7249368

Form 990 (2019) Page **3**

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
		1	Х	
2		2	Х	
3	, , , , , , , , , , , , , , , , , , , ,			
		3		Х
4	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A. Is the organization required to complete Schedule B. Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II. 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 88-19? If "Yes," complete Schedule C, Part III. Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II. Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. Did the organization meport an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. Did the organization report an amount for investments-other securities in Part X, line 10? III "Yes," complete Schedule D, Part IV. If the organization is server to any of the following questions is "Yes," then complete Schedule D, Part VII. Did the organization report an amount for investments-other securities in Part			
		4		Х
5				
		5		X
6	·			
		6		Х
7				
		7		Х
8	·			
		8		Х
9				
		9		Х
10				
		10		X
11				
а				
		11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
		14b		X
15				
		15		X
16				
	-	16		X
17				3.7
4.5		17		X
18		_	٠,	
		18	X	
19		_		7.7
•-		19		X
		20a		X
	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	21	Х	

JSA 9E1021 2.000

LA CASA DE DON PEDRO, INC. 23-7249368

Form 990 (2019) Page 4 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 Χ 22 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 Χ 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b Χ 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 24c 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? If "Yes," complete Schedule L, Part I............ Χ 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? Χ 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II........ 26 Χ Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these Χ 27 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, key employee, creator or founder, or substantial contributor? If Χ "Yes," complete Schedule L, Part IV b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV Χ c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 28c Χ 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified Χ conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," Χ 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Χ sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, Χ 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? Χ b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a Χ controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable Χ 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization Χ and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 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. 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 11 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

JSA 9E1030 2.000

Page 5

LA CASA DE DON PEDRO, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 352 Statements, filed for the calendar year ending with or within the year covered by this return. . X 2b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)...... Χ 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?...... 3b b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, Χ 4a a financial account in a foreign country (such as a bank account, securities account, or other financial account)?... **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Χ 5a **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? 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 Χ b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b 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 Х 7a Χ **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 X 7с 7e X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Х Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7g 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?... Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year?........... Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a 9b **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?...... 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: b Gross income from other sources (Do not net amounts due or paid to other sources 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in which Χ b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Χ excess parachute payment(s) during the year?............. 15 If "Yes," see instructions and file Form 4720, Schedule N. Χ Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.

Form 990 (201	19) LA CASA DE DON PEDRO, INC.		23-7249	368	Р	age 6
Part VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 th response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes					
	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	1a	16			

Ia	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		x
_	any other officer, director, trustee, or key employee?			
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		X
	supervision of officers, directors, trustees, or key employees to a management company or other person?	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6	Did the organization have members or stockholders?	-		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a		X
L	one or more members of the governing body?			
D	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
0				
•	the year by the following: The governing body?	8a	Х	
a b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Secti	on 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?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		37	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		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?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $ ightharpoonup$			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T	(Sec	tion 5	501(c)

19 Describe on 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.

State the name, address, and telephone number of the person who possesses the organization's books and records ► RAQUEL MERLINO 75 PARK AVENUE NEWARK, NJ 07104 20

23-7249368 Page 7

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

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

	Check this box if neither	the organization nor	any related	dorganization	compensated	any current of	fficer, director, or trustee.
_							, ,

(A) Name and title	(B) Average hours per week	box,	unles	Pos heck ss pe	erson	e than o is both or/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) RAYMOND OCASIO	35.00									
EXECUTIVE DIRECTOR	1.00			Х				170,859.	0.	15,049.
(2) RAQUEL MERLINO	35.00							27070071	<u> </u>	13,015
CHIEF FINANCIAL OFFICER	1.00			Х				123,843.	0.	8,284.
(3) YUN J SHIN	35.00							,		,
DEPARTMENT DIRECTOR	1.00					X		112,616.	0.	12,111.
(4) JOSSUE BONILLA	2.00									· · ·
BOARD MEMBER	0.	Х						0.	0.	0
(5) ZORAYA E. LEE-HAMLIN	2.00									
BOARD MEMBER	0.	Х						0.	0.	0
(6) RICHARD W. ROPER	2.00									
IMMEDIATE PAST PRESIDENT	0.	Х						0.	0.	0
(7) JESUS MERCADO JR	2.00									
BOARD MEMBER	0.	Х						0.	0.	0
(8) RITA E. ROBLES, ESQ.	2.00									
VICE PRESIDENT	0.	Х						0.	0.	0
(9) ENRIQUE DILONE	2.00									
BOARD MEMBER	0.	Х						0.	0.	0
(10) LANNY S. KURZWEIL	2.00									
BOARD MEMBER	0.	Х						0.	0.	0
(11) DANIEL CZERNIAWSKI	2.00									
TREASURER	0.	Х		Х				0.	0.	0
(12) DR. GAYLE W. GRIFFIN	2.00									
BOARD MEMBER	0.	Х						0.	0.	0
(13) IVETTE ROSARIO	2.00									
BOARD MEMBER	0.	Х						0.	0.	0
(14) MARGARET CAMMARIERI	2.00									
BOARD MEMBER	0.	Х						0.	0.	0

JSA

LA CASA DE DON PEDRO, INC.

