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SCANNED DEC 1 9 2017

EXTENDED TO NOVEMBER 15, 2017

Return of Organization Exempt From Income Tax

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

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

2016 Open to Public

		Information about Form 550 and its instructions	IN BY WWW I	2.00V/70/TD99U	- Surobaction-
<u>A</u>	For t	e 2016 calendar year, or tax year beginning a	nd ending		
	Check i applica			D Employer identif	ication number
Γ	Add	CONTEXTOS NFP		Ì	
F	Nam			27-3	326532
7	loith retu		Room/sulte	E Telephone numbe	
⊢	Fine		Noonvanie	(312	
_	retu torm ated	n-			456,418.
		Chicago, IL 60661		G Gross receipts \$	
<u> </u>	Appi Lión			H(a) is this a group i	
_	Deuc		622		s? Yes X No
	Tov.o	tempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(H(b) Are all aubardinates i	list. (see instructions)
		Re: HTTP: //WWW.CONTEXTOS.ORG/	1) 01 1 1 527	H(c) Group exemption	
		f organization: X Corporation Trust Association Other	I Van		M State of legal domicile: II
	art I		I L Teai	or toritiation. 2020	W State of legal dominente, A.
	1	Briefly describe the organization's mission or most significant activities: CON	י פסידעאיי	MISSION IS	ጥር
8	! '	TRANSFORM THE EDUCATIONAL EXPERIENCE SO			
Ĕ	2	Check this box ▶ ☐ if the organization discontinued its operations or disp			
Activities & Governance	3			3	
ģ	4	Number of independent voting members of the governing body (Part VI, line 1b)			
45	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)			1
ğ	8				
Š	7,	Total unrelated business revenue from Part VIII, column (C), line 12		* ** ** *** ** *** 	0.
ĕ	, ,	Net unrelated business taxable income from Form 9907 Une 34-1\/-		7b	Ö.
			OI I	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		401,969.	393,494.
ခို	9	Program service revenue (Part VIII, line 2g)	ا	23,354.	
Revenue	10			2,581.	5.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	· · ·	3,812.	5,658.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u></u> 8 }	431,716.	456,418.
_	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		144.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		4,887.	3,411.
		 		199,024.	238,608.
Se	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	ь	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	910.		
ΔĬ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		221,709.	221,096.
i		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		425,764.	463,115.
	19	Revenue less expenses. Subtract line 18 from line 12		5,952.	-6,697.
ets or Jances			Beg	inning of Current Year	End of Year
S S S	20	Total assets (Part X, line 16)		136,054.	138,384.
8	21	Total liabilities (Part X, line 26)		34,736.	43,763.
<u> </u>	21 22	Net assets or fund balances. Subtract line 21 from line 20		101,318.	94,621.
Pa	rt II	Signature Block			
		ities of perjury, I declare that I have examined this return, including accompanying schedul			knowledge and belief, it is
true,	correc	t, and complete. Deplaration of preparer (other than officer) is based on all information of v	vhich preparer h	ias any knowledge.	
		Alkeller		Nov /3	2017
Sign	1	Signature of Officer		Date	
Here	•	DEBRA GITTLER, DIRECTOR			
		Type exprint name and title			
		Print/Type preparer's name Preparer's signature		1 5 2017 Check	PTIN
Paid		MARK T JASON Wast	<i>11</i>	SEXI-REMIDION	
Prep		Firm's name JESSER RAVID JASON BASSO AND FA	RBER LL	P Firm's EIN 🕨	46-2353353
Use (only	Firm's address 150 N. WACKER DRIVE, SUITE 3100			
		CHICAGO, IL 60606-1659		Phone no.31	2-782-4710
		S discuss this return with the preparer shown above? (see instructions)		<u></u>	X Yes No
63200	1 11-1				Form 990 (2016)
	S	BE SCHEDULE O FOR ORGANIZATION MISSION ST	PATEMEN'	r Continuat:	12 C34
					· - 471

