EXTENDED TO NOVEMBER 16, 2020

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

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

Form **990** (Rev. January 2020)

OMB No. 1545-0047 **1**9 ZU Open to Public

Depa	artment	of the Treasury enue Service	 Go to www.irs.gov/Form990 for instructions and 	-	•	Open to Public Inspection
				ending	intornation.	
B	Check if applicab	C Name o	f organization		D Employer identificat	ion number
, 						
	Addre chang	A	COMMUNITY ACTION AGENCY, INC.			
	chang	ge Doing b	usiness as		35-1120537	/
	return Final	י Number		Room/suite	E Telephone number	
	lreturn termir		N. 4TH STREET		(812) 882-	
	ated Amen	City or t	own, state or province, country, and ZIP or foreign postal code ENNES, IN $47591-0687$		G Gross receipts \$	9,513,616.
-	Ireturn Applie				H(a) Is this a group retur	
	ltión pendi		nd address of principal officer: BERTHA PROCTOR AS C ABOVE		for subordinates?	
<u> </u>		empt status:			H(b) Are all subordinates includ	
			PACECAA.ORG	or 🛄 527	If "No," attach a list	
			X Corporation Trust Association Other ►	L Vear	H(c) Group exemption n of formation: 1965 M Si	
	art I					
-			e the organization's mission or most significant activities: $rac{ ext{THE}}{ ext{the}}$.	PRTMAR		
Activities & Governance		ORGANIZ	ATION IS TO ENABLE ECONOMICALLY AN	VD SOC	TALLY DISADVA	NTAGED
'nai		h	$x \triangleright$ \Box if the organization discontinued its operations or dispos			
ver						23
ğ			ependent voting members of the governing body (Part VI, line 1b)			23
8 8			of individuals employed in calendar year 2019 (Part V, line 2a)			209
/itie			of volunteers (estimate if necessary)			994
ctiv			d business revenue from Part VIII, column (C), line 12		· · · · · · · · · · · · · · · · · · ·	0.
<			business taxable income from Form 990-T, line 39			0.
					Prior Year	Current Year
ø	8	Contributions	and grants (Part VIII, line 1h)		9,651,008.	9,413,341.
Revenue			ce revenue (Part VIII, line 2g)		71,659.	56,954.
eve			come (Part VIII, column (A), lines 3, 4, and 7d)		4,013.	41,172.
œ			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	. 0.
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,726,680.	9,511,467.
			nilar amounts paid (Part IX, column (A), lines 1-3)		2,974,509.	2,248,871.
			to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)		4,362,120.	4,762,542.
Expenses	16a	Professional fu	compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) \blacktriangleright 24,83		0.	0.
xpe	b	Total fundraisi	ng expenses (Part IX, column (D), line 25) 🕨 24 , 83	32.		
ш			es (Part IX, column (A), lines 11a-11d, 11f-24e)		2,403,547.	2,022,010.
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		9,740,176.	9,033,423.
	19	Revenue less	expenses. Subtract line 18 from line 12		-13,496.	478,044.
Net Assets or Fund Balances	1			Be	ginning of Current Year	End of Year
sset	20	Total assets (F	Part X, line 16)		5,131,438.	6,695,684.
atAs	21		(Part X, line 26)		541,930.	1,628,132.
Ž	22		fund balances. Subtract line 21 from line 20		4,589,508.	5,067,552.
	art II	Signature				
			declare that I have examined this return, including accompanying schedules			owledge and belief, it is
true,	, correc	ct, and complete.	Declaration of preparer (other than officer) is based on all information of whi	ich preparer	has any knowledge.	
•		Signature	e of officer		Date	,
Sig		1 ' · ·			ναισ	
Her	е		HA PROCTOR, CEO rint name and title		-	
		,			Date Check	
Paid	1	Print/Type prep SHAWN D	• DREIMAN, CPA SHAWN D. DREIMAN		onoun	P00380913

Paid	SHAWN D.	DREIMAN,	CPA	SHAWN D.	DREIMAN,	CP09/08	/20 self-employed	P003809	913
	Firm's name 🕨						Firm's EIN 🕨 35	-210200	28
Use Only	Firm's address 🕨	10475 CR	OSSPOINT	BOULEVA	RD, SUITE	200			
	-	INDIANAP	OLIS, IN	1 46256			Phone no.317-	841-339	93
May the IF	RS discuss this re	turn with the prep	oarer shown ab	ove? (see instruc	tions)			X Yes	No No
932001 01-2	0-20 LHA For	Paperwork Redu	uction Act Noti	ce, see the sepa	rate instructions.			Form 99)0 (2019)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	m 990 (2019) PACE COMMUNITY ACTION AGENCY, INC. 35-1120537	Page 2
Pa	art III Statement of Program Service Accomplishments	
<u> </u>	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	THE PRIMARY GOAL OF THE ORGANIZATION IS TO ENABLE ECONOMICALLY AND	
	SOCIALLY DISADVANTAGED PEOPLE TO ACHIEVE SELF-SUFFICIENCY AND BECOME	
	LESS DEPENDENT ON PUBLIC ASSISTANCE. PROGRAMS AND SERVICES OFFERED	
	PROVIDE OPPORTUNITIES FOR ALL AGE GROUPS.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
-	prior Form 990 or 990-EZ?	XNo
	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?	XNo
Ŭ	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, an	nd
	revenue, if any, for each program service reported.	-
4a		97.)
40	IN ADDITION TO PRESCHOOL EDUCATION AND FAMILY CASE MANAGEMENT, THE H	
	START PROGRAM PROVIDES DENTAL, MEDICAL AND MENTAL HEALTH SCREENINGS.	
	THE PROGRAM ALSO PROVIDES NUTRITIOUS MEALS FOR PARTICIPATING CHILDRE	N .
	SPEECH THERAPY FOR THOSE CHILDREN IN NEED AND EDUCATIONAL/NUTRITIONA	
	EDUCATION FOR THE PARENTS OF THE PARTICIPATING CHILDREN.	
	EDUCATION FOR THE FARENTS OF THE FARTICITATING CHIMDREN.	
4	(Code:) (Expenses \$ 1,792,853 · including grants of \$ 1,556,225 ·) (Revenue \$ 11,4	78.
4b	(Code:) (Expenses \$1, 792, 853 • including grants of \$1, 556, 225 •) (Revenue \$1, 4 THE ENERGY ASSISTANCE PROGRAM PROVIDES DIRECT UTILITY BILL ASSISTANC	
	PAYMENTS TO QUALIFYING LOW-INCOME FAMILIES SUBSIDIZING HIGH ENERGY	<u> </u>
	COSTS AND THEREBY AVOIDING A POSSIBILITY THAT HEAT WILL BE LOST IN T	ਸਦ
	COLD WINTER MONTHS.	
	····	
4c	(Code:) (Expenses \$ 1,045,863. including grants of \$ 34,259.) (Revenue \$ 6,6	96)
40	FAMILY PLANNING PROVIDES REPRODUCTIVE HEALTH CARE AND CONTRACEPTION	/
	WITH PREFERENCE TO UNINSURED, LOW-INCOME WOMEN, FAMILIES AND	
	ADOLESCENTS. PATIENTS CHARGES ARE ASSESSED ON A SLIDING FEE SCALE.	
	SERVICES INCLUDE SEX EDUCATION, PREVENTION OF UNWANTED PREGNANCY AND)
	FAMILY COUNSELING.	
	TAMIDI COONDEBING:	
4-1	(Other program convices (Deparity on Schedule ())	
4d	Other program services (Describe on Schedule O.) (Expenses \$ 1,372,117 · including grants of \$ 360,879 ·) (Revenue \$ 8,784 ·)	
4e	0 906 412	
10	Form 99	0 (2019)

Form	990	(2019	۱
1 01111	000	12010	,

PACE COMMUNITY ACTION AGENCY, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes;" complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			i
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44-	х	
· •-	Part VI	11a	**	
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI	11b		х
<u> </u>	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		x	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	~	x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			~
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		x
00-	complete Schedule G, Part III	19 20a		X
20a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

Form 990 (2019)	PACE	COMMUNITY	ACTION	AGENCY,	INC	
Part IV Checklist of Required Schedules (continued)						

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J			
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 through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			ĺ
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
2 5a	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	2 5a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
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		<u> </u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):	·		
່ a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
_	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	77
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
~7	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			x
00	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		х	
Par	Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance	38	Δ	
	Check if Schedule O contains a response or note to any line in this Part V			
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 52		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1a52Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1b0		· · . * .	Ç 1
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	• E	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
U	(gambling) winnings to prize winners?	1c	X	
		10		

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Form	990 (2019) PACE COMMUNITY ACTION AGENCY, INC. 35-1120	537	Р	age 5		
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
			Yes	No		
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return 209					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	Зb				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X		
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X		
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit					
	any contributions that were not tax deductible as charitable contributions?	6a		X		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts					
	were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a_		Х		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required					
	to file Form 8282?	7c		Х		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the					
	sponsoring organization have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.	alla dhe shaqooo				
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	_			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12 10a	``				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b					
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders 11a					
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a				
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans 13b					
С	Enter the amount of reserves on hand			~~		
14a		14a		X		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or					
	excess parachute payment(s) during the year?	15		X		
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	,	X		
	If "Yes " complete Form 4720. Schedule Q		ļ ,			

Form 990 (2019)

Form	990	(2019)	١
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PACE COMMUNITY ACTION AGENCY, INC.

