## ., 990-EZ

# Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-1150 2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

		Service	F information about Form 990-EZ and its instructions is at www.irs.gov/io				
_			ar year, or tax year beginning January 1 , 2016, and ending		embe		, 20 16
_	Check if ap		C Name of organization	D Empl	oyer ıd	entification r	umber
=	Address o	•	Friends of Los Ninos		2	0-0721276	
	Name cha	-	Number and street (or P O box, if mail is not delivered to street address) Room/suite	E Telep	ohone n	umber	
=	Instal retu	rn/term:nated	PO Box 250065	1	46	9-287-6789	1
=	Amended		City or town, state or province, country, and ZIP or foreign postal code	F Grou	вр Ехе	mption	<u> </u>
	Applicatio	on pending	Plano, Texas 75025	Nun	nber 🕨	•	
G /	Account	ting Method	✓ Cash	Check I	<u>▶ □</u>	f the organi	zation is <b>not</b>
1.4	Vebsite	e:► www.	friendsoflosninos.org			ach Schedu	
J T	ax-exen	npt status (che	ck only one) — ✓ 501(c)(3)			0-EZ, or 990	
		organization					
LA	Add line:	s 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if tot.	al assets			
			v) are \$500,000 or more, file Form 990 instead of Form 990-EZ		<b>▶</b> @		120000
	art l		e, Expenses, and Changes in Net Assets or Fund Balances (see the	netru	-tions	for Part	129980
			the organization used Schedule O to respond to any question in this Part				"
	1		ons, gifts, grants, and similar amounts received	<u> </u>		· · · ·	· · 🖳
	2		ervice revenue including government fees and contracts		1	··	96,765
	3		ip dues and assessments		2		
	1		•	•	3	·	
	4	Investment		•	4		
	5a		unt from sale of assets other than inventory	21,250			
	Ь		or other basis and sales expenses	21,250			
	C		ss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c		0
	6		d fundraising events				
Ф	а		ome from gaming (attach Schedule G if greater than		İ		
2		\$15,000) .		12,515			
Revenue	b		me from fundraising events (not including \$ of contributio	ns			
æ			aising events reported on line 1) (attach Schedule G if the				
			h gross income and contributions exceeds \$15,000) 6b				
	C		t expenses from gaming and fundraising events . 6c	450			
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and su	btract			
		line 6c) .			6d		12,065
	7a		s of inventory, less returns and allowances				
	b	Less. cost	of goods sold		_		
	С	Gross prof	t or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c		
	8	Other rever	nue (describe in Schedule O)	<u>.</u> .	8		
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . PECEN/ED	<b>→</b>	9		108,830
	10	Grants and	similar amounts paid (list in Schedule O)	$\sqrt{1}$	10		110,858
	11	Benefits pa	her compensation, and employee benefits 9 MAY 1 9 2017	ส 🗀	11		
Ses	12	Salaries, of	her compensation, and employee benefits MAY 18. 2017		12		
	13	Profession			13		
Exper	14		rent, utilities, and maintenance	<b>=</b> [	14		,
ŵ	15		iblications, postage, and shipping	<u> </u>	15		490
	16		nses (describe in Schedule O)	┛	16	· · · · · ·	·:
	17	Total expe	nses. Add lines 10 through 16	. ▶	17		111,348
S	18		deficit) for the year (Subtract line 17 from line 9)		18		-2,518
šet	19	Net assets	or fund balances at beginning of year (from line 27, column (A)) (must agree	e with			2,510
Ass	1		r figure reported on prior year's return)		19		41,136
Net Assets	20	Other chan	ges in net assets or fund balances (explain in Schedule O)		20		71,130
ž	21		or fund balances at end of year. Combine lines 18 through 20		21		38,618
For			on Act Notice, see the separate instructions.  Cat No 10642		'	Form 990	)-EZ (2016)