Form 990 (2019) Page 8 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Part VII (A) (C) (D) (B) Name and title Position Reportable Reportable Estimated Average (do not check more than one amount of hours per compensation compensation from week (list any box, unless person is both an other from related officer and a director/trustee) compensation hours for the organizations Individual trustee or director Highest compensated employee Institutional trustee related from the organization (W-2/1099-MISC) organizations organization employee (W-2/1099-MISC) and related below dotted organizations 15) DAWN GAMMON 2.00 BOARD MEMBER 0. Χ 0 0 0. 16) ARCELIO APONTE 2.00 PRESIDENT 0. Χ Χ 0 Ο. 0. ANTONIO VALLA 2.00 SECRETARY 0. Χ Х 0 0. 0. 18) ELTIA MONTANO GALARZA 2.00 BOARD MEMBER 0. Χ 0 STEVEN GOMEZ 2.00 19) BOARD MEMBER 0. Χ 0 0. 0. 407,318. 0. 35,444. 0. Ο. c Total from continuation sheets to Part VII, Section A 407,318. 0. 35,444. Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > Yes No 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated Χ employee on line 1a? If "Yes," complete Schedule J for such individual 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such 4 X Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Χ **Section B. Independent Contractors** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax (A) (B) (C) Name and business address Description of services Compensation

JSA 9E1055 1.000

Form **990** (2019)

more than \$100,000 in compensation from the organization

Total number of independent contractors (including but not limited to those listed above) who received

Page 9

LA CASA DE DON PEDRO, INC.

Part VIII Statement of Revenue

(A) (B) (C) Total revenue Related or exempt Unrelated Revenue excluded function revenue business revenue from tax under sections 512-514 Contributions, Gifts, Grants and Other Similar Amounts Membership dues c Fundraising events 1c 111,486 Related organizations Government grants (contributions) . . 1e 20,460,927 All other contributions, gifts, grants, and similar amounts not included above ... 3,544,956 1f g Noncash contributions included in 1,330,000 1g |\$ Total. Add lines 1a-1f 24,117,369 **Business Code** Program Service Revenue 607,850. YOUTH AND FAMILY SERVICES 624410 607,850 624410 63,294 63,294 PERSONAL DEVELOPMENT h 624410 EARLY CHILDHOOD 355,882 355,882 COMMUNITY DEVELOPMENT 624410 25,328 25,328 d 624410 LANDLORD CONTRIBUTION 5,721 5,721 All other program service revenue 1,058,075. Investment income (including dividends, interest, and 10.810 10.810 0. 4 Income from investment of tax-exempt bond proceeds . 5 0. (i) Real (ii) Personal 6a Gross rents 6a **b** Less: rental expenses 6b Rental income or (loss) 6c d Net rental income or (loss)... (ii) Other Gross amount from (i) Securities sales of assets other than inventory 7a b Less: cost or other basis Other Revenue 7b and sales expenses . . c Gain or (loss) 7c d Net gain or (loss) 8a Gross income from fundraising 111,486. events (not including \$ __ of contributions reported on line 42,588. 1c). See Part IV, line 18 8a 42,588 8b **b** Less: direct expenses 0. c Net income or (loss) from fundraising events. 9a Gross income from gaming 0. activities. See Part IV, line 19 0. 9b **b** Less: direct expenses 0. c Net income or (loss) from gaming activities. \triangleright Gross sales of inventory, less 10a returns and allowances 0. 0. Net income or (loss) from sales of inventory 0. **Business Code** Miscellaneous Revenue MISCELANNEOUS REVENUE 900099 187.741 187,741 11a b All other revenue 187,741 Total, Add lines 11a-11d Total revenue. See instructions 25,373,995. 1,245,816. 10,810.

Page **10**

LA CASA DE DON PEDRO, INC.

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).

(C) Management and (A) Total expenses (B) Program service (D) Fundraising Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. general expenses expenses expenses 1 Grants and other assistance to domestic organizations 305,912. 305,912. and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 1,141,179 1,141,179 individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign 0 individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, 318,037. 284,332. 33,705 trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 10,628,353. 9,502,279. 1,126,074 7 Other salaries and wages 8 Pension plan accruals and contributions (include 306,052 273,514. 32,538 section 401(k) and 403(b) employer contributions) 1,650,743. 196,378 1,847,121. 1,076,375. 961,939. 114,436. 11 Fees for services (nonemployees): 0 a Management 116,359 96,642. 19,717 97,000. 97,000. c Accounting 0 **d** Lobbying 0. e Professional fundraising services. See Part IV, line 17. 0 f Investment management fees 9 Other. (If line 11g amount exceeds 10% of line 25, column 9,930. 59,726. 49,796. (A) amount, list line 11g expenses on Schedule O.) 10,030. 6,910 3,120 12 Advertising and promotion 549,942. 169,331. 380,611. 13 Office expenses 275,563. 202,513. 73,050. 14 Information technology 0. 15 Royalties 1,961,666. 1,919,774. 41,892 16 78,163. 75,515. 2,648. 17 Travel Payments of travel or entertainment expenses 0 for any federal, state, or local public officials 130,001. 103,644 26,357. Conferences, conventions, and meetings 19 98,003. 98,003. 546,137. 546,137. 21 Payments to affiliates 0 Depreciation, depletion, and amortization 22 131,908. 131,908. Insurance 23 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) aPROGRAM SUPPLIES 420,248 367,240. 53,008. **b**FOOD 351,616 351,616. С e All other expenses 20,449,391 17,903,067. 2,546,324 25 Total functional expenses. Add lines 1 through 24e 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 following SOP 98-2 (ASC 958-720) 0

23-7249368

Form 990 (2019) Page **11**

LA CASA DE DON PEDRO, INC.