	990 (2016) CONTEXTOS NFP	<u>27-3326532</u>	Page 2
Par	t III Statement of Program Service Accomplishments		_
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission		
	CONTEXTOS, AN EDUCATIONAL NONPROFIT, ESTABLISHED IN 2010	IN EL	
	SALVADOR AND THE USA, INCREASES ACCESS TO QUALITY INSTRUC		
	TRANSFORM STUDENTS' EDUCATIONAL EXPERIENCE SO THEY GO BEY		
	MECHANICAL READING SKILLS TO DEVELOP TRUE LITERACY THAT I		
		NCORPORATE	<u> </u>
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Y€	s X No
	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?	Y€	s X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as m	easured by expense	c
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	•	
	revenue, if any, for each program service reported	, the total expenses,	ariu
4-	025 770	162	,115.)
4a			,113.
	THROUGH VARIOUS INITIATIVES, CONTEXTOS INCREASES ACCESS T		
	EDUCATION INSTRUCTION AND PROVIDES STUDENTS WITH AN EDUCA		
		OBLEM	
	SOLVING, CURIOSITY, AND QUESTIONING. THESE INITIATIVES IN	CLUDE,	
	BUT ARE NOT LIMITED TO: (1) TEACHER TRAINING/TURNKEY LIBR	ARY	
	INITIATIVE - CONTEXTOS PROVIDES TRAINING, COACHING, AND W	ORKSHOPS	
	TO TEACHERS IN ORDER TO DEVELOP TEACHER PRACTICES TO INCR		
	STUDENT READING FLUENCY AND COMPREHESION. CONTEXTOS ALSO		
) SOY	
		ND	
	PUBLISH THEIR OWN BOOKS AND DIGITAL MEMOIRS. THE PURPOSE		
	INCREASE WRITING ABILITIES AND INCREASE INTEREST IN READI	NG AND	
4b	(Code) (Expenses \$	\$)
			<u>`</u>
4c	(Code) (Expenses \$	- S	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$		
4e	Total program service expenses ► 235,770.		
		Forn	n 990 (2016)
	CEE CCUEDIUE O EOD COMMINIATION/C		•

	990 (2016) CONTEXTOS NFP 27-33	<u> 26532</u>	P	age 3
Par	t 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			
	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 effection in	ct	ļ	ļ
	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	1	1	1
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Par	t/ <u>6</u>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		ļ	ļ
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	<u> </u>	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	Ì	1	1
	Schedule D, Part III	8	<u> </u>	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for]	l
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?	1	1	}
	If "Yes," complete Schedule D, Part IV	9	<u> </u>	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	t		
	endowments, or quasi-endowments? f "Yes," complete Schedule D, Part V	10	<u> </u>	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	ŀ	1	ļ
	as applicable		L	ļ
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,]	
	Part VI	11a	X	 -
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	 	X
С	Did the organization report an amount for investments · program related in Part X, line 13 that is 5% or more of its total	}	1	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	 	X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	<u> </u>	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	 	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	İ	1	١,,
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111	├	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			ļ
	Schedule D, Parts XI and XII	12a	X	├
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	1	1	
	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		 ^
14a		14a	X	┼
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	- 1		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1445	x	İ
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	+	\vdash
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	45	1	x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	+-	+**
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	1		x
4=	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16_	+	+^
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		X
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	+	+**
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10	1	Х
	1c and 8a? If "Yes," complete Schedule G, Part II	18	+	+

Form **990** (2016)

complete Schedule G. Part III

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Form 990 (2016) CONTEXTOS NFP
Part IV | Checklist of Required Schedules (continued)

			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
þ	If "Yes" to line 20a, did the Organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			-
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? 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			
	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part 11	26	Х	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		!	
	director, trustee, or direct or indirect owner? 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		<u>X</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		_X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	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 301.7701-37 If "Yes," complete Schedule R, Part I	33		<u>X</u>
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		<u>X</u>
35a	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?			
	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			٠
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37_		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990	(2016)