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

	Check if Schedule O contains a response or note to any line in this Part Vi			X	_
Sec	tion A. Governing Body and Management				_
			Yes	No	_
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 2	3	- ⁵		
	If there are material differences in voting rights among members of the governing body, or if the governing	1.1			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	· ·		1	
b	Enter the number of voting members included on line 1a, above, who are independent 1b 23	3	· · · · ·		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			:	
	officer, director, trustee, or key employee?	2		X	_
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision				
	of officers, directors, trustees, or key employees to a management company or other person?	3		X	_
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X	
6	Did the organization have members or stockholders?	6		X	Ī
-	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or				
	more members of the governing body?	7a		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or				
_	persons other than the governing body?	7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
	The governing body?	8a	X		2
	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				-
3	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				-
			Yes	No	-
102	Did the organization have local chapters, branches, or affiliates?	10a		X	-
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,				-
5	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х		-
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	<u> </u>	*18 ⁻¹	2 N. 1	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X		ت.
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	<u> </u>	-
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe				-
Ŭ	in Schedule O how this was done	12c	x		
13	Did the organization have a written whistleblower policy?	13	X		-
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				-
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		÷.,		
2	The organization's CEO, Executive Director, or top management official	15a	X		4
	Other officers or key employees of the organization	15b	X		-
J	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				-
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			· ,	
.54	taxable entity during the year?	16a		X	-
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	1.54			1
5	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		Ċ.		A comparison of the local diversion of the local diversion of the local diversion of the local diversion of the
	exempt status with respect to such arrangements?	16b			i
Sec	tion C. Disclosure			·	1
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright IN				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c))	3)s only	/) avai	lable	-
	for public inspection. Indicate how you made these available. Check all that apply.	,_ 5///	, 200		
X Own website X Another's website X Upon request Other (explain on Schedule O)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd fina	ncial		
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books and records				
20	BERTHA A. PROCTOR - (812) 882-7927				-
	525 NORTH ATH STREET VINCENNES IN 47591				-

Form	990 (2019)	PACE COM	MUNITY .	ACTION AGENC	, INC.	35-1120	537 Page 7	
Par	VII Compensat	ion of Officers,	Directors, 7	Trustees, Key Emp	loyees, Highest C	ompensated		
	Employees,	and Independe	ent Contract	tors				
	Check if Sched	ule O contains a res	oonse or note t	o any line in this Part VII				
Secti				and Highest Compensat				
1a C	omplete this table for a	all persons required	to be listed. Re	port compensation for th	e calendar year ending	with or within the orga	anization's tax year	
	List all of the organiza ·0- in columns (D), (E),			ustees (whether individua id.	als or organizations), re	gardless of amount of	compensation.	
•	List all of the organiza	tion's current key e	mployees, if an	y. See instructions for de	finition of "key employ	ee."		
				employees (other than ar 099-MISC) of more than				
	• 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 ir	structions for the orde	er in which to list the	persons above	э.				
	Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.							
	(A)		(D)		(D)	(E)	(E)	

Name and title Average hours per list any backs and business and backs and basiness and backs and babasiness and backs and babasis and backs and babasiness and backs	(A)	(B)			(0	C)			(D)	(E)	(F)
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(14) BOBBI HINEMAN2.000.0.0.BOARD MEMBERX0.0.0.0.(15) BARB MONTGOMERY2.00X0.0.0.BOARD MEMBERX0.0.0.0.(16) PAUL MILLER2.00X0.0.0.BOARD MEMBERX0.0.0.0.BOARD MEMBERX0.0.0.0.BOARD MEMBERX0.0.0.0.BOARD MEMBERX0.0.0.0.	(13) LAURA PETTY	2.00				1					_
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(15) BARB MONTGOMERY2.000.0.0.BOARD MEMBERX0.0.0.0.(16) PAUL MILLER2.00BOARD MEMBERX(17) REBECCA WEST2.00BOARD MEMBERX0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(14) BOBBI HINEMAN	2.00								_	_
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(16) PAUL MILLER2.000.0.BOARD MEMBERX0.0.0.(17) REBECCA WEST2.00X0.0.BOARD MEMBERX0.0.0.	(15) BARB MONTGOMERY	2.00									
BOARD MEMBERX0.0.0.(17) REBECCA WEST2.00X0.0.0.BOARD MEMBERX0.0.0.0.			X						0.	0.	0.
(17) REBECCA WEST 2.00 X 0.	(16) PAUL MILLER	2.00				1				_	
BOARD MEMBER X 0. 0. 0.	BOARD MEMBER		Х					L	0.	0.	0.
	(17) REBECCA WEST	2.00								-	
	BOARD MEMBER		X						0.	0.	

Form **990** (2019)

Form 990 (2019) PACE_COMI					_				35-1120	Page o
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	rees	, an	d Hi	ighe	st C	compensated Employe	es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Pos beck		ר than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	offic	cer an	id a d	T	or/trus	stee) T	from	from related	other
	(list any	ector				1		the	organizations	compensation
	hours for	ordi				ated		organization	(W-2/1099-MISC)	from the
	related	Istee	truste	ľ		bensi		(W-2/1099-MISC)		organization
	organizations below	al tru	onali		loye	ee com			*	and related organizations
	line)	Individual trustee or director	institutional trustee	Officer	y em	Highest compensated employee	mer			organizations
(18) JORDAN ORWIG	2.00	Ē	,Ë	5	<u> ×</u>	분통	6			
BOARD MEMBER	2.00	x						0.	0.	0.
(19) JOEL SMITH	2.00					\vdash				
BOARD MEMBER		x						0.	· 0.	0.
(20) LINDSEY WERNER	2.00					\vdash				
BOARD MEMBER		x						0.	0.	0.
(21) JEREMY WIMMENAUER	2.00				\vdash	\vdash				
BOARD MEMBER		x						0.	0.	0.
(22) BERTHA PROCTOR	40.00	<u> </u>	1							
EXEC. DIR./CEO		1		x				165,086.	0.	42,294.
(23) LORI WILLIAMS	40.00									
ASSOCIATE DIR.				X				88,142.	0.	8,889.
(24) TAI BLYTHE	40.00							01 005	0	
ASSOCIATE DIR.	2 00	<u> </u>		X	<u> </u>	-	<u> </u>	81,885.	0.	25,953.
(25) GREG JONES	2.00			x				0.	0.	0.
PRESIDENT (26) MARC MCNEECE	2.00	-		^	-	+	-	0.	0.	0.
SECRETARY				x				0.	0.	0.
41. 0.11.1.1		L	L			<u> </u>		335,113.	0.	
c Total from continuation sheets to Part V		•••••				•••••		82,730.	0.	
d Total (add lines 1b and 1c)	•							417,843.	0.	
2 Total number of individuals (including but n										1
compensation from the organization		1030	11310	ua	000	C) W				1
compensation norm the organization										Yes No
3 Did the organization list any former officer,	director, trust	ee k	kev e	emp	love	e. 0	r hic	hest compensated emr	olovee on	1 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
line 1a? If "Yes," complete Schedule J for s										3 X
4 For any individual listed on line 1a, is the su	im of reportab	le co	amc	ensa	atior	n an	d ot	her compensation from	the organization	
and related organizations greater than \$15										4 X
5 Did any person listed on line 1a receive or a									idual for services	
rendered to the organization? If "Yes," con	plete Schedul	e J f	for si	uch	pers	son				5 X
Section B. Independent Contractors										
1 Complete this table for your five highest co										sation from
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	/ithi		year.	(0)
(A) Name and business	address	N	ONE	2				(B) Description of s	ervices	(C) Compensation
		111	0111	<u> </u>	-					
							-			
•••										
2 Total number of independent contractors (ncluding but r	not li	mite	d to	tho	ose li	steo	d above) who received n	nore than	
\$100,000 of componention from the organi	rotion				- 1	0				

~

1100507

Form 990 PACE COM	MUNITY 2	ACI	ric	ON	A	GEI	NC:	Y, INC.	35-112	0537
Part VII Section A. Officers, Directors, Tr	ustees, Key Ei	mplo	yee	es, a	nd I	ligh	est	Compensated Employ	ees (continued)	
(A) _. Name and title	(B) Average hours per	(cł		Pos		app	iy)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(27) LIANN SMITH	40.00							00 720	0	01 7 20
CFO				x				82,730.	. 0.	24,732
									-a	
,]		
									· · ·	
									<u></u>	
		1								
otal to Part VII, Section A, line 1c								82,730.		24,732

Form 990 (201	(9)	P	ACE	CO.
Part VIII	Statement	of	Revei	nue

PACE COMMUNITY ACTION AGENCY, INC.

35-1120537 Page 9

		Check if Schedule O contains a respons	e or note to any li	ne in this Part VIII			
-				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts	1 a	Federated campaigns 1a			a * * * * * *		
Contributions, Gifts, Grants and Other Similar Amounts					·	- ⁶	3 - A
ធ្កខ្ព							
A, A	c				4		· ·
lar	d	Related organizations 10			1. A.	14 A.	
s, E	е	Government grants (contributions) 1e 9	,085,424.		in the second	and the second sec	
's S	f	All other contributions, gifts, grants, and		1		ن المراجع ال	
het		similar amounts not included above 1f	327,917.			· • * • •	
ĒĐ	~	Noncash contributions included in lines 1a-1f	164,737.				
52	-			0 112 211	· · · ·		
0 @	h	Total. Add lines 1a-1f		9,413,341.		····· · · · · · · · · · · · · · · · ·	
1			Business Code			an a gain a sawa a	· · · · · · · · · · · · ·
8	2 a	PROGRAM FEES	624100	56,954.	56,954.		
Ξa	b						
S 2	C	······································					
ES	- А						
rg a	- u						
Program Service Revenue	e						
-	f	All other program service revenue			the state of the s		5 N 778 977 A 7 77 78 8
	g			56,954.	16 16 16 16 16 16 16 16 16 16 16 16 16 1	a construction of	
	3	Investment income (including dividends, inte	rest, and				
		other similar amounts)		43,321.			43,321.
	4	Income from investment of tax-exempt bond					
	5	Royalties	•				
	Ŭ	(i) Real	(ii) Personal	,)		4 68 L. 6 6	a a second and
	~				1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
		Gross rents 6a		1		in the second	
		Less: rental expenses 6b					
	C	Rental income or (loss) 6c			a in the second		A State of the second sec
	d	Net rental income or (loss)	►				
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	Ь	Less: cost or other basis					
ø	D		2 1/0			· · · · · · · · · ·	
n di la		and sales expenses 7b	2,149.		in the second se		, ^н , н
eve l		Gain or (loss) 7c			the second se		
other Revenue		Net gain or (loss)	🕨	-2,149.			-2,149.
hei	8 a	Gross income from fundraising events (not					
ð		including \$ of				*	
		contributions reported on line 1c). See			· · ·		
		Part IV, line 18				4 2 ^h 4 ^h	
	h	Less: direct expenses		er.	· • • • • • • • • • • • • • • • • • • •	and then	
				And PANK NR.	<u>1 11 - 11 - 11 - 11 - 11 - 11 - 11 - 1</u>	A CAN A CANADA	
		Net income or (loss) from fundraising events	▶				· · · E · prin · · · · · · ·
	9 a	Gross income from gaming activities. See					
		Part IV, line 19				1. 1.735.00 1. 1.574 1. 6	
	b	Less: direct expenses 91	b				and a france of the
	С	Net income or (loss) from gaming activities					
- 1		Gross sales of inventory, less returns			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	the product of	2
		and allowances 10	9			· · · · · · · · · · · · · · · · · · ·	
	h						
				provide a dist	and and the second s	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	n a n n n a far an a star a
\rightarrow	<u>с</u>	Net income or (loss) from sales of inventory		a 1 1 1		The special of the	∧ 519+ k = 8
SI			Business Code	d'x have have a	a sea <u>de la sea a</u> sea a s	Ú6	
e e	11 a						
an an	b						
le sel	С						
Miscellaneous Revenue	d	All other revenue					
2		Total. Add lines 11a-11d				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	12	Total revenue. See instructions		9,511,467.	56,954.	0.	41,172.