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this P	art X		X
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	308,567.	1	376,936.
	2	Savings and temporary cash investments	985,598.	2	5,075,539.
	3	Pledges and grants receivable, net	1,825,591.	3	1,824,473.
	4	Accounts receivable, net	131,000.	4	107,651.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
ţ	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
Ä	9	Prepaid expenses and deferred charges ATCH . 2	70,988.	9	92,861.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 13,833,047.			
	b	Less: accumulated depreciation	3,571,435.	10c	9,896,012.
	11	Investments - publicly traded securities	0.	11	0.
	12	Investments - other securities. See Part IV, line 11	30,000.	12	30,000.
	13	Investments - program-related. See Part IV, line 11	0.	13	0.
	14	Intangible assets	14	57,590.	
	15	Other assets. See Part IV, line 11	15	1,983,154.	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	8,914,325.	16	19,444,216.
	17	Accounts payable and accrued expenses	1,615,663.	17	1,950,910.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	404,367.	19	1,384,059.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abil		controlled entity or family member of any of these persons	0.	22	0.
Ë	23	Secured mortgages and notes payable to unrelated third parties	2,332,351.	23	6,549,298.
	24	Unsecured notes and loans payable to unrelated third parties.	0.	24	0.
	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	88,682.	25	162,083.
	26	Total liabilities. Add lines 17 through 25	4,441,063.	26	10,046,350.
ces		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
lar	27	Net assets without donor restrictions	3,532,713.	27	6,670,310.
ä	28	Net assets with donor restrictions	940,549.	28	2,727,556.
Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
Assets or	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
\ss	31	Retained earnings, endowment, accumulated income, or other funds		31	
¥ Æ	32	Total net assets or fund balances	4,473,262.	32	9,397,866.
Net	33	Total liabilities and net assets/fund balances	8,914,325.	33	19,444,216.
			-, , ,	. 55	Form 990 (2019)

23-7249368

Form 990 (2019) Page **12**

LA CASA DE DON PEDRO, INC.

-01111 98	90 (2019)				Pa	ge IZ
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	2!	5,3	73,9	95.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	0,4	49,3	391.
3	Revenue less expenses. Subtract line 2 from line 1	3	-	4,9	24,6	04.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-	4,4	73,2	262.
5	Net unrealized gains (losses) on investments	5				0.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		9,3	97,8	866.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in			
	Schedule O.	•				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con					
	reviewed on a separate basis, consolidated basis, or both:		-			
	Separate basis Consolidated basis Both consolidated and separate basis					
h	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi					
	separate basis, consolidated basis, or both:	100 011	~			
	Separate basis X Consolidated basis Both consolidated and separate basis					
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersiaht	of			
·	the audit, review, or compilation of its financial statements and selection of an independent accounta	•	I	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O.	Apiaiii	···			
2 -	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in th	,_			
эa	Single Audit Act and OMB Circular A-133?	1 U III U		3a	Х	
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	lerao ti	• • –	-		
b	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	_		3b	Х	
	13 quille addit of addits, explain willy on conlocate o and accombe any stope taken to andergo such a	441LO 1				

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

		e organization					Employer identif	cation number				
LA	CAS	SA DE DON PEDRO, IN					23-72493					
Pa	rt I	Reason for Public Cha	rity Status (All c	organizations must o	complet	e this pa	art.) See instructions	i.				
The	orga	nization is not a private fou		•	_	•	•					
1	Щ	A church, convention of chu	•				. , , , , , , ,					
2	\square	A school described in secti		•	-		· ·					
3	Щ	A hospital or a cooperative	•	•								
4		A medical research organiz		conjunction with a hos	spital de	scribed ir	1 section 170(b)(1)(A)	(III). Enter the				
_		hospital's name, city, and st		a callaga ar universit	hi alima	d an ana	rated by a gavernme	untal unit dagaribad ir				
5		An organization operated to section 170(b)(1)(A)(iv). (C		a college or universit	ty owner	a or ope	erated by a governme	ental unit described if				
6		A federal, state, or local go		rnmental unit describe	d in sact	ion 170/	h)/1)//\/\/\/					
7	X	An organization that normal	_			-		om the general nublic				
•		described in section 170(b)	=	•	apport in	om a go	verninental unit of in	om the general public				
8		A community trust describe		·	e Part II.)							
9	П	An agricultural research org			-		I in conjunction with a	land-grant college				
	ш	or university or a non-land-	=			-	-					
		university:		•	,		. •	ŭ				
10		An organization that normal receipts from activities rela support from gross investmacquired by the organization	ited to its exempt finent income and upon after June 30, 1	unctions - subject to nrelated business tax 975. See section 509	certain e able inco (a)(2). (0	exception ome (less Complete	s, and (2) no more tha s section 511 tax) from Part III.)	n 331/3% of its				
11	\vdash	An organization organized	•	•	•		. , , ,	corn, out the number				
12		•	•	ively for the benefit of, to perform the functions of, or to carry out the purposes as described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3).								
		Check the box in lines 12a t										
_	Г	Type I. A supporting orga	=	= =			•	=				
а	_	the supported organization	•	•	•		• , ,					
		supporting organization.	. , .	• • • • • • • • • • • • • • • • • • • •		ajoing of	the uncolore of tracto					
b		Type II. A supporting org	-			with its	supported organizati	on(s), by having				
		control or management of	· · · · · · · · · · · · · · · · · · ·									
		_ organization(s). You must		=		·						
С		Type III functionally integ	grated. A supporti	ng organization opera	ated in c	onnectio	n with, and functiona	lly integrated with,				
	_	_ its supported organizatior	n(s) (see instruction	ns). You must comple	te Part I	V, Sectio	ons A, D, and E.					
d			integrated. A sup	porting organization o	perated	in conne	ection with its suppor	ted organization(s)				
		that is not functionally into	egrated. The orgar	nization generally mus	st satisfy	a distrib	oution requirement and	d an attentiveness				
		$_{\neg}$ requirement (see instruct	•	•								
е		□ Check this box if the orga						I, Type III				
		functionally integrated, or			porting of	organizat	ion.					
t 		er the number of supported	•									
<u>g</u>		vide the following information			<i>6.3.</i>		6.3. A	(14) A				
	(1) 148	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see				
				above (see instructions))		ment?	instructions)	instructions)				
					Yes	No						
(A)												
(B)												
(C)												
(D)												
(E)												
Tota	ıl											

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

Schedule A (Form 990 or 990-EZ) 2019

LA CASA DE DON PEDRO, INC.