Form 990 (2016) 27-3326532 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes Nο 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? X 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2b 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? За b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a b If "Yes," enter the name of the foreign country ► EL SALVADOR See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c 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 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 6b Organizations that may receive deductible contributions under section 170(c). X a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? X 7c If "Yes," indicate the number of Forms 8282 filed during the year 7d Ы Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9ь Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter 11 Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c

Form 990 (2016)

14a

Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

X

CONTEXTOS NFP 27-3326532 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			X
<u>Sec</u>	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 11			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			ļ
b	Enter the number of voting members included in line 1a, above, who are independent 1b 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	l]
	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, or trustees, or key employees to a management company or other person?	3		<u>X</u> _
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
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	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:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	·		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	\mathbf{X}^{-}	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		
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			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	<u></u>		
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	L		
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed >IL, CA, NY			
18	Section 61 O4 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailable	 -	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ıal	
	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:			
	DEBRA GITTLER - 312-841-1324			
	641 W. LAKE ST, SUITE 200, CHICAGO, IL 60661			
	3 14 11 18	Forn	990	(2016)

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

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

X

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

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

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

		or any related organization compensate						·	T		
(A) Name and Title	(B)	(do not check more than one				1		(D)	(E)	(F)	
Name and Title	Average hours per					than c		Reportable	Reportable	Estimated	
	week	offi	box, unless person is both an officer and a director/trustee)			s both r/trus	ı an tee)	compensation from	compensation from related	amount of	
	(list any	ě						the	organizations	other compensation	
	hours for	drec						organization	(W·2/1099·MISC)	from the	
	related	ee or	stee			nsate		(W-2/1099-MISC)	(** = *********************************	organization	
	organizations	Individual trustee or director	institutional trustee		oyee	ошо		'		and related	
	below	ndual	tetto	ia.	шb	est c	펄			organizations	
	line)	Ē	Inst	Officer	Key	Highest compensated employee	Former		,		
(1) DEBRA GITTLER	60.00	1									
DIRECTOR		X	<u> </u>					57,500.	0.	3,411.	
(2) ANTHONY BARASH	1.00		ļ								
DIRECTOR		X						0.	0.	0.	
(3) ANNE HAND	0.50]									
DIRECTOR		X						0.	0.	0.	
(4) OSCAR M. OROZCO, SR.	0.50										
DIRECTOR		X						0.	0.	0.	
(5) GABRIELA POMA	0.50										
DIRECTOR		X						0.	0.	0.	
(6) RICARDO CEVALLOS	0.50										
DIRECTOR		X			İ			0.	0.	0.	
(7) OMAR EGAN	0.50										
DIRECTOR		X			ŀ			0.	0.	0.	
(8) GLORIA RASKOSKY	0.50										
DIRECTOR		x						0.	0.	0.	
(9) JAVIER ALFARO	0.50										
DIRECTOR		X						j 0.	0.	0.	
(10) JILL GROSS	0.50										
FOUNDER & OWNER		X						0.	0.	0.	
(11) DARLENE MCCAMPBELL	0.50										
DIRECTOR		X						0.	0.	0.	
		1									
		 									
		1									
					_		-		<u> </u>		
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	1		<u> </u>	<u> </u>			_	I		Form 990 (2016	

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Form 990 (2016)