932009 01-20-20

Form 990 (2019)

PACE COMMUNITY ACTION AGENCY, INC. Part IX Statement of Functional Expenses

35-1120537 Page 10

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

	Check if Schedule O contains a respon				
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		·		
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	2,248,871.	2,248,871.		
3	Grants and other assistance to foreign				· ·
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	519,711.	517,151.	584.	1,976.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,490,632.	3,473,335.	3,944.	13,353.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	461,489.	435,566.	25,180.	743.
10	Payroll taxes	290,710.	289,298.	318.	1,094.
11	Fees for services (nonemployees):				
а	Management				
b	Legai	1,061.	1,061.		
С	Accounting	46,029.	45,669.	360.	
d	Lobbying				
е					
f	Investment management fees				
g					
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion			0.00	A 201
13	Office expenses	575,429.	568,554.	2,668.	4,207.
14	Information technology				
15	Royalties	E 4 7 6 2 0	707 024	160 490	176.
16	Occupancy	547,630.	707,934.	-160,480.	184
17	Travel	154,158.	153,974.		104.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	94,769.	94,739.		30.
19	Conferences, conventions, and meetings	49,770.	54,133.	49,311.	459
20	Interest	45,//0•		49,JLL.	409
21	Payments to affiliates	309,427.	124,060.	185,367.	
22	Depreciation, depletion, and amortization	75,504.	76,075.	-603.	32.
23	Insurance Other expenses. Itemize expenses not covered	75,504.	10,0130		54
24	above (List miscellaneous expenses on line 24e. If			¢	
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а		86,803.	84,152.	777.	1,874.
a b		56,178.	56,140.		38.
c	OMITED EXTENDED	15,303.	9,884.	4,753.	666
d	CONTERNA OF LAROR	6,678.	6,678.		
-	All other expenses	3,271.	3,271.		
25	Total functional expenses. Add lines 1 through 24e	9,033,423.	8,896,412.	112,179.	24,832
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

-

PACE	COMMUNITY	ACTION	AGENCY,	INC.

35-1120537 Page 11

		Check if Schedule O contains a response or not	e to an	y line in this Part X			<u> </u>
			-		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			606,207.	1	644,994.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			461,269.	3	714,795.
	4	Accounts receivable, net			191,643.	4	195,035.
	5	Loans and other receivables from any current or				·	
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disquali			· · · · · · · · · · · · · · · · · · ·		5
		under section 4958(f)(1)), and persons described				6	
ŝ	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use			443.	8	1,615.
As	9	Prepaid expenses and deferred charges			143,349.	9	168,614.
	10a	Land, buildings, and equipment: cost or other				,,	
		basis. Complete Part VI of Schedule D	10a	7,324,651.	х , , , , , , , , , , , , , , , , , , ,	1	
	b	Less: accumulated depreciation			2,947,606.	10c	4,230,397.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		780,921.	15	740,234.	
	16	Total assets. Add lines 1 through 15 (must equa		5,131,438.	16	6,695,684.	
	17	Accounts payable and accrued expenses			541,930.	17	777,774.
	18	Grants payable				18	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete I				21	
ŝ	22	Loans and other payables to any current or form	cer, director,				
Liabilities		trustee, key employee, creator or founder, subst	2				
iabi		controlled entity or family member of any of thes	ons		22		
	23	Secured mortgages and notes payable to unrela	ated thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelated	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	17-24	. Complete Part X	-		
		of Schedule D			0.	25	850,358.
	26				541,930.	26	1,628,132.
s		Organizations that follow FASB ASC 958, che	ck her	re ▶ 🔟 🏢		÷,	
Ce		and complete lines 27, 28, 32, and 33.		<u></u>		فشتعته	<u> </u>
alar	27	Net assets without donor restrictions			4,537,828.	27	5,023,099.
B	28	Net assets with donor restrictions			51,680.	28	44,453.
ň		Organizations that do not follow FASB ASC 9	58, ch	eck here 🕨 🛄	· · · ·		
л Т		and complete lines 29 through 33.					
ts (29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or ec				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in				31	
Ň	32	Total net assets or fund balances		I	4,589,508.	32	5,067,552.
	33	Total liabilities and net assets/fund balances			5,131,438.	33	6,695,684.
		,					Form 990 (2019)

Form 990 (2019) Part X Balance Sheet

	990 (2019) PACE COMMUNITY ACTION AGENCY, INC.	35-1	<u>1120537</u>	Pa	ge 12			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
					-			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,51					
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,03					
3	Revenue less expenses. Subtract line 2 from line 1	3	47		44.			
4								
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain 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	5,06	7,5	52.			
Pa	rt XII Financial Statements and Reporting				— —––			
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.							
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			1			
	separate basis, consolidated basis, or both:				,			
	Separate basis Consolidated basis Both consolidated and separate basis				· · · · · · · · · · · · · · · · · · ·			
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	<u> </u>			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,						
	consolidated basis, or both:				1			
	Separate basis X Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			v				
	review, or compilation of its financial statements and selection of an independent accountant?			X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	-		v				
	Act and OMB Circular A-133?		<u>3a</u>	X	<u> </u>			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ			v				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			X				
			Form	990	(2019)			

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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.

2019	
Open to Public Inspection	
identification number	

OMB No. 1545-0047

Department of Internal Reve	of the Treasury			Attach to Form 990 or I			<i>.</i>		Open to Public Inspection
		· · · · · · · · · · · · · · · · · · ·	Go to www.irs.go	v/Form990 for instructi	ons and t	he latest i	nformation.	Employer	5
Name of	the organizati				ov t	NO			<pre>identification number 5-1120537</pre>
Part	- Poason			ACTION AGEN All organizations must co			o instruction		5-1120557
	<u> </u>							5.	
		-		(For lines 1 through 12, o					
				on of churches describe			I)(A)(I).		
2				Attach Schedule E (Form					
3				anization described in se					the been itelie name
4 📖			ation operated in co	njunction with a hospita	described	a in sectio	n 170(d)(1)(A	Junj. Enter	the hospital's name,
	city, and stat				d az an aza	ted by a m		mit dessrik	ad in
5 📖	•			ollege or university owne	u or opera	ted by a g	overnmentan	unit descrit	
•	section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
6 📖		-	-						multis described in
7 X				antial part of its support f	rom a gov	remmental	unit or from	ne general	public described in
<u> </u>			omplete Part II.)						
	-			(1)(A)(vi). (Complete Par		od in oonly	notion with a	land grant	oollogo
9 📖	-			l in section 170(b)(1)(A)(
	university:		grant conege of agric	culture (see instructions).		name, org	y, and state 0	r the colleg	
10 🗆		on that norma	lly receives: (1) more	e than 33 1/3% of its sup	port from	contributi	one member	- hin fees a	and gross receipts from
	•		•	et to certain exceptions,				-	
			•	-					
	income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)								
11 🗆			, ,	ively to test for public sa	afety See	section 50	19(a)(<u>4</u>)		
12	An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or								
	more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in								
	· · ·	• •	+	of supporting organizatio					
a 🗆	_	0		supervised, or controlled		•		-	/ aivina
			-	egularly appoint or elect a	-				
		-	complete Part IV, Se						
ъ			•	d or controlled in connec	tion with if	ts support	ed organizatio	on(s), by ha	ivina
			•	anization vested in the s		• •	-		•
			t complete Part IV,					0 1	
c 🗆			•	g organization operated	in connec	tion with, a	and functiona	illy integrate	ed with,
				s). You must complete l				, ,	
d 🗌		-		oorting organization oper				rted organi	ization(s)
	-			zation generally must sa					
		-		nplete Part IV, Sections					
е 🗆	_		-	written determination fro				e II, Type III	
	functionally	/ integrated, or	r Type III non-functio	onally integrated support	ing organi	zation.			
f Ent	er the number								
g Pro	vide the follow	ing information	n about the support	ed organization(s).					
	(i) Name of supp	orted	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) is the orga in your governi	anization listed ing document?	(v) Amount of	-	(vi) Amount of other
	organizatior	1		above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
						ļ			
1									
			- <u>.</u>	e ⁴ o . 57		· · · · · ·			
Total									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019

 Schedule A (Form 990 or 990-EZ) 2019
 PACE
 COMMUNITY
 ACTION
 AGENCY,
 INC.
 35-1120537
 Page 2