Pa	t II Balance Sheets (see the instructions f	,				
	Check if the organization used Schedule	O to respond to ar	ny question in this	Part II	<u> </u>	<u> </u>
				(A) Beginning of year		B) End of year
22	Cash, savings, and investments		[	41,136	22	38,618
23	Land and buildings		[		23	
24	Other assets (describe in Schedule O)				24	
25	Total assets		[		25	
26	Total liabilities (describe in Schedule O)		[		26	
27	Net assets or fund balances (line 27 of column	(B) must agree with	n line 21)		27	38,618
Par	Statement of Program Service Accom	plishments (see th	e instructions for F	Part III)		
	Check if the organization used Schedule	O to respond to a	ny question in this	Part III 🗌		Expenses
Wha	t is the organization's primary exempt purpose?	supporting program	s for poor children in	Honduras		ired for section )(3) and 501(c)(4)
as n	onbe the organization's program service accompli- neasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the ach program title	e services provided	l, the number of		izations, optional for
28	Supported children in need via grants/donations to a					
	Honduras The funding provides food, education su		maintenance, learnin	g programs,		
	and other needed supplies for the programs operation					
	(Grants \$ 110,858) If this amount	includes foreign gra	ants, check here .	<b>▶</b> ☑	28a	490
29						
	(Grants \$ ) If this amount	includes foreign gra	ants, check here .	<u> ▶                                 </u>	29a	
30						
			ants, check here		30a	
31	Other program services (describe in Schedule O)					
	(Grants \$ ) If this amount	includes foreign gra	ants, check here .	<u> ▶ Џ.</u>	31a	
	Total program service expenses (add lines 28a t				32	
Par					nstruc	tions for Part IV)
	Check if the organization used Schedule	O to respond to a			<del></del>	<i>·</i>
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	0	Estimated amount of their compensation
Gera	lyn Kaminsky					
Presi		3	d		o	0
Katri	na Villarreal				1	
Treas		6	İ		o	0
Mary	Kaminsky				1	
Secr	etary	1	l		٥	0
		1	}			
					$\top$	
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					$\neg$	
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		1				
		-	<del></del>	<del>                                     </del>	+-	
		-		1	-	
			F .			

Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		<u> </u>
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a	Γ	Yes	No
33	detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	<u> </u>	Ť
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b 38a	Did the organization file <b>Form 1120-POL</b> for this year?	37b		1
b	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  If "Yes," complete Schedule L, Part II and enter the total amount involved   38b	38a		1
39	Section 501(c)(7) organizations. Enter:	1	İ	
а	Initiation fees and capital contributions included on line 9	]		
b	Gross receipts, included on line 9, for public use of club facilities			}
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	Ì		]
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	Ì		1
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization	<b> </b>		<u> </u>
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	-	Í
41	List the states with which a copy of this return is filed ► Texas			
42a	The organization's books are in care of ► Katrina Villarreal Telephone no. ►	512-78	9-566	6
	Located at ► 1116 Dalea Bluff, Round Rock, TX ZIP + 4 ►	78	665	T
b	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)?		Yes	No
	If "Yes," enter the name of the foreign country:	42b	ļ	<del>                                     </del>
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
c	At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country:	42c		1
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year			▶ 🗆
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
С	Did the organization receive any payments for indoor tanning services during the year?	44c		1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
b	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," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45b	1	✓

Form 99	90-EZ (2	016)							F	Page 4
_,			-						Yes	No
46		he organization engage, directly or ir				of or in opp	osition	۱	-	
	to ca	ndidates for public office? If "Yes," of		, Part I	<u> </u>			46		✓
Part		Section 501(c)(3) organizations								
	-	All section 501(c)(3) organization	s must answer que	stions 47–49b an	d 52, and	l complete	₃ the t	ables f	or lin	es
		50 and 51								
		Check if the organization used Sc	nedule O to respond	to any question in	n this Part	VI				
								-	Yes	No
47	Did t	he organization engage ın lobbyıng	activities or have a	section 501(h) elec	tion in effe	ect during	the tax	· [		
	year?	If "Yes," complete Schedule C, Par	tll					47	1	1
48	Is the	organization a school as described in	n section 170(b)(1)(A)(i	ii)? If "Yes." complet	te Scheduk	eE.		48		1
49a		he organization make any transfers t		•				49a		1
b		es," was the related organization a se					• •	49b	<del>                                     </del>	<del>                                     </del>
50		plete this table for the organization's					rectors		es an	d kev
50		oyees) who each received more than								
	Citipi	oyees, who each received more than		T		ealth benefits				
	(a)	Name and title of each employee	(b) Average hours per week	(c) Reportable compensation		tions to emplo		) Estimate	ed amo	unt of
	(4)	Marie and title of each employee	devoted to position	(Forms W-2/1099-MIS		lans, and defe	rred	other con	pensa	tion
			· · · · · · · · · · · · · · · · · · ·	·	- 60	mpensation				
n/a no	ne						1			
							1			
							1			
							L_			
							]			
										_
f	Total	number of other employees paid ov	er \$100,000 .	, ▶						
51		plete this table for the organization		ensated independe	nt contrac	tors who	each re	eceived	more	e than
		,000 of compensation from the orga								
		Name and burning and an art and are a	1	#1. T			(-).0.			
	(a)	Name and business address of each independ	ient contractor		service-		- (c) Cc	mpensat	on	
None					-					
	<b></b>			1						
				1						
				1						
				<u> </u>						
				1						
				1						
	Total	number of other independent contra	estare each receiving	1 0vor \$100 000						
			_							
52		the organization complete Schedu		,	_	s must at		_		NI.
	<del></del>	oleted Schedule A				· · · ·		✓ Yes		No
Under p	enalties	of perjury, I declare that I have examined this id complete. Declaration of preparer (other that	return, including accompar o officer) is based on all info	nying schedules and state	ements, and ter has any kr	o the best of a	my know	rledge and	belief	, it is
	17601, 43	d complete Beclaration of proparer (orner than		omation of which are par	————		-/	1-2		
Cia-		Superiors		_//	<del></del> -	<u></u>	110	111		<del></del>
Sign		Signature of officer		_/		Date	•			
Here		Katrina Villarreal , Treasurer								
		▼ Type or print name and title						1		
Paid		Print/Type preparer's name	Preparer's signature	ĺ	Date	Chec	k 🗌 ıf	PTIN		
Prep			<u> </u>			self-e	mployed	1		
Use		Firm's name ▶				Firm's EIN I	<b>-</b>			
		Firm's address ▶				Рһопе по				
May t	he IRS	discuss this return with the prepare	r shown above? See	instructions			. ▶	☐ Yes		No