Schedule A (Form 990 or 990-EZ) 2019

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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 (a) 2015 (e) 2019 Calendar year (or fiscal year beginning in) (b) 2016 (c) 2017 (d) 2018 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 11,862,313 20,224,467 18,779,144 18,899,385 24,123,784 93,889,093. Tax revenues levied for the organization's benefit and either paid 0. to or expended on its behalf The value of services or facilities furnished by a governmental unit to the 0. organization without charge 11,862,313. 20,224,467. 18,779,144. 18,899,385. 24,123,784. 93,889,093. Total. Add lines 1 through 3 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 0. shown on line 11, column (f) Public support. Subtract line 5 from line 4 93,889,093 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 11,862,313 20,224,467 18,779,144 18,899,385 24,123,784. 93,889,093. Amounts from line 4 Gross income from interest, dividends. payments received on securities loans. rents, royalties, and income from 346 10,285 10.810. 21,998. similar sources Net income from unrelated business activities whether or not the business. is regularly carried on 0. 10 Other income. Do not include gain or loss from the sale of capital assets 187.741 1,067,192. (Explain in Part VI.) ATCH 1 94,978,283. Total support. Add lines 7 through 10 11 5,717,751. 12 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) Section C. Computation of Public Support Percentage 98.85% Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)). 98.94% 16a 331/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this b 331/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2019. 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 b 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line

 LA CASA DE DON PEDRO, INC.

Schedule A (Form 990 or 990-EZ) 2019 Page 3

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

(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.)

				· · ·			
	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's 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						
7 a	Amounts included on lines 1, 2, and 3						
h	received from disqualified persons						
D	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year		+				
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
Sac	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	(-)	(4, 20.0	(0, 2011	(.,,	(-,	(-)
	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						
С	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	or the organiza	ation's first, seco	nd, third, fourth	, or fifth tax y	ear as a section	501(c)(3)
	organization, check this box and \boldsymbol{stop} \boldsymbol{here} .	<u></u>					▶ 🔃
Sec	tion C. Computation of Public Supp	ort Percenta	ige				
15	Public support percentage for 2019 (line 8,		-			15	%
16	Public support percentage from 2018 Scheo					16	%
Sec	tion D. Computation of Investment	Income Per	centage				
17	Investment income percentage for 2019 (lin					17	%
18	Investment income percentage from 2018 S	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2019. If the org	ganization did r	not check the bo	ox on line 14, a	nd line 15 is m	ore than 331/3%	, and line
	17 is not more than 331/3 %, check this	s box and sto	p here. The org	anization qualifie	s as a publicly	supported organi	zation 🕨
b	331/3% support tests - 2018. If the orga	anization did no	t 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 331/3 %, check	this box and s	top here. The or	ganization qualifi	es as a publicly	supported organi	ization 🕨 🔙
20	Private foundation. If the organization d	id not check a	a box on line 1	4, 19a, or 19b,	check this box	and see instruc	ctions >

Schedule A (Form 990 or 990-EZ) 2019 Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
ng <i>by</i>			
	1		
us ed	2		
ver	3a		
nd he			
	3b		
(B)	3с		
If	4a		
gn on			
	4b		
on ed ′B)			
	4c		
s," IN			
on; on			
	5a		
dy	5b		
	5с		
to ed or			
Oi	6		
or ity			
	7		
7?	8		
re ed			
	9a		
ch	9b		
efit	9c		
on ed			
to	10a		
	10b	000 5	7) 2040

Schedule A (Form 990 or 990-EZ) 2019

23-7249368

LA CASA DE DON PEDRO, INC.

Schedu	ıle A (Form 990 or 990-EZ) 2019		F	⊃age 5
Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secu	on B. Type I Supporting Organizations		Yes	No
			162	NO
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
•				
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
	- Share softly a 2 s 2 s and a		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control</i>			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			•
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.			
		3		
	on 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 ins	structi	ions).	
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru		
2	Activities Test. Answer (a) and (b) below.		Yes	NO
а	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	2-		
	that these activities constituted substantially all of its activities.	_2a_		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	OI-		
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3.5		
	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	in the regularity of the result of the result of the result of the regularity and regularity of the re		1	

Schedule A (Form 990 or 990-EZ) 2019

Page 6

LA CASA DE DON PEDRO, INC. Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	ization	s	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970 (expla	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization	zations r	nust complete Sectio	ns 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 Check here if the current year is the organization's first as a non-functionally	y integra	ated Type III supporting	g organization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

LA CASA DE DON PEDRO, INC.