 Part II
 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	endar 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.")	7,245,534.	7,272,768.	7,957,986.	9,651,008.	9,413,341.	41,540,637.
2	Tax revenues levied for the organ-				***		
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	7,245,534.	7,272,768.	7,957,986.	9,651,008.	9,413,341.	41,540,637.
	The portion of total contributions				, ,	, , , ,	
-	by each person (other than a						
	governmental unit or publiciy				1		
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)	'					
6	Public support. Subtract line 5 from line 4.				*	<u>`</u>	41,540,637.
	ction B. Total Support					·	41,540,057.
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	7,245,534.	7,272,768.	7,957,986.	9,651,008.	9,413,341.	41,540,637.
	Gross income from interest,	.,,			-,		
0							
	dividends, payments received on						
	securities loans, rents, royalties,	9,754.	10,819.	18,525.	4,013.	43,321.	86,432.
~	and income from similar sources	<i>J</i> ,7J±•			<u> </u>		00,432.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10					<u>[</u>	41,627,069. 398,073.
	Gross receipts from related activities,	•	,			12	390,073.
	First five years. If the Form 990 is for	-			-		
Sec	organization, check this box and stop ction C. Computation of Public	nere	centage				P
						14	
	Public support percentage for 2019 (ii					14	<u>99.79 %</u> 99.85 %
	Public support percentage from 2018						
iua	6a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
h	33 1/3% support test - 2018. If the o						······································
D		•					
17-	and stop here. The organization quali 10% -facts-and-circumstances test						
178							
	and if the organization meets the "fac					_	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test	-					U% Or
	more, and if the organization meets the						
40	organization meets the "facts-and-circ			-			₹⊣
18	Private foundation. If the organizatio	n did not check a b	<u>oox on line 13, 16a</u> ,	, 16b, 17a, or 17b,	check this box a	nd see instructions	<u> </u>

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Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990 EZ) 2019 PACE COMMUNITY ACTION AGENCY, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 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 per- formed, 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 bus-			1			
iness under section 513				-		
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						-
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)			الي المراجع المعالمين المراجع المراجع المراجع المراجع	a a second a Second a second	* * * **; ; * * ; ; * ; ;	
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is required on the business is 						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)						
14 First five years. If the Form 990 is for		s first, second, thi	rd, fourth, or fifth ta	ax vear as a section	on 501(c)(3) organiz	ation.
-	-			-		
Section C. Computation of Publ						`` `
15 Public support percentage for 2019 (column (fl)		15	%
16 Public support percentage from 2018					16	%
Section D. Computation of Inve						
17 Investment income percentage for 20					17	. %
18 Investment income percentage for 2						%
19a 33 1/3% support tests - 2019. If the						
more than 33 1/3%, check this box a		-				P
b 33 1/3% support tests - 2018. If the						
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th			
932023 09-25-19				Sch	nedule A (Form 990	J or 990-EZ) 201

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Yes No 1 2 3a Зb Зc 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

10b

Schedule A (Form 990 or 990 EZ) 2019 PACE COMMUNITY ACTION AGENCY, INC. Part IV Supporting Organizations (continued)

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	Cappering Cryamzations (continued)		Vee	Na
	the state of the state of the state of the following state of the stat		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		***	1
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			ر مىلغانلىرىتە ئىرىنىر ا
_	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		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	1		1
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			, I
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		1. s. f	
	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		marenalisaan	a sa da manana an
	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		3	
	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		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
-	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			۰.
	or management of the supporting organization was vested in the same persons that controlled or managed	· 7	$s_i \stackrel{h}{=} s_{i,j}^{\ell}$	4
	the supported organization(s).	1		and an
Sec	tion 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	Y	100	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			5.
		- ,	2	n ^e
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	<u>_</u> 1	N.F. 1	*****
_	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		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		mitani	
	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		1.1	1
	significant voice in the organization's investment policies and in directing the use of the organization's	s. 1		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	-	, t.	
	supported organizations played in this regard.	3		
<u>Sec</u>	tion 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 yea(see instructions)	•		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insi	ructions	;).	
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	<u></u>		
	those supported organizations and explain how these activities directly furthered their exempt purposes,		1	, ,
	how the organization was responsive to those supported organizations, and how the organization determined	з.		
	that these activities constituted substantially all of its activities.	2 a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	· · · ·	31. 21.	
	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	4 · ·		
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	• • • • • • • • • • • • • • • • • • •	4,44 4	•
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
L.	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja	t a f t	
a		Зb		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	ວມ		

Schedule A (Form 990 or 990-EZ) 2019 PACE COMMUNITY ACTION AGENCY, INC. Part V | Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			•
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):		ι	
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-functional	y integrate	ed Type III supporting o	rganization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990 FZ) 2019 PACE COMMUNITY ACTION AGENCY, INC. 35-1120537 Page 7

	dule A (Form 990 or 990 EZ) 2019 PACE COMMUNIT	Y ACTION AGENC (a)(3) Supporting Orga	Y, INC. anizations (continued)	35-1120537 Page 7
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemption			
	organizations, in excess of income from activity	<u> </u>		
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	s	L
4	Amounts paid to acquire exempt-use assets	· · · · · · · · · · · · · · · · · · ·		
5	Qualified set-aside amounts (prior IRS approval required)			
_6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	the organization is responsive)	
	(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		-	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6	and the second sec	ي هي آهي. در بر درگري ا	-
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019		······································	
a	From 2014	۲. ۲. ۲		
b	From 2015	2, 20, 20, 20, 20, 20, 20, 20, 20, 20, 2	· · · · · · · · · · · · · · · · · · ·	
c	From 2016	1		
	From 2017		e e e e e e e e e e e e e e e e e e e	
	From 2018		10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	
	Total of lines 3a through e			47.
	Applied to underdistributions of prior years	n sharta a post a di segara si		
	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			а «
	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	a to and "anna" of the and the day		
•	and 4c.			the second second
8	Breakdown of line 7:			
<u> </u>	Excess from 2015	а <u>барбала</u> <u>ама жайсын</u> алар <u>а</u> ма <u>а</u> алар <u>а</u> алар <u>а</u> алар <u>а</u>		
	Excess from 2016		ан али айт - Сан а 	
	Excess from 2017			
	Excess from 2018		A A A A A A A A A A A A A A A A A A A	a construction of the state of
	Excess from 2010	the second secon	مې مېرون د د د د مې موله س د د م	

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Schedule A (Form 990 or 990-EZ) 2019

e Excess from 2019

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Schedule A	(Form 990 or 990-EZ) 2019	PACE CO	OMMUNITY	ACTION	AGENCY,	INC.	35-1120537	Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, 2 line 1: Part IV, Section D, line	ation. Prov , 3b, 3c, 4b, - es 2 and 3: F	vide the explan 4c, 5a, 6, 9a, 9 Part IV. Section	ations required b, 9c, 11a, 11b E, lines 1c, 2a,	by Part II, line 1 , and 11c; Part 2b. 3a, and 3b;	0; Part II, line 17a or IV, Section B, lines 1 Part V, line 1: Part V	17b; Part III, line 12; and 2; Part IV, Section Section B, line 1e: Pa	n C.
_	Section D, lines 5, 6, and 8; (See instructions.)	and Part V, S	Section E, lines	2, 5, and 6. Als	so complete this	s part for any addition	nal information.	-
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	<u> </u>							
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Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2019

Employer identification number

Name of the organization

PACE COMMUNITY ACTION AGENCY, INC. 35-1120537

Organization	type	(check	one)	•
Viganization	Lype -		OUE)	٠

Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					

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

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

General Rule

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

Special Rules

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

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

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

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

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

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

PACE COMMUNITY ACTION AGENCY, INC.

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

Name of organization

Employer identification number

35-1120537

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	U.S. DEPARTMENT OF AGRICULTURE 1400 INDEPENDENCE AVE., S.W. WASHINGTON, DC 20250	\$550,664.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	U.S. DEPARTMENT OF ENERGY 1000 INDEPENDENCE AVENUE, SW WASHINGTON, DC 20585	\$262,987.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	US DEPT OF HEALTH AND HUMAN SERV 200 INDEPENDENCE AVENUE SW WASHINGTON, DC 20201	\$ 7,512,831.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	US DEPT OF HUD 451 7TH STREET S.W. WASHINGTON, DC 20410	\$500,000.	Person X Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll On Noncash October (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.)

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)	Page 3				
Name of organization	Employer identification number				
PACE COMMUNITY ACTION AGENCY, INC.		35-1120537			
Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. (b)	(c)	(d)			

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part i	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part i	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	000,000,EZ,or:000,DE)(0019)

	B (Form 990, 990-EZ, or 990-PF) (2019)			Page 4			
Name of o	rganization			Employer identification number			
PACE	COMMUNITY ACTION AGENCY			35-1120537			
Part III	from any one contributor. Complete columns (a) through (e) and the following line entr	v. For organizations				
	completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if additiona	, charitable, etc., contributions of \$1,000 or le	ess for the year. (Enter this info. on	Ice.) ► \$			
(a) No.			(d) Doo	evintion of how sift is hold			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
		(e) Transfer of gift					
	Transferee's name, address, a	and ZIP + 4	Relationship of tra	ansferor to transferee			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
Part I							
				·····			
				4			
		(e) Transfer of gift					
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee				
	·						
(a) No.		l					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
	·	· · · · ·					
		(e) Transfer of gift					
	Transferee's name, address, a	and ZIP + 4	Relationship of tra	ansferor to transferee			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
Partl							
		(e) Transfer of gift	<u>I</u>	1			
				•			
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee				
		[

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

SCHEDULE	D
(Form 990)	

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047	
2019	
Open to Public	•••
Inspection	,