\$100,000 of compensation from the organization

	•	Check if Schedule O cont	anns a resnonse	or note to any line	a in this Bart VIII			
		Shook ii Saneddie O cank	anis a response	or note to any line	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ई स	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
s, g	c	: Fundraising events	1c					
i i	d	Related organizations	1d					
S, E	е	Government grants (contributi	ions) 1e	30,000.				
ΪŠ	f	All other contributions, gifts, gran	ts, and					
혈력		similar amounts not included abo	ve 1f	363,494.				
Ē	g	Noncash contributions included in lines	1a-1f \$	2,340.				
$\frac{9}{2}$	h	Total. Add lines 1a 1f		🛌 🕨	393,494.			
				Business Code				
8	2 a		ING	541900	56,947.	56,947.		
Ē Š	b			713990	230.	230.		
ջ	C	SALES OF PRODUC	<u>T</u>	453000	84.	84.		
E Z	d	l						
Program Service Revenue	е	·					······································	
٩	f	All other program service reve	nue					
\rightarrow		Total. Add lines 2a-2f			57,261.		·	
	3	Investment income (including	dividends, intere	st, and	_	_		
- 1		other similar amounts)		>	5.	5.		
l	4	Income from investment of tax	k-exempt bond p	roceeds				
	5	Royalties		<u> </u>		/		
	_	0	(i) Real	(ii) Personal				
	6 a		 					
	b	• • • • • • • • • • • • • • • • • • • •						[
	C	, ,	L	<u> </u>			····	
	d	Net rental income or (loss) Gross amount from sales of	() Coourtino	(v) Other				
	/ a		(i) Securities	(ii) Other		1		
	b	assets other than inventory Less cost or other basis		1				
	Ų	and sales expenses						
	С	_ ;	-					
	d			'				
1	8 a		a events (not					
Jue		including \$	of					
š		contributions reported on line]
۳		Part IV, line 18	а			1		1
Other Revenue	b	Less direct expenses	b			İ		
0		: Net income or (loss) from fund	Iraising events	•				
		Gross income from gaming ac	-					
		Part IV, line 19	а					
	b	Less direct expenses	b					1
	С	: Net income or (loss) from gam	ing activities					
}	10 a	Gross sales of inventory, less	returns					
l		and allowances	а					
	b	Less cost of goods sold	b					
ļ	С	Net income or (loss) from sale		•				
		Miscellaneous Revenu	θ	Business Code				<u> </u>
		OTHER INCOME		900099	5,658.	5,658.		
	b							
	C							
		All other revenue						
		Total. Add lines 11a-11d			5,658. 456,418.	62,924.	0.	0.
632009	12	Total revenue. See instructions.			400,410.	04,344.	<u> </u>	Form 990 (2016)

Form 990 (2016) CONTEXTOS NFP Part IX Statement of Functional Expenses

Sect	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon	iete all columns. All othe	r organizations must com	nplete column (A).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising
1	Grants and other assistance to domestic organizations		ехрепаез	general expenses	expenses
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				· · · · · · · · · · · · · · · · · · ·
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	3,411.	3,411.		
5	Compensation of current officers, directors,				
	trustees, and key employees	57,500.	23,000.	17,250.	17,250.
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	145,539.	95,622.	27,038.	22,879.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)		2		
9	Other employee benefits	22,459.	13,961.	4,630.	3,868.
10	Payroll taxes	13,110.	8,729.	2,380.	2,001.
11	Fees for services (non-employees)				
а	Management				
b	· · · · · · · · · · · · · · · · · · ·				
C	· ·	35,441.		35,441.	
d	, 9				
e	· · · · · · · · · · · · · · · · · · ·				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
40	column (A) amount, list line 11g expenses on Sch 0.)	7,588.			7 500
12	Advertising and promotion	8,967.	1,824.	7,143.	7,588.
13	Office expenses	499.	1,024.	499.	
14	Information technology Royalties	477.		499.	
15 16	, , , ,	21,600.		21,600.	
17	Occupancy _ Travel	3,504.	1,402.	1,051.	1,051.
18	Payments of travel or entertainment expenses	3,304.	1,402.	1,031.	1,051.
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	2,031.		2,031.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	11,364.		11,364.	
23	Insurance	1,834.		1,834.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	CONTINUING EDUCATION	48,175.	21,216.	7,686.	19,273.
b	COMPUTER EXPENSES	26,042.	26,042.	, , , , , ,	
c	BOOKS PURCHASES	25,687.	24,572.	1,115.	
d	SCHOOL AND LIBRARY EXPE	5,704.	5,704.		
	All other expenses	22,660.	10,287.	12,373.	
25	Total functional expenses Add lines 1 through 24e	463,115.	235,770.	153,435.	73,910.
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)				
632010) 11-11-16				Form 990 (2016)