Schedule A (Form 990 or 990-EZ) 2019 Page **7**

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions			Current Year		
1	Amounts paid to supported organizations to accomplish ex	cempt purposes				
2	Amounts paid to perform activity that directly furthers exen	npt purposes of support	ed			
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations			
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 resp	onsive			
	(provide details in Part VI). See instructions.					
9	Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019		
1	Distributable amount for 2019 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2019					
	(reasonable cause required - explain in Part VI). See					
	instructions.					
3	Excess distributions carryover, if any, to 2019					
а	From 2014					
b	From 2015					
С	From 2016					
d	From 2017					
е	From 2018					
f	Total of lines 3a through e					
g	Applied to underdistributions of prior years					
h	Applied to 2019 distributable amount					
<u>i</u>	Carryover from 2014 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2019 from					
	Section D, line 7: \$					
<u>а</u>	Applied to underdistributions of prior years					
b	Applied to 2019 distributable amount					
_с	Remainder. Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2019, if					
	any. Subtract lines 3g and 4a from line 2. For result					
	greater than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2019. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
_	Part VI. See instructions.					
7	Excess distributions carryover to 2020. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
a	Excess from 2015					
b	Excess from 2016					
C	Excess from 2017					
d	Excess from 2018					
е	Excess from 2019					

Schedule A (Form 990 or 990-EZ) 2019

23-7249368

Schedule A (Form 990 or 990-EZ) 2019

LA CASA DE DON PEDRO, INC.

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

					ATTACHMENT 1	
SCHEDULE A, PART II -	OTHER INCOME	[
DESCRIPTION	2015	2016	2017	2018	2019	TOTAL
OTHER INCOME	69,913.	133,986.	287,223.	388,329.	187,741.	1,067,192.
	,					_,,,,,,,,,,
TOTALS	69,913.	133,986.	287,223.	388,329.	187,741.	1,067,192.

Schedule A (Form 990 or 990-EZ) 2019

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

Schedule of Contributors

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

OMB No. 1545-0047

Department of the Treasury ▶ Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service **Employer identification number** Name of the organization LA CASA DE DON PEDRO, INC. 23-7249368 Organization type (check one): Filers of: Section: X 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** [X] 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, 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 Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

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

JSA

Page 2

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

Name of organization LA CASA DE DON PEDRO, INC.

Employer identification number 23-7249368

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	NEWARK BOARD OF EDUCATION 2 CEDAR STREET, 917A NEWARK, NJ 07102	\$5,525,874.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CITY OF NEWARK 920 BROAD STREET NEWARK, NJ 07102	\$510,392.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_	STATE OF NJ DEPT. OF AGRICULTURE 33 WEST STATE STREET, 4TH FLOOR TRENTON, NJ 08625	\$541,851.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	STATE OF NJ DEPT. OF COMMUNITY AFFAIRS 101 SOUTH BROAD STREET TRENTON, NJ 08625	\$2,607,776.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	US DEPARTMENT OF HEALTH & HUMAN SERVICES 200 INDEPENDENCE AVENUE, SW WASHINGTON, DC 20201	\$9,366,902.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Page 3

Name of organization LA CASA DE DON PEDRO, INC. Employer identification number 23-7249368

oncash Property (see instructions). Use duplicate copies	of Part II if additional space is ne	eded.
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	 \$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	 \$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	 \$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	 \$	
	(b) Description of noncash property given (b) Description of noncash property given	Description of noncash property given Sample See instructions.

Employer identification number

Name of organization LA CASA DE DON PEDRO, INC.

				23-7249368	
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati	the year from any	one contributor.	Complete columns (a) through (e) and	
	contributions of \$1,000 or less for the Use duplicate copies of Part III if additi	e year. (Enter this ir	formation once.	See instructions.) ►\$	
(a) No. from	(b) Purpose of gift	(c) Use		(d) Description of how gift is held	
Part I					
		(a) Trans	ion of wift		
		(e) Trans	er or gilt		
	Transferee's name, address, ar	nd ZIP + 4	Relati	onship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
		(e) Trans	er of gift		
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee				
			Relationship of transferor to transferoe		
() N					
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
		(e) Trans	er of gift		
	Transferee's name, address, ar	nd ZIP + 4	Relati	onship of transferor to transferee	
(a) Na					
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
		(e) Trans	er of gift	_I	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee		

SCHEDULE D (Form 990)

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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization Employer identification number LA CASA DE DON PEDRO, INC. 23-7249368 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

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

Schedule D (Form 990) 2019

▶ \$

following amounts required to be reported under FASB ASC 958 relating to these items:

Revenue included on Form 990, Part VIII, line 1.

LA CASA DE DON PEDRO, INC.

Schedule D (Form 990) 2019 Page 2 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): а Public exhibition Loan or exchange program Scholarly research b Preservation for future generations C Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 4 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 **Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1c Distributions during the year 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 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. (c) Two years back (a) Current year (b) Prior year (d) Three years back (e) Four years back Beginning of year balance . . . **c** Net investment earnings, gains, and losses d Grants or scholarships Other expenditures for facilities f Administrative expenses g End of year balance.... Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment Permanent endowment > Term 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 Yes No organization by: 3a(i) 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?......... Describe in Part XIII the intended uses of the organization's endowment funds. Land, Buildings, and Equipment. Part VI Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (c) Accumulated Description of property (a) Cost or other basis (b) Cost or other basis (d) Book value depreciation (investment) (other) 253,000 253,000. 12,071,538. 2,828,353 9,243,185. **b** Buildings 254,370 169,455. 423,825. c Leasehold improvements 829,841. 194,956. 634,885 d Equipment 254,843. 219,427 35,416. 9,896,012. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

23-7249368

Page 3 Schedule D (Form 990) 2019

LA CASA DE DON PEDRO, INC.