Interna	I Revenue Service	Go to www.irs.gov/Form9	90 for instructions and the latest inform	ation.	Inspection
Nam	oyer identification number 35-1120537				
Pa	tl Organiz	ations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accour	nts.Complete if the
	organizatio	on answered "Yes" on Form 990, Part IV, lir			
			(a) Donor advised funds	(b) Fund	s and other accounts
1	Total number at e	end of year			
2	Aggregate value	of contributions to (during year)			
3		of grants from (during year)		,	mit
4		at end of year			
5		ion inform all donors and donor advisors in			
	-	ion's property, subject to the organization's			Yes No
6	-	ion inform all grantees, donors, and donor a		-	
	•	poses and not for the benefit of the donor of		-	
Da	impermissible priv t II Conserv				Yes No
<u> </u>		vation Easements. Complete if the or		art IV, line 7.	
1		nservation easements held by the organizat		- historiaelh (iu	montant land area
		on of land for public use (for example, recrea	Preservation of a	-	mportant land area
		of natural habitat		a certined hist	ond structure
•		n of open space	find concentration contribution in the form	of a conconvet	tion accoment on the last
2	•	a through 2d if the organization held a quali	ned conservation contribution in the form of		Held at the End of the Tax Year
	day of the tax yea	ar. conservation easements			nera at the End of the Tax Tear
		tricted by conservation easements			
	•	ervation easements on a certified historic sti		······ }	
		ervation easements included in (c) acquired			-7
d				"e 2d	
2		onal Register rvation easements modified, transferred, re			during the tax
3	vear >	rvation easements modified, transferred, re	leased, excludusitied, or terminated by the	organization	duning the tax
4		where property subject to conservation ea	sement is located		
5		ation have a written policy regarding the pe			
5		forcement of the conservation easements			Yes No
6		er hours devoted to monitoring, inspecting,			
U					······································
7	Amount of expen	uses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	tion easement	ts during the year
•	► \$				
8	Does each conse	ervation easement reported on line 2(d) abo	ve satisfy the requirements of section 170	'h)(4)(B)(i)	
Ŭ		h)(4)(B)(ii)?			Yes No
9		ibe how the organization reports conservat			
•		nd include, if applicable, the text of the foot			
		counting for conservation easements.			
Pa	t III Organiz	ations Maintaining Collections of	f Art, Historical Treasures, or O	ther Simila	ir Assets.
		if the organization answered "Yes" on Form			
1a	If the organization	n elected, as permitted under FASB ASC 9	58, not to report in its revenue statement a	nd balance st	neet works
	of art, historical tr	reasures, or other similar assets held for pu	blic exhibition, education, or research in fu	rtherance of p	oublic
	service, provide i	n Part XIII the text of the footnote to its fina	ncial statements that describes these item	IS.	
b	If the organization	n elected, as permitted under FASB ASC 9	58, to report in its revenue statement and b	balance sheet	works of
	art, historical trea	asures, or other similar assets held for public	c exhibition, education, or research in furth	erance of put	olic service,
		ving amounts relating to these items:			
	(i) Revenue incl	uded on Form 990, Part VIII, line 1			
		led in Form 990, Part X			
2		n received or held works of art, historical tre			;
	-	ounts required to be reported under FASB A			
а		d on Form 990, Part VIII, line 1		> \$	
		in Form 990, Part X			
LHA	For Paperwork F	Reduction Act Notice, see the Instruction	is for Form 990.	S	Schedule D (Form 990) 2019

Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assetscontinued) 3 Using the organization acquisition, accossion, and other records, check any of the following that make significant use of its conclusions and explain how they further the organization's exempt purpose in Part XIII. 4 Debide exhiption d Loan or exchange program 5 Scholarly research e Other 6 Provide decipition of future generations d Loan or exchange program 7 Provide decipition of future generation's collections and explain how they further the organization's exempt purpose in Part XIII. 5 7 Provide decipition of the organization sollectorin yes No 9 Dring the year, did the organization and explain how they further the organization answered "Yes" on Form 900, Part XI. Yes No 9 If Yes, "explain the arrangement in Part XIII and complete the following table: Amount Int Amount 16 Detter organization include an amount on Form 900, Part X, Ine 21, for secrow or custodial account liability? Yes No 17 Yes, "explain the arrangement in Part XIII. Check here If the organization and explain the the organization and explain the organization and explain the the organization and explain the arrange provided on Part XII. Part Y Endowment	Sche		MMUNITY AC						1120537	
collection fame (check all that apply): a b <th>Par</th> <th>t III Organizations Maintaining (</th> <th>Collections of A</th> <th>rt, His</th> <th>torical Tr</th> <th>easures, o</th> <th>or Other</th> <th>Similar A</th> <th>ssets(continu</th> <th>ied)</th>	Par	t III Organizations Maintaining (Collections of A	rt, His	torical Tr	easures, o	or Other	Similar A	ssets(continu	ied)
a Public exhibition during the generations decision of the organization's collection? collections and explain how they further the organization's exempt purpose in Part XII. 5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XII. 5 During the year, did the organization solid or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection?	3	Using the organization's acquisition, access	ion, and other record	ds, chec	k any of the	following that	it make sig	nificant use (of its	
b Scholary research e Other		collection items (check all that apply):								
c Preservation of future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 980, Part X, line 9, or reported an amount on Form 980, Part X, line 21. 1a Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X? b If "Yes," caplain the arrangement in Part XIII and complete the following table: • Intermediation an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X? • Bit "Yes," caplain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII • Dattine organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? • If the organization include an amount on Form 990, Part X, line 21, for escrow are custodial account liability? • Part XIII. Check here if the explanation has been provided on Part XIII • In the organization include an amount on Form 990, Part X, line 21, for escrow are custodial account liability? • Intro organization include an amount on Form 990, Part X, line 21, for escrow are custodial accou	а	Public exhibition	(а []	Loan or exc	hange progra	am			
Provide a description of the organization's collectors and explain how they further the organization's exampt purpose in Part XIII. During the year, did the organization solitor or encelve donations of art, historical ressures, or other similar assets to be soid to raise funds rather than to be maintained as part of the organization's collection? Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 980, Part X, line 3, or reported an around to norm 980, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not.included on Form 980, Part X? Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not.included on Form 980, Part X? Is a list the organization in agent, trustee, custodian or other intermediary for contributions or other assets not.included on Form 980, Part X? Bedfining balance Bedfining balance Bedfining balance Is a list organization include an amount on Form 980, Part X, line 21. Part V Endowment Funds. Complete if the organization nanowered "Yes" on Form 980, Part X, line 10. Part V Endowment Funds. Complete if the organization include an amount on Form 980, Part X, line 21. Bedfining of year balance Gord organization include an amount on Form 980, Part X, line 21. Bedfining of year balance Gord organization include an amount on Form 980, Part X, line 21. Bedfining of year balance Gord organization include an amount on Form 980, Part X, line 21. Bedfining of year balance Gord organization include an amount on Form 980, Part X, line 21. Bedfining of year balance Gord or scholarships Gord organization include an amount on Form 980, Part X, line 21. Bedfining of year balance Gord organization include an amount on Form 980, Part X, line 21. Bedfining of year balance Gord organization include an amount on Form 98	b	Scholarly research	6	•	Other					
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Yes No Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XP Yes No b if Yes, 'explain the arrangement In Part XII and complete the following table: Intermediation and part of the organization answered Yes' on Form 990, Part XP No c Beginning balance Intermediation of the intermediation or custodial account liability? Yes No d Additions during the year Intermediation and part XII. Yes No b If Yes, 'explain the arrangement in Part XII. Check here if the explanation has been provided on Part XIII Yes No b If Yes, 'explain the arrangement in Part XII. Check here if the explanation has been provided on Part XIII Yes No b If Yes, 'explain the arrangement in Part XII. Check here if the explanation has been provided on Part XIII Yes No d Grants or scholarships Intermediation answerd' Yes' on Form 990, Part X, line 10. Intermediation answerd Yes' on Form 990, Part X, line 10. d Grants or scholarships Intermediat	с	Preservation for future generations								
top sold to raise funds rather than to be maintained as part of the organization is collection? Yes No. Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 980, Part X. In is the organization an agent, fundse, custodian or other intermediary for contributions or other assets not.included on Form 980, Part X. Yes No. b if "Yes," explain the arrangement in Part XIII and complete the following table: Amount Yes No. c Beginning balance 1d Id	4	Provide a description of the organization's c	ollections and expla	in how tì	ney further t	he organizati	on's exem	pt purpose ir	n Part XIII.	
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not.included on Form 990, Part X (III) Ves No b If "Yes," explain the arrangement in Part XIII and complete the following table: Image: Complete intermediary for contributions or other assets not.included on Form 990, Part X, line 21, for escrow or custodial account liability? Image: Complete intermediary intery intermediary intermediary intermediary int	5	During the year, did the organization solicit of	or receive donations	of art, hi	istorical trea	sures, or oth	er similar a	assets		
reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not, included on Form 990, Part X, line 21, for escreward to the intermediary for contributions or other assets not, included on Form 990, Part X, line 21, for escreward custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1d 1d c Beginning balance 1d 1d 1d 1d d Additions during the year 1d 1d 1d 1d e Distributions during the year 1d 1d 1d 1d 1d Part V Endowment Funds. Complete if the organization nawered "Yes" on Form 990, Part IV, line 10. Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part X is for the part of the part XIII. Part X is for the part XIII. Part X is for the part XIII. Part X is for the part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, ine 10. In the part XIII. In the part XIII. In the estimated percentage of the current year end balance (line 1g, column (ai) held as: a contage on lines 2a, 2b, and 2 schould equal 100%. Sa Are there endowment Iv		to be sold to raise funds rather than to be m	aintained as part of	the orga	nization's co	ollection?			Yes	NoNo
1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X7 Ves No b If 'Yes,'' explain the arrangement in Part XIII and complete the following table: Image: Co	Par			lete if the	e organizatio	n answered '	"Yes" on F	orm 990, Pa	t IV, line 9, or	
on Form 990, Part X? Yes No b If "Yes," explain the arrangement In Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d e Distributions during the year 1f e Distributions (e) Current year (b) Prior year f a Beginning of year balance (e) Current year e Ontributions (e) Current year o Net investment earnings, gains, and losses (e) Thre years back g End of year balance		reported an amount on Form 990, Pa	art X, line 21.							
b if "Ves" explain the arrangement in Part XIII and complete the following table:	1 a	Is the organization an agent, trustee, custod	lian or other interme	diary for	contributior	ns or other as	sets not ir	ncluded	_	
c Beginning balance Ic d Additions during the year Ic e Distributions during the year Ic f Ending balance If a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Image: Check here if the organization answered "Yes" on Form 990, Part XII. Image: Check here if the organization answered "Yes" on Form 990, Part XII. Image: Check here if the organization answered "Yes" on Form 990, Part XII. Image: Check here if the organization answered "Yes" on Form 990, Part XII. Image: Check here if the organization answered "Yes" on Form 990, Part XII. Image: Check here if the organization answered "Yes" on Form 990, Part XII. Image: Check here if the organization in the prosent if the organization that are held and administered for the organization by: Image: Check here if the organization is endowment the organization is endowment the organizations is endowment funds. Image: Check here if the organization is endowment for the organization is endowment funds. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Image: Check here if the organization is endowment funds. 3 Definitions on tin the possession of the organization that are held and administered for the organization by:		on Form 990, Part X?	, , ,						Yes	└── No
c Beginning balance 1c d Additions during the year 1d d Distributions during the year 1e f Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'ves', wiplain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Yes No b Contributions (e) Four year (b) Prior year (c) Two years back (e) Four years back a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (c) Four years back a Grants or scholarships (b) (c) Two years back (c) Four years back (c) Four years back e Other expenditures for facilities (b) Prior year (c) Two years back (c) Four years back f Administrative expenses (b) (c) Two years back (c) Two years back (c) Four years back g End of year balance (b) (c)	b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table:			,		
d Additions during the year 1d e Distributions during the year 1d 1 1 2 Distributions during the year 1f 2 Distributions during the year 1f 2 Distributions during the year 1f 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If "Yes," explain the arrangement in Part XIII. Check here if the organization answered "Yes" on Form 990, Part X, line 10. 10. 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. 10. 10. 1 Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1 Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 2 Provide the estimated percentage. (a)									Amount	
e Distributions during the year 1e f Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. f Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. f Contributions (a) Current year (b) Prior year 's on Form 990, Part IV, line 10. f Administrative expenditures for facilities and programs and programs d Grants or scholarships	С	Beginning balance						1c		
f Ending balance	d	Additions during the year						1d		
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Yes No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. Image: Second	е	Distributions during the year						1 e		
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. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (a) Three years back (a) Three years back (b) Four years back (c) Two years										
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (b) Control year (c) Two years back (d) Three years back (e) Four years back c Net investment earnings, gains, and losses (c) Current year (c) Two years back (c) Two years	2a	Did the organization include an amount on F	Form 990, Part X, line	e 21, for	escrow or ci	ustodial acco	ount liability	/?	Yes	No No
Ia Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back Ia Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back Ia Contributions (c) Two years back (d) Three years back (e) Four years back Ia Contributions (c) Two years back (d) Three years back (e) Four years back Ia Contributions (c) Two years back (d) Three years back (e) Four years back Ia Contributions (c) Two years back (d) Three years back (e) Four years back Ia Contributions (c) Two years back (d) Three years back (e) Four years back Ia Contributions (c) Two years back (d) Three years back (e) Four years back Ia Contributions (f) Two years back (f) Two years back (f) Two years back (f) Two years back Ia Contributions (f) Two years back (f) Two years back (f) Two years back (f) Two years back Ia Contributions (f) Pow years back (f) Powears ba	b									
1a Beginning of year balance	Par	t V Endowment Funds. Complete	if the organization a	nswered	"Yes" on Fo					
b Contributions			(a) Current year	(b) F	rior year	(c) Two year	rs back (d) Three years l	back (e) Four y	/ears back
c Net investment earnings, gains, and losses										
d Grants or scholarships	b	Contributions								
e Other expenditures for facilities and programs										
and programs						· · ·				
f Administrative expenses	е									
g End of year balance		and programs		ļ						
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% main percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations	f	Administrative expenses								
a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c 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 organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) b Buildings 6,298,185. 2,561,625. a Land 941,096. 532,629. 4 Equipment 941,096. 532,629.	g									
b Permanent endowment ▶ % c 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 organization by:				ce (line 1	g, column (a	a)) held as:				
c Term endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:				_%						
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations 3a(ii) 3a(iii) 3a(iii) 3a(iii) 3a(iii) 3a(iii) 3a(iii) 3a(iiii) 3a(iiii) 3a(iiii) 3a(iiiii) 3a(iiiii) 3a(iiiii) 3a(iiiiii) 3a(iiiiii) 3a(iiiiii) 3a(iiiiiii) 3a(iiiiii) 3a(iiiiiii) 3a(iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii		· ·								
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) Unrelated organizations 3a(i) 3a(i) (ii) Related organizations 3a(ii) 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 3b Part VI Land, Buildings, and Equipment. 3b 3b Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 85, 370. 85, 370. 85, 370. b Buildings 6, 298, 185. 2, 561, 625. 3, 736, 560. c Leasehold improvements 941, 096. 532, 629. 408, 467. e Other 0 0 0 0 0	С		-							
by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) buildings (b) Cost or other basis (other) buildings (c) Accumulated depreciation 1a Land 85,370. buildings c Leasehold improvements d Equipment e Other (b) Cost or other (c) Accumulated (c) Accumulated (c) Accumulated depreciation (c) Accumulated (c)										
(i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) b Buildings c 6, 298, 185. c 2, 561, 625. c Leasehold improvements d Equipment e 0ther	3a	Are there endowment funds not in the posse	ession of the organiz	zation the	at are held a	ind administe	ered for the	e organization		<u> </u>
(ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. 3b Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land 85,370. 85,370. b Buildings 6,298,185. 2,561,625. 3,736,560. c Leasehold improvements 941,096. 532,629. 408,467. e Other Other 0 0 0		-								res No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 85,370. 85,370. b Buildings 6,298,185. 2,561,625. 3,736,560. c Leasehold improvements 941,096. 532,629. 408,467. e Other 0ther 0ther 0ther 0ther										
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land 85,370. 85,370. b Buildings 6,298,185. 2,561,625. 3,736,560. c Leasehold improvements 941,096. 532,629. 408,467. e Other 0ther 0ther 0ther 0ther		• •								_
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 85,370. 85,370. 85,370. b Buildings 6,298,185. 2,561,625. 3,736,560. c Leasehold improvements 941,096. 532,629. 408,467. e Other 0 0 0 0	b								36	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 85,370. 85,370. b Buildings 6,298,185. 2,561,625. 3,736,560. c Leasehold improvements 941,096. 532,629. 408,467. e Other 0 0 0 0				owment	funds.					
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land85,370.85,370.b Buildings6,298,185.2,561,625.c Leasehold improvements941,096.532,629.d Equipment941,096.532,629.e Other941,096.532,629.	Par				/ line 11e G	Can Farm 000		no 10		
basis (investment) basis (other) depreciation 1a Land 85,370. 85,370. b Buildings 6,298,185. 2,561,625. 3,736,560. c Leasehold improvements 941,096. 532,629. 408,467. e Other 941,096. 532,629. 408,467.					r					
1a Land 85,370. 85,370. b Buildings 6,298,185. 2,561,625. 3,736,560. c Leasehold improvements 941,096. 532,629. 408,467. e Other 941,096. 532,629. 408,467.		Description of property	1				• •			value
b Buildings 6,298,185. 2,561,625. 3,736,560. c Leasehold improvements 941,096. 532,629. 408,467. e Other 941,096. 532,629. 408,467.			· ·			· /	uepi		25	370
c Leasehold improvements d Equipment e Other						-	2 5	61 625		
d Equipment 941,096. 532,629. 408,467.					0,29	0,100.	<i>4</i> , J	<u>, 04</u>	5,150	,500.
e Other					Q /	1 096	. 5	32 629	408	467
					- 94		J	54,045		, 10 / 1
				t X. colu	1 mn (B) line 1	l			4.230	,397.

Schedule D (Form 990) 2019

	NITY ACTION A	GENCY, INC.	35-1120537 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost of	or end-of-year market value
(1) Financial derivatives	· · · · ·		· ·
(2) Closely held equity interests			·····
(3) Other			
(A) (D)			
(B)			
(C) (D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			28 A 58 7 15 5.2
Complete if the organization answered "Yes"	on Form 990. Part IV. line	e 11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost of	or end-of-year market value
(1)			
(2)			
(3)			
(4)			•
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Coi. (b) must equal Form 990, Part X, col. (B) line 13.) ►			K
Part IX Other Assets.			
Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line 15.	(I-) D I I
	Description		(b) Book value
(1) DUE FROM SUBSIDIARIES (2) INVESTMENT IN SUBSIDIARIE	a.a		344,050. 250,438.
(-/	ζ.		145,746.
			145,740.
(4)			
(5)			·
(6)			
(7)			
(9)		· · · · · · · · · · · · · · · · · · ·	
Total. (Column (b) must equal Form 990, Part X, col. (B) lir	 e 15)		▶ 740,234.
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	e 11e or 11f. See Form 990. Part X. li	ne 25.
1. (a) Description of liability	,,,,, ,,		(b) Book value
(1) Federal income taxes			
(2) TENANT SECURITY DEPOSITS			850,358.
(3)			
(4)			
(5)			
(6)			1
(7)			
(8)			
(9)			
Totai. (Column (b) must equal Form 990, Part X, col. (B) lir	ne 25.)		▶ 850,358.
2. Liability for uncertain tax positions. In Part XIII, provide	e the text of the footnote	to the organization's financial statem	ents that 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...