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	•	Check if Schedule O contains a response or note	to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	-		90,054.	1	65,788.
	2	Savings and temporary cash investments			3,396.	2	563.
	3	Pledges and grants receivable, net		<i>'</i>		3	
	4	Accounts receivable, net			11,859.	4	48,668.
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation					
		Part II of Schedule L		5			
	6	Loans and other receivables from other disqualifi					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sections	on 50°	1(c)(9) voluntary			
ध		employees' beneficiary organizations (see instr).	Comp	lete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
ď	8	Inventories for sale or use				8_	
	9	Prepaid expenses and deferred charges	_	_		9	3,986.
	10a	Land, buildings, and equipment cost or other					
		basis Complete Part VI of Schedule D	10a	71,956.			
	b	Less accumulated depreciation	10b	53,477.	29,845.	10c	18,479.
ı	11	Investments - publicly traded securities				11	
	12	Investments - other securities See Part IV, line 1			12		
	13	Investments - program-related See Part IV, line 1	1			13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	900.	15	900.		
	16	Total assets. Add lines 1 through 15 (must equa	I line	34)	136,054.	16	138,384.
	17	Accounts payable and accrued expenses	32,761.	17_	41,788.		
	18	Grants payable			18		
	19	Deferred revenue		ļ		19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
es	22	Loans and other payables to current and former				[;	ļ
iliti	İ	key employees, highest compensated employees	s, and	disqualified persons.	1,975.		1,975.
Liabilities]	Complete Part II of Schedule L			1,9/5.	22	1,9/3.
_	23	Secured mortgages and notes payable to unrelate				23	
	24	Unsecured notes and loans payable to unrelated		ī		24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines Schedule D	17.24) Complete Part X 01		25	
	26	Total liabilities. Add lines 17 through 25		}	34,736.	26	43,763.
	20	Organizations that follow SFAS 117 (ASC 958)	chec	k here X and			
40		complete lines 27 through 29, and lines 33 and				[
ĕ	27	Unrestricted net assets			97,922.	27	75,067.
Fund Balances	28	Temporarily restricted net assets		i	3,396.	28	19,554.
89	29	Permanently restricted net assets				29	
E .]	Organizations that do not follow SFAS 117 (AS	SC 95	8), check here			
Ē		and complete lines 30 through 34.		,,			}
Net Assets or	30	Capital stock or trust principal, or current funds				30	ļ
ššei	31	Paid-in or capital surplus, or land, building, or eq	nt fund		31		
ţ	32	Retained earnings, endowment, accumulated inc				32	
S	33	Total net assets or fund balances	,	ļ	101,318.	33	94,621.
	34	Total liabilities and net assets/fund balances		11 11 11 1	136,054.	34	138,384.
							Form 990 (2016)

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Form	990 (2016) CONTEXTOS NFP	27	-3326532	Pa	qe 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		6,4				
2	Total expenses (must equal Part IX, column (A), line 25)	_2		3,1	$\frac{15.}{7.>}$			
3	Revenue less expenses Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10	1,3	<u> 18.</u>			
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 in Schedule O)	_9			0.			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	_10	9	4,6	<u>21.</u>			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990 Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	L	<u> </u>				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both			1				
	Separate basis Consolidated basis Both consolidated and separate basis		Ĺ	<u> </u>				
ь	Were the organization's financial statements audited by an independent accountant?		2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis	,					
	consolidated basis, or both		