Concedure D (1 offit 330) 2013			ı age 🗸
Part VII Investments - Other Securities. Complete if the organization answered	l "Ves" on Form 00	0 Part IV line 11h See Form 000	Part Y line 12
(a) Description of security or category	(b) Book value	(c) Method of valuation	
(including name of security)	(b) Book value	Cost or end-of-year market	
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D) (E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related. Complete if the organization answered	d "Yes" on Form 99	0, 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 marke	et value
(1)			
<u>(2)</u>			
(3)			
(4)			
<u>(5)</u>			
<u>(6)</u> (7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. Complete if the organization answered	d "Yes" on Form 99	0, Part IV, line 11d. See Form 990,	Part X, line 15.
(a) De	scription		(b) Book value
(1) PROPERTY UNDER DEVELOPMENT			1,983,154.
(2)			
(3)			
(4)			
<u>(5)</u>			
<u>(6)</u>			
<u>(7)</u> (8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B)	line 15.)		1,983,154.
Part X Other Liabilities. Complete if the organization answered			n 990, Part X,
line 25.			
	otion of liability		(b) Book value
(1) Federal income taxes			
(2) DUE TO AFFILIATES			162,083.
(3)			
(4)			
<u>(5)</u>			
<u>(6)</u> (7)			
(8)		+	
(9)		+	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)			162,083.
2. Liability for uncertain tax positions. In Part XIII, provide the			at reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII X

JSA
9E1270 1.000
4DZ043 M998 11/30/2020 7:45:16 AM V 19-7.7F

PAGE 2

23-7249368

LA CASA DE DON PEDRO, INC.

Scriedui	e D (Form 990) 2019	Page 4
Part 2	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
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
а	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities	
С	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	_
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
_	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	40
С 5	Add lines 4a and 4b	4c 5
Part		-
ı aıt	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
а	Donated services and use of facilities	
b	Prior year adjustments	
С	Other losses	
d	Other (Describe in Part XIII.)	0.
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
_	Investment expenses not included on Form 990, Part VIII, line 7b	
b	Cuter (Bescribe in Factoria)	4c
С 5	Add lines 4a and 4b	5
	XIII Supplemental Information.	
Provide	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; P	
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	ation.
SEE	PAGE 5	

Page 5

LA CASA DE DON PEDRO, INC.

Part XIII Supplemental Information (continued)

FORM 990, SCHEDULE D, PART X, LINE 2

LA CASA DE DON PEDRO IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND NEW JERSEY TAXATION CODES. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN REFLECTED IN THIS 990. LA CASA HAS BEEN DETERMINED NOT TO BE A "PRIVATE FOUNDATION" WITHIN THE MEANING OF SECTION 509(A) OF THE INTERNAL REVENUE CODE. THE ORGANIZATION HAS NO UNRECOGNIZED TAX BENEFITS AT JUNE 30, 2020. THE ORGANIZATION FILES TAX RETURNS IN THE U.S. FEDERAL JURISDICTION AND NEW JERSEY.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
20**19**

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number LA CASA DE DON PEDRO, INC. 23-7249368 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events C g In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in contributions? organization col. (i) Yes No 1 2 3 6 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2019

LA CASA DE DON PEDRO, INC.

 Schedule G (Form 990 or 990-EZ) 2019
 Page 2

Pa	rt I	Fundraising Events. Completed more than \$15,000 of fundrate events with gross receipts great the second sec	aising event contribut			
		3 1 3	(a) Event #1 ANNUAL GALA (event type)	(b) Event #2 BURGERS & BREW (event type)	(c) Other events	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	113,437.	22,821.	17,816.	154,074
ፚ		Less: Contributions Gross income (line 1 minus	94,007.	17,479.		111,486
	_	line 2)	19,430.	5,342.	17,816.	42,588
	4	Cash prizes				
"	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	4,000.		12,214.	16,214
# Exp	7	Food and beverages		3,000.		3,000
Direc	8	Entertainment	450.	500.	4,000.	4,950
	9	Other direct expenses	3,129.	1,842.	13,453.	18,424
Pa	11	Direct expense summary. Add lin Net income summary. Subtract li Gaming. Complete if the org	ne 10 from line 3, colu	ımn (d)	<u> </u>	42,588
		\$15,000 on Form 990-EZ, lin	ie 6a.	(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
_		Gross revenue				
enses		Cash prizes				
Direct Expenses		Noncash prizes				
Direc		Rent/facility costs				
	5	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
		Direct expense summary. Add lin Net gaming income summary. Su	· ·	` '		
9 8	1	Enter the state(s) in which the org. Is the organization licensed to con	anization conducts ga	ming activities: in each of these state		Yes No
10a		Were any of the organization's gamine If "Yes," explain:				Yes No

LA CASA DE DON PEDRO, INC.

23-7249368

Schod	dule G (Form 990 or 990-EZ) 2019	7217500	Pos	је 3
11	Does the organization conduct gaming activities with nonmembers?			No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	Ш'	es i	NO
12	formed to administer charitable gaming?		es	No
12	Indicate the percentage of gaming activity conducted in:	· · '	es i	NO
13				%
a	The organization's facility 13a			% %
b	An outside facility			70
14	records:	u		
	1000140.			
	Name ▶			
	Address ►			
15 a	Does the organization have a contract with a third party from whom the organization receives gamin			
	revenue?	∐ Y	es	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and	the		
_	amount of gaming revenue retained by the third party ► \$ If "Yes," enter name and address of the third party:			
С	if Yes, enter name and address of the third party.			
	Name ▶			
	Address ►			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
a		ds to		
	retain the state gaming license?		es 🔲 I	No
b				
	or spent in the organization's own exempt activities during the tax year ▶ \$			
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional i (see instructions).			