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-	edule D (Form 990) 2019 PACE COMMUNITY ACTION AGEN				1120537 _{Page} 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With	n Revenue per R	leturr	1.
	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	9,852,699.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	341,232.		
с					
d					
е	Add lines 2a through 2d			2e	341,232.
3	Subtract line 2e from line 1			3	9,511,467.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	4b		-	
с	Add lines 4a and 4b			4c	0.
					0 511 167
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	<u>.</u>		5	9,511,467.
	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statem	nents Wit	h Expenses per	_	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	nents Wit	h Expenses per	_	rn.
	rt XII Reconciliation of Expenses per Audited Financial Statem	ents Wit	h Expenses per	_	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents Wit	h Expenses per	Retu	rn.
Pa 1 2	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	ents Wit	h Expenses per	Retu	rn.
Pa 1 2 a	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents Wit	h Expenses per	Retu	rn.
Pa 1 2 a	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b	h Expenses per	Retu	rn.
Pa 1 2 a b	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c	h Expenses per	Retu	rn. 9,374,655.
Pa 1 2 a b c d	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	h Expenses per 341,232.	Retu	rn. 9,374,655. 341,232.
Pa 1 2 a b c d	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	h Expenses per 341,232.	Retu	rn. 9,374,655.
Pa 1 2 a b c d e	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	h Expenses per 341,232.	1 2e	rn. 9,374,655. 341,232.
Pa 1 2 a b c d 3 4	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	h Expenses per 341,232.	1 2e	rn. 9,374,655. 341,232.
Pa 1 2 a b c d 3 4 a	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 4a	h Expenses per 341,232.	1 2e	rn. 9,374,655. 341,232.
Pa 1 2 a b c d e 3 4 a b	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 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	2a 2b 2c 2d 2d 4a 4b	h Expenses per 341,232.	1 2e	rn. 9,374,655. 341,232. 9,033,423. 0.
Pa 1 2 a b c d e 3 4 a b c 5	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 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 Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	h Expenses per 341,232.	1 2e 3	rn. 9,374,655. 341,232.

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

PART X, LINE 2:

UPON ADOPTION OF THE FASB STANDARD FOR ACCOUNTING FOR UNCERTAINTY IN
INCOME TAXES, PACE COMMUNITY ACTION AGENCY, INC. WILL RECOGNIZE A TAX
BENEFIT ONLY IF IT IS MORE LIKELY THAN NOT THE TAX POSITION WOULD BE
SUSTAINED IN A TAX EXAMINATION, WITH A TAX EXAMINATION BEING PRESUMED TO
OCCUR. THE AMOUNT RECOGNIZED WILL BE THE LARGEST AMOUNT OF TAX BENEFIT
THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED ON EXAMINATION. FOR TAX
POSITIONS NOT MEETING THE MORE-LIKELY-THAN-NOT TEST, NO TAX BENEFIT WILL
BE RECORDED.

Schedule D (Form 990) 2019	PACE	COMMUNITY	ACTION	AGENCY,	INC.	35-1120537 Page
Schedule D (Form 990) 2019 Part XIII Supplemental Info	ormation	(continued)				1
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					<u>.</u>	
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·						
					-	

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service		Gov	rants and Oth vernments, an ete if the organization Go to www.ir	d Individua n answered "Yes" Attach to For	ls in the Un i " on Form 990, Pa	ted States rt IV, line 21 or 22.		OMB No. 1545-0047 2019 Open to Public Inspection
Name of the organiza								Employer identification number
Part I General	PACE COMM Information on Grants a		ION AGENCY,	INC.	· ·			35-1120537
1 Does the organ criteria used to	nization maintain records award the grants or assis	to substantiate the stance?						
	rt IV the organization's pro and Other Assistance to					anization answered "	(es" on Form 990 Par	t IV line 21 for any
	that received more than					anization answered i	es on form 350, Far	
1 (a) Name and a	address of organization overnment	(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
	nber of section 501(c)(3) a							
	nber of other organization							
LHA For Paperwo	rk Reduction Act Notice	e, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2019)

Schedule I (Form 990) (2019)

35-1120537

Page 2

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)	(f) Description of noncash assistance
· · · · · · · · · · · · · · · · · · ·					
SOCIAL ASSISTANCE	6235	2,248,871.	. 0.		
······································					
				-	
		1			
Part IV Supplemental Information. Provide the information rec	uired in Part I, lir	e 2; Part III, column	(b); and any other a	dditional information.	· · · · ·

PART I, LINE 2:

ALL OF THE ORGANIZATION'S PROGRAM DIRECTORS AND EXECUTIVES ARE TRAINED ON

VARIOUS GRANT REGULATIONS AND COMPLIANCE REQUIREMENTS. IN ADDITION TO

EXTENSIVE TRAINING, THE ORGANIZATION UNDERGOES VARIOUS STATE AND FEDERAL

MONITORING, CONDUCTS SELF ASSESSMENT TESTS AND PERFORMS AN ANNUAL

INDEPENDENT FINANCIAL STATEMENT AUDIT IN COMPLIANCE WITH OMB CIRCULAR

A-133.

932102 10-26-19

Schedule I (Form 990) (2019)

SCHEDULE J (Form 990) Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.				OMB No. 1545-0047 2019 Open to Public				
Intern	al Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.		pection				
Nam	e of the organization		Employer identifica		Imber			
		PACE COMMUNITY ACTION AGENCY, INC.	35-11205	37				
Pa	rt I Question	s Regarding Compensation						
1a	Part VII, Section A, First-class or c Travel for com Tax indemnific		al use idence	Yes	No			
h	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or			ŕ			
D	-	provision of all of the expenses described above? If "No," complete Part III to explain	15					
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,		<u> </u>				
	-	rs, including the CEO/Executive Director, regarding the items checked on line 1a?	2	1				
	•			*				
5	 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 Independent compensation consultant Form 990 of other organizations X Approval by the board or compensation committee 							
4	During the year, did organization or a re	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing lated organization:	-					
а	Receive a severance	e payment or change-of-control payment?	4a	1	X			
b	Participate in, or red	ceive payment from, a supplemental nonqualified retirement plan?	45		X			
с	Participate in, or red	ceive payment from, an equity-based compensation arrangement?	40		X			
		nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
5	-	:)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatior evenues of:	۱					
а	The organization?			·	X			
b	Any related organiz	ation?		<u> </u>	X			
		or 5b, describe in Part III.						
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	1					
	contingent on the n	net earnings of:	Sal side	n				
					X			
b		ation?	6b	<u> </u>	X			
-		or 6b, describe in Part III.						
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			x			
~		nes 5 and 6? If "Yes," describe in Part III		_				
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			X			
0		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III						
9		id the organization also follow the rebuttable presumption procedure described in	9					
LHA		1 53.4958-6(c)? eduction Act Notice, see the Instructions for Form 990.	Schedule J (Fo	rm 990) 2019			

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Schedule J (Form 990) 2019

35-1120537

Page 2

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	(A) Name and Title		(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
(1) BERTHA PROCTOR	(i)	165,086.	0.	0.	6,511.	35,783.	207,380.	0.
EXEC. DIR./CEO	(ii)	0.	0.	0.		0.	0.	0.
	(i)							
	(ii)					,		
	(i)							
	(ii)							
	(i)							
	(ii)							
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Schedule J (Form 990) 2019

Schedule J (Form 990	2019

Part III Supplemental Information

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

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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

INC.

Employer identification number 35-1120537

Part I Types of Property

PACE COMMUNITY ACTION AGENCY,

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		s
1	Art - Works of art				·····		
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential		1				
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20 .	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens					` <u> </u>	
24	Archeological artifacts						
25	Other (<u>SUPPLIES</u>)	X	0				
26	Other (TRAVEL)	X	0	3,170.	FMV		
27	Other ► ()						
28	Other ► ()						
29	Number of Forms 8283 received by the organi	zation durin	g the tax year for c				
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowled	gement 29			
						Yes	No
30a	During the year, did the organization receive b	y contributio	on any property re	ported in Part I, lines 1 throu	gh 28, that it		Ľ
	must hold for at least three years from the date						<u> </u>
	exempt purposes for the entire holding period	?				30a	X
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance					31	x
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash	l		
	contributions?	••••••••••••				32a	X
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in o	olumn (c) fo	r a type of propert	y for which column (a) is che	ecked,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	i i
	describe in Part II.					a	

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

Schedule M (Form 990) 2019

Schedule M (Form 990) 2019 PACE COMMUNITY ACTION AGENCY, INC.

Part II 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.

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.

INC.



Employer identification number

35-1120537

Name of the organization PACE COMMUNITY ACTION AGENCY,

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

PEOPLE TO ACHIEVE SELF-SUFFICIENCY AND BECOME LESS DEPENDENT ON PUBLIC

ASSISTANCE. PROGRAMS AND SERVICES OFFERED PROVIDE OPPORTUNITIES FOR

ALL AGE GROUPS.

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

THE WEATHERIZATION ASSISTANCE PROGRAM HELPS REDUCE THE ENERGY BURDEN OF

LOW-INCOME FAMILIES BY EDUCATING THEM ON ENERGY CONSERVATION,

INSPECTING AND REPAIRING TROUBLED HOME AREAS AND ADDRESSING ISSUES THAT

MIGHT INCREASE ENERGY COSTS OR INCREASE EXPOSURE TO DAMAGING ENERGY

SOURCES.

EXPENSES \$ 524,793. INCLUDING GRANTS OF \$ 307,318. REVENUE \$ 3,360.

OTHER PROGRAMS THE ORGANIZATION OPERATES ASSIST QUALIFYING LOW-INCOME

FAMILIES AND CHILDREN WITH FOOD, SHELTER AND EDUCATION. THERE ARE ALSO

PROGRAMS TO ASSIST QUALIFYING LOW-INCOME FAMILIES WITH HOME PURCHASE

PROGRAMS AND VARIOUS OTHER SMALL PROGRAMS WHOSE OBJECTIVES ARE THE

IMMEDIATE ASSISTANCE AND WELFARE OF THE LOW-INCOME SEGMENT OF THE

COMMUNITY.