#### 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.

OMB No 1545-0047 2016

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

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

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Name of the organization Employer identification number Friends of Los Ninos 20-0721276 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is; (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations . . . . Provide the following information about the supported organization(s) (iii) Type of organization (i) Name of supported organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D) (E)

Total

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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	31364	50987	77416	77394	108830	345991
2	Tax revenues levied for the	31304	30367	77410	77354	108830	343331
_	organization's benefit and either paid	-		· ·			
	to or expended on its behalf					ا	•
3	The value of services or facilities	0	0	0	0	0	
3	furnished by a governmental unit to the						
	organization without charge		_				_
	-	0	0	0	0	0	0
4	Total. Add lines 1 through 3	31364	50987	77416	77394	108830	345991
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly		'				
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						16000
6	Public support. Subtract line 5 from line 4						329991
	on B. Total Support			· · · · · · · · · · · · · · · · · · ·		<del></del>	·
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	31364	50987	77416	77394	108830	345991
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources	0	0	0	211	40	251
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on	0	0	0	0	0	0
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)	0	0	. 0	0	0	0
11	Total support. Add lines 7 through 10	-					346242
12	Gross receipts from related activities, etc.	. (see instruction	ons)			12	21150
13	First five years. If the Form 990 is for th	ie organization	n's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he	re					▶ 🛚
Secti	on C. Computation of Public Suppor	t Percentage	е				
14	Public support percentage for 2016 (line 6	3, column (f) di	vided by line 1	1, column (f))		14	95 %
15	Public support percentage from 2015 Sch	nedule A, Part	II, lıne 14 .			15	98 %
16a	331/3% support test-2016. If the organi	zation did not	check the box	c on line 13, ar	nd line 14 is 33	31/3% or more,	check this
	box and stop here. The organization qua	lifies as a publ	icly supported	organization			🕨 🗸
b	331/3% support test-2015. If the organi						
	this box and stop here. The organization	qualifies as a į	publicly suppo	rted organizati	on		▶ ☑
17a	10%-facts-and-circumstances test-26	<b>016.</b> If the ora	anization did n	ot check a box	x on line 13. 1	6a. or 16b. and	d line 14 is
	10% or more, and if the organization me						
	Part VI how the organization meets the "						
	organization			•	•		
b	10%-facts-and-circumstances test – 20						
	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization in						
	supported organization						<b>&gt;</b> [
18	Private foundation. If the organization di						
	instructions						
		<u> </u>	<u> </u>		<u> </u>	<u> </u>	<u> </u>

### 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.)

	ii the organization falls to qualify	under the te	SIS IISTED DEIG	JW, piease co	inplete rait	11.)	
	on A. Public Support						
	dar year (or fiscal year beginning in) ▶	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
2	received. (Do not include any "unusual grants")  Gross receipts from admissions, merchandise						
2	sold or services performed, or facilities		[				
	furnished in any activity that is related to the						
_	organization's tax-exempt purpose .						ļ
3	Gross receipts from activities that are not an unrelated trade or business under section 513		1				
							ļ
4	Tax revenues levied for the organization's benefit and either paid						
	to or expended on its behalf		į				ł
5	The value of services or facilities						
3	furnished by a governmental unit to the						<u> </u>
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						1
ь	Amounts included on lines 2 and 3					<del></del>	
-	received from other than disqualified				Ì		
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b	·					
8	Public support. (Subtract line 7c from						
	line 6.)				<u> </u>		
	on B. Total Support						<del></del>
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,		ļ. <u> </u>		<u> </u>		
	payments received on securities loans, rents, royalties and income from similar sources.						
	•	···-					
D	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b		<del></del>				<del> </del>
11	Net income from unrelated business						
• •	activities not included in line 10b, whether		]		<u>]</u>		
	or not the business is regularly carned on						
12	Other income. Do not include gain or						1
	loss from the sale of capital assets						}
	(Explain in Part VI.)						<u> </u>
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)		<u>L                                  </u>			<u> </u>	<u> </u>
14	First five years. If the Form 990 is for the	_	n's first, secon	d, third, fourth	n, or fifth tax y	ear as a sectio	on 501(c)(3)
<u></u>	organization, check this box and stop he		<u> </u>	<u> </u>	<u> </u>	· · · ·	•
	on C. Computation of Public Suppor			0 1 (0)		145!	
15	Public support percentage for 2016 (line 8		•	, ,,,,		15	<u>%</u> %
16 Socti	Public support percentage from 2015 Schon D. Computation of Investment In-			· · · ·		16	
17	Investment income percentage for 2016 (			v line 12 colu	mp (fl)	17	%
18	Investment income percentage for 2016		• • •	-	(iii (i))	18	
19a	331/3% support tests—2016. If the organ				nd line 15 is n		
. Ja	17 is not more than 331,8%, check this box						
b	331/3% support tests—2015. If the organiz		-				
	line 18 is not more than 331/2%, check this l						
20	Private foundation. If the organization di	· -	-	•		-	