Schedule G (Form 990 or 990-EZ) 2019

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization						Employer identificati	on number
LA CASA DE DON PEDRO, INC.						23-724936	8
Part I General Information on Grants an	d Assistance	е				1	
 Does the organization maintain records to see the selection criteria used to award the gran Describe in Part IV the organization's process. 	ts or assistand	e?					X Yes No
Part IV, line 21, for any recipient		-			additional space is n		es" on Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) DON PEDRO DEVELOPMENT CORPORATION							
75 PARK AVENUE NEWARK, NJ 07104	23-3323123	501(C)(3)	305,912.				PROJECT DEVELOPMENT
_(2)							
_(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and							1.
3 Enter total number of other organizations list For Paperwork Reduction Act Notice, see the Instruc							edule I (Form 990) (2019)

LA CASA DE DON PEDRO, INC. 23-7249368

Schedule I (Form 990) (2019)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	k, (f) Description of non-cash assistance			
1 HOUSING RELOCATIONS	54.	82,405.						
•		. ,						
2 EMERGENCY ASSISTANCE	23.	88,508.						
3 WEATHERIZATION	126.		609,643.	FMV	IMPROVEMENTS			
4 RENTAL ASSISTANCE	24.	248,344.						
5 LEAD REMEDIATION	21.	112,279.						
6								
7								

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

MONITORING GRANTS

THE ORGANIZATION MAINTAINS CLIENT RECORDS WHICH INCLUDES AN APPLICATION,
CLIENT CONSENT FORM, PROOF OF RESIDENCY AND INCOME, AS WELL AS AN
EVICTION NOTICE OR PROOF OF HARDSHIP IN THE CASE OF HOUSING RELOCATION
GRANTS. THE ORGANIZATION SUBMITS REPORTS TO THE FUNDING SOURCES WHICH
ALSO PROVIDE MONITORING OF THE CONTRACT.

Schedule I (Form 990) (2019)

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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.

OMB No. 1545-0047
2019

Open to Public Inspection

Employer identification number

23-7249368

Name of the organization

LA CASA DE DON PEDRO, INC.

Questions Regarding Compensation Yes Nο 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. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) 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 1b 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 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study X Approval by the board or compensation committee Form 990 of other organizations 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: Χ Х Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Х 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. 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: Χ 5a Х 5b If "Yes" on line 5a or 5b, describe in Part III. 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: Χ Χ 6b If "Yes" on line 6a or 6b, describe in Part III.

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.

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

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

Schedule J (Form 990) 2019

7

8

Χ

X

LA CASA DE DON PEDRO, INC. 23-7249368

Schedule J (Form 990) 2019

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

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

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

		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
RAYMOND OCASIO	(i)	170,859.	0.	0.	3,473.	11,576.	185,908.	
1EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i) (ii)							
13								
4.4	(i) (ii)							
14	(i)							
45	(ii)							
15	(i)							
16	(ii)							
16	(יי)							<u></u>

LA CASA DE DON PEDRO, INC. 23-7249368

Schedule J (Form 990) 2019

Part | Supplemental Information

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

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047

2019 Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990.

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

Employer identification number 23-7249368

LA CASA DE DON PEDRO, INC.

Types of Property (c) (b) (a) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on noncash contribution amounts applicable items contributed Form 990, Part VIII, line 1g Art - Works of art 1 Art - Historical treasures 3 Art - Fractional interests Books and publications 5 Clothing and household goods 6 Cars and other vehicles Boats and planes 7 Intellectual property Securities - Publicly traded 10 Securities - Closely held stock Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other 15 Real estate - Residential Real estate - Commercial 16 1,330,000. Real estate - Other 17 Collectibles 18 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts Scientific specimens 23 24 Archeological artifacts 25 Other ►(26 Other ►(Other ►(27 28 Other ►(Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part IV, Donee Acknowledgement No Yes

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required X 30a **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard Χ 31 contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Χ 32a contributions? b If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

LA CASA DE DON PEDRO, INC.

Schedule M (Form 990) (2019) Page **2**

Part II Supplem

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Schedule M (Form 990) (2019)

23-7249368

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number 23-7249368

Name of the organization

LA CASA DE DON PEDRO, INC.

FORM 990, PART III, LINE 4D

PERSONAL DEVELOPMENT PROGRAM - ADMINISTERS MULTI-SERVICE RESOURCE AND

REFERRAL PROGRAMS PRIMARILY TARGETED AT HISPANIC WOMEN AND FAMILIES. THE

PROGRAM ENGAGES PRIMARILY IN EDUCATIONAL AND EMPLOYMENT SERVICES MEANT TO

ASSIST THE INDIVIDUAL TO BECOME ECONOMICALLY SELF-SUFFICIENT AND A

CONTRIBUTING MEMBER OF SOCIETY.

COMMUNITY DEVELOPMENT PROGRAM - WORKS WITH FIRST TIME HOME BUYERS TO PREPARE AND EMPOWER THEM TO MAKE SMART DECISIONS THROUGHOUT THE HOME BUYING PROCESS INCLUDING DOWNPAYMENT AND CLOSING COST ASSISTANCE PROGRAMS. THE PROGRAM ALSO HELPS FAMILIES FACING FORECLOSURE TO ASSESS THE FAMILIES NEEDS AND PROVIDE COUNSELING AS TO ANY HOUSING ASSISTANCE PROGRAMS THE FAMILY MAY BE ELIGIBLE FOR.

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

THE FORM 990 IS PREPARED BY AN OUTSIDE CPA FIRM AND REVIEWED BY THE

FINANCE OFFICE AND MANAGEMENT. BEFORE THE 990 IS FILED, THE FINANCE

COMMITTEE RECEIVES A DRAFT COPY FOR REVIEW. AFTER DISCUSSION, THE FINANCE

COMMITTEE MAKES A RECOMMENDATION TO THE BOARD TO ACCEPT THE 990. ONCE

ACCEPTED IT IS FILED ELECTRONICALLY.

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

THE ORGANIZATON REQUIRES THAT ALL OFFICERS, DIRECTORS, TRUSTEES, AND KEY

EMPLOYEES ANNUALLY DISCLOSE ANY CONFLICTS OF INTEREST TO THE

Schedule O (Form 990 or 990-EZ) 2019 Page 2 Name of the organization Employer identification number 23-7249368

ORGANIZATION.

LA CASA DE DON PEDRO, INC.

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

ALL INCREASES OF THE EXECUTIVE DIRECTOR ARE DETERMINED BY THE EXECUTIVE

COMMITTEE OF THE BOARD, IN CONJUNCTION WITH, THE GOVERNANCE COMMITTEE.

FORM 990, PART VI, SECTION C, LINE 19

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

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

COMMUNITY DEVELOPMENT PROGRAM 301,106. 606,461. 25,33.				ATTACHMENT 1	
PERSONAL DEVELOPMENT PROGRAM 1,027,251. 63,29 COMMUNITY DEVELOPMENT PROGRAM 301,106. 606,461. 25,39	FORM 990, PART III, LINE 4D - OTHE	ER PROGRAM SERVICES			
COMMUNITY DEVELOPMENT PROGRAM 301,106. 606,461. 25,33.	DESCRIPTION		GRANTS	EXPENSES	REVENUE
	PERSONAL DEVELOPMENT PROGRAM			1,027,251.	63,294.
TOTALS 301,106. 1,633,712. 88,6	COMMUNITY DEVELOPMENT PROGRAM		301,106.	606,461.	25,328.
		TOTALS	301,106.	1,633,712.	88,622.

ATTACHMENT 2

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

BEGINNING ENDING DESCRIPTION BOOK VALUE BOOK VALUE PREPAID EXPENSES 70,988. 92,861. TOTALS 70,988. 92,861.

ATTACHMENT 3

Schedule O (Form 990 or 990-EZ) 2019 Page 2 Name of the organization Employer identification number LA CASA DE DON PEDRO, INC. 23-7249368 ATTACHMENT 3 (CONT'D) FORM 990, PART X - DEFERRED REVENUE BEGINNING ENDING DESCRIPTION BOOK VALUE BOOK VALUE REFUNDABLE ADVANCES 404,367. 1,384,059. 404,367. 1,384,059. TOTALS

LA CASA DE DON PEDRO, INC. 23-7249368

SCHEDULE R (Form 990)

Department of the Treasury

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

Internal Revenue Service

Name of the organization

LA CASA DE DON PEDRO, INC.

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

OMB No. 1545-0047
2019
Open to Public

Inspection

Employer identification number 23-7249368

Part I	Identification of Disregarded Entities. Complete if the organization	answered "Yes" on	Form 990, Part I	V, line 33.		
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)		-				
(2)						
(3)						
(4)						
(5)						
(6)						

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 contr	rolled
						Yes	No
(1) DON PEDRO DEVELOPMENT CORPORATION 23-3323123 75 PARK AVENUE NEWARK, NJ 07104	HOUSING	NJ	501(C)(3)	10	LCDP		X
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2019

JSA

9E1307 1.000

LA CASA DE DON PEDRO, INC. 23-7249368

Schedule R ((Form aao) 201a	Page 4
	Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34,	
r art iii	because it had one or more related organizations treated as a partnership during the tax year.	

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
		,		,			Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	
(4)								Yes No
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

LA CASA DE DON PEDRO, INC.

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

Page 3 Schedule R (Form 990) 2019

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

1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations list	ted in Parts II-IV?				
٠,	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1a		X
h	b Gift, grant, or capital contribution to related organization(s)			1b		Х
	c Gift, grant, or capital contribution from related organization(s)			1c		Х
				1d	х	
	d Loans or loan guarantees to or for related organization(s)			1e		X
е	e Loans or loan guarantees by related organization(s)			ie		
				4.		77
f	f Dividends from related organization(s)			1f		X
g	g Sale of assets to related organization(s)			1g		X
h	h Purchase of assets from related organization(s).			1h		X
i	i Exchange of assets with related organization(s)			1i		X
	Lease of facilities, equipment, or other assets to related organization(s)			1j	X	
•						
k	k Lease of facilities, equipment, or other assets from related organization(s)			1k	Х	
	Performance of services or membership or fundraising solicitations for related organization(s)			11		Х
	m Performance of services or membership or fundraising solicitations by related organization(s)			1m		Х
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).			1n		Х
				10	Х	
0	sharing of paid employees with related organization(s)			10		
				4	Х	
	p Reimbursement paid to related organization(s) for expenses			1p		
q	q Reimbursement paid by related organization(s) for expenses			1q		
				_	37	
r	r Other transfer of cash or property to related organization(s)			1r	X	
	s Other transfer of cash or property from related organization(s).			1s	Х	
2		•	ction thre		S	
	(a) (b) Name of related organization Transaction	(c) Amount involved	Method	(d)	rminin	a
	type (a-s)	Amount involved		int invo		J
1)						
2)						
3)						
4)						
5)						
6)						

JSA

Part V

4DZ043 M998 11/30/2020 7:45:16 AM V 19-7.7F

Schedule R (Form 990) 2019

23-7249368

Yes No

LA CASA DE DON PEDRO, INC.

Schedule R (Form 990) 2019

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	unrelated, excluded	Are all sec 501 organiz	e) partners ction (c)(3) cations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop	(h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	part	ner?	(k) Percentage ownership
			sections 512-514)	Yes	No			Yes	No	,	Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Schedule R (Form 990) 2019

23-7249368

JSA

23-7249368

LA CASA DE DON PEDRO, INC.

Schedule R (Form 990) 2019 Page 5

Part VII Supplemental Information

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