EXPENSES \$ 847,324. INCLUDING GRANTS OF \$ 53,561. REVENUE \$ 5,424.

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

LINE 11B EXPLANATION - COPIES ARE PROVIDED TO THE BOARD VIA POSTINGS TO THE

AGENCY INTRANET SITE AND/OR MAILED TO THE MEMBERS. FORM 990 IS REVIEWED

AND APPROVED BY THE FINANCE COMMITTEE.

Schedule O (Form 990 or 9	990-EZ) (2019)	Page 2
Name of the organization		Employer identification number
	PACE COMMUNITY ACTION AGENCY, INC.	35-1120537

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

ALL BOARD MEMBERS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST DISCLOSURE AT

THE JANUARY ANNUAL MEETING.

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

AN INDEPENDENT HUMAN RESOURCE FIRM CONDUCTED A THOROUGH COMPENSATION REVIEW BASED ON INDIANA AVERAGE WAGES AND DEVELOPED THE ORGANIZATION'S

COMPENSATION PLAN. THE REVIEW INCLUDED CONFIRMING JOB DUTIES WITH

APPROPRIATE COMPENSATORY LEVELS, DETAILED DRAFTING OF JOB DESCRIPTIONS AND

DUTIES AND OTHER GENERAL COMPENSATION CONSULTING. BOARD REVIEW AND APPROVAL IS OBTAINED PRIOR TO IMPLEMENTATION.

AN INDEPENDENT HUMAN RESOURCE FIRM CONDUCTED A THOROUGH COMPENSATION REVIEW BASED ON INDIANA AVERAGE WAGES AND DEVELOPED THE ORGANIZATION'S

COMPENSATION PLAN. THE REVIEW INCLUDED CONFIRMING JOB DUTIES WITH

APPROPRIATE COMPENSATORY LEVELS, DETAILED DRAFTING OF JOB DESCRIPTIONS AND

DUTIES AND OTHER GENERAL COMPENSATION CONSULTING. BOARD REVIEW AND APPROVAL

IS OBTAINED PRIOR TO IMPLEMENTATION.

FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION'S BYLAWS, WHICH INCLUDE THE CONFLICT OF INTEREST POLICY,
ARE POSTED ON THE WEBSITE. IN ACCORDANCE WITH INDIANA OPEN DOOR LAW, ALL
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FORM 990 ARE MADE
AVAILABLE UPON REQUEST. A COPY OF THE AUDITED FINANCIAL STATEMENTS AND
ANNUAL REPORT ARE ALSO POSTED ON THE WEBSITE AND MADE AVAILABLE UPON
REASONABLE DEMAND.

SCHEDULE R Related Organizations and Unrelated Partnerships							OMB No. 15	45-0047	
(Form 990)	► Comple	ete if the organization answered "	Yes" on Form 990, Part IV, I ch to Form 990.	line 33, 34, 35b, 36	ô, or 37.		20 ⁻	Public	
Department of the Treasury Internal Revenue Service		Go to www.irs.gov/Form990 fo	or instructions and the lates	st information.			Inspec	tion	
Name of the organizat		ACTION AGENCY, IN	с.			Employer id 35-11	lentification	number	
Part I Identificat	tion of Disregarded Entities. Complete	e if the organization answered "Yes"	on Form 990, Part IV, line 33	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity	(c) Legal domicile (state o foreign country)	(d) r Total incom	(e) End-of-year a	assets D	(f) irect controllin entity		
Identificat	tion of Related Tax-Exempt Organiza	tions. Complete if the organization a	unswered "Ves" on Form 990) Part IV line 34 h	ecause it had one of		av-evemnt		
Part II organizatio	ons during the tax year.			, Fartiv, ine 34, D	ecause it had one t	of more related t	ar-exempt		
	(a) ne, address, and EIN related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct control entity	ling _{co}	(g) Section 512(b)(13) controlled entity?	
			· · · ·		501(c)(3))	·	Yes	No	
	· · · · · · · · · · · · · · · · · · ·								
For Paperwork Redu	uction Act Notice, see the Instruction	s for Form 990.	· · · · · · · · · · · · · · · · · · ·			Sched	ule R (Form	990) 2019	

932161 09-10-19 LHA

Schedule R (Form 990) 2019 PACE COMMUNITY ACTION AGENCY, INC.

35-1120537 Page 2

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

(a)	(b)	(c)	(d)	(6	•	(f)		(g)	(1	h)	(i)		(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	/ (related, unrelated, income excluded from tax under		edominant income Share of total Share of Disproportionate allocations? 20 related, unrelated, income end-of-year allocations? 20		Code V-UBI amount in bo 20 of Schedul	UBI General or Per box managing ow edule partner?		Percenta ownersh			
		country)		sections	512-514)				Yes	No	K-1 (Form 106	5) Ye	s No	
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					o organi-ot	ion on our or or "	Vooll on Er		Dort IV	line O				
Identification of Related C organizations treated as a c	organizations Taxable corporation or trust duri	as a Corp ng the tax	year.	omplete if th	e organizat	ion answered	Tes on Fo	JIII 990, F	-antiv,	ine 34	+, because it na	u one	orm	ore relat
(2)			(b)	(c)	(d)		(e)	1	f)		(a)	(h)		(i)

(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	512(conti ent	i) b)(13) rolled tity?
PACE VENTURES HOLDING, INC 20-8146539 525 N. 4TH ST VINCENNES, IN 47591	HOLDING CO.	IN	PACE CAA, INC.	C CORP	418,463.	257,905.	100.00%		x
PACE DEVELOPMENT CORP - 27-3447277 525 N. 4TH ST VINCENNES, IN 47591	HOUSING DEVELOP	IN	PACE CAA, INC.	C CORP	248,380.	3,181,228.	100.00%		x

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Schedule R (Form 990) 2019 PACE COMMUNITY ACTION AGENCY, INC.

			•	
Contraction of the second second second	Transactions With Related Organizations. Co	I - t - M the	- IN (a - Fauna OOO Daut N/ Para	04 055 00
Dart'V	Transactions With Related Organizations, Ca	omplete it the organization answere	d "Yes" on Form 990. Part IV, line '	34. 35D. OF 35.
	Hallsactions with Heldted Organizationo. et	omplote a the englanzation anothere.		0 1, 000, 01 001

Not	Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	No	
1	1 During the tax year, did the organization engage in any of the following transactions with one or more related organ	nizations listed i	n Parts II-IV?				
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1a		Х	
b	b Gift, grant, or capital contribution to related organization(s)			1b		X	
	c Gift, grant, or capital contribution from related organization(s)			1c		X	
	d Loans or loan guarantees to or for related organization(s)			1d		Х	
	e Loans or loan guarantees by related organization(s)			1e		Х	
	·			, , , , , , , , , , , , , , , , , , ,			
f	f Dividends from related organization(s)			1f		Х	
	g Sale of assets to related organization(s)			1g		X X	
	h Purchase of assets from related organization(s)						
i	i Exchange of assets with related organization(s)			1i		X X	
j	j Lease of facilities, equipment, or other assets to related organization(s)						
					-		
k	k Lease of facilities, equipment, or other assets from related organization(s)			1k		Х	
1	I Performance of services or membership or fundraising solicitations for related organization(s)			11		X	
m	m Performance of services or membership or fundraising solicitations by related organization(s)			1m		X	
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1n		X	
о	o Sharing of paid employees with related organization(s)			10		Х	
				م. د م			
р	p Reimbursement paid to related organization(s) for expenses			1p	Х		
q	q Reimbursement paid by related organization(s) for expenses			1q	Х		
				·			
r	r Other transfer of cash or property to related organization(s)			1r		Х	
	s Other transfer of cash or property from related organization(s)			1s		X	
2	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, inclu	uding covered	relationships and transaction thresholds.				
		(c) at involved	(d) Method of determining amount inv	olved			
(1)	1) PACE VENTURES LLC P	68,538.	FMV				

(2) PACE VENTURES HOLDING, INC.	Q	98,656.FMV
(3) PACE VENTURES LLC	Q	119,265.FMV
(4)		· · · · · · · · · · · · · · · · · · ·
(5)		· .
(6)		

932163 09-10-19

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019 PACE COMMUNITY ACTION AGENCY, INC.

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations Yes No		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner	(k) or Percentage or ovnership
· · · · · · · · · · · · · · · · · · ·											
				-							

Schedule R (Form 990) 2019

Form	8868
(Rev.	January 2020)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service File a separate application for each return.

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

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

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

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

Type or	or Name of exempt organization or other filer, see instructions.				axpayer identification number (TIN)			
print					35-1120537			
File by the	PACE COMMUNITY ACTION AGENCY, INC.					20537		
due date for filing your filing your filin								
instructions.	City, town or post office, state, and ZIP code. For a for VINCENNES, IN 47591-0687	preign ado	lress, see instructions.					
Enter the	Return Code for the return that this application is for (file	e a separa	te application for each return)			0 1		
Application Return Ap			Application	Return				
Is For			Is For					
Form 990	orm 990 or Form 990-EZ 01 Form 990-T (corporation)							
Form 990	-BL	02	Form 1041-A			08		
Form 472	rm 4720 (individual) 03 Form 4720 (other than individual)							
Form 990	0-PF 04 Form 5227							
Form 990	-T (sec. 401(a) or 408(a) trust)	05	05 Form 6069			11		
Form 990	-T (trust other than above)	06	Form 8870					
 If this is box I reconstructed the I 	arganization does not have an office or place of business s for a Group Return, enter the organization's four digit 0	Group Exe and atta NOVE anization's	emption Number (GEN) I uch a list with the names and TINs of MBER 16, 2020 , to file s return for: d ending	f this is fo all memb	r the whole <u>o</u> ers the exten npt organizat	group, check this nsion is for.		
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.				3a_	\$	0.		
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and				25	¢	0.		
estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$ c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by								
	using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$				\$	0.		
	If you are going to make an electronic funds withdrawal				nd Form 887			

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