#### 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.)

	Sections A, D, and E. II you checked 12d of Part I, complete Sections A and D, and complete P	art v.	<u>·/</u>	
Secti	on 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 <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	Yes	No
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	<b>√</b>	<u> </u>
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		1
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 <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		✓
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a	<b>√</b>	
Ь	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	. 🗸	,
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 <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c	<b>√</b>	-
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 <b>Part VI</b> , 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).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		-
с 6	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	5с		
	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 <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		1
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 <b>Part VI</b> .	9a		1
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 <b>Part VI</b> .	9b		1
С	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 <b>Part VI.</b>	9c		1
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.	10a		1
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.)

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
a	below, the governing body of a supported organization?	11a		1
b	A family member of a person described in (a) above?	11b		<b>V</b>
	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		<b>1</b>
Secti	on B. Type I Supporting Organizations		· ·	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	Γ	Yes	No
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	Ì		
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		}	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			ĺ
•		1		<del> </del>
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		ĺ
Secti	on 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	1	•	}
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1	}	İ
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		l	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		1
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		-	
3	the organization maintained a close and continuous working relationship with the supported organization(s)  By reason of the relationship described in (2), did the organization's supported organizations have a	2		<u> </u>
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			ŀ
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s).
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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	see in	struct	юпs).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			]
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,		İ	
	how the organization was responsive to those supported organizations, and how the organization determined		1	
	that these activities constituted substantially all of its activities.	2a	1	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		ł	
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	O.L	1	1
3	Parent of Supported Organizations. Answer (a) and (b) below.	2b	<del> </del>	<del> </del>
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? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	1	i

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting organ	izat	ons must complete Sect	ions 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):			<del> </del>
a Average monthly value of securities	1a		<u> </u>
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	10		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	ļ		
factors (explain in detail in Part VI)	-		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	·	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	١.		
see instructions).	4	<u> </u>	<b>_</b>
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		
<b>2</b> 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_		1
7 Check here if the current year is the organization's first as a non-functional	y in	tegrated Type III support	ıng organizatıon (see
instructions).			

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	organizations, in excess of income from activity	· · · · · · · · · · · · · · · · · · ·		
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nızations	
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	h the organization is res	ponsive	
	(provide details in Part VI) See instructions			
9_	Distributable amount for 2016 from Section C, line 6	<del></del>		
10	Line 8 amount divided by Line 9 amount	<del></del>		
S:	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required – explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2016			
a				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			W
g	Applied to underdistributions of prior years		<u> </u>	
<u>h</u>	Applied to 2016 distributable amount			
<u>i</u>	Carryover from 2011 not applied (see instructions)			
<u>j_</u>	Remainder, Subtract lines 3g, 3h, and 3i from 3f.			····
4	Distributions for 2016 from			
	Section D, line 7:			<del></del>
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3 <sub>j</sub> and 4c.			
8	Breakdown of line 7:			
а				
b	Excess from 2013 .			
С	Excess from 2014			
d	Excess from 2015			
е	Excess from 2016			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1; Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8; and Part V, Section E,
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Part IV Sect	ion A
1) No pera	rticles of incorporation, Board approves supported organization via a vote by Board of Directors Mission of the organization
is soley for	the benefit of supporting programs that help poor children in Honduras.
4b) Yes, Fri	ends of Los Ninos decides on all donations and approves via vote by the Board prior to the disbursement of funds to the
receiving pi	rogram.
4-3.34	
4c) yes, in	e supported organization sends receipts and the volunteers conduct an audit once a year, with one Board member present, to
confirm fun	ds were used as directed.
***************************************	
<b>******</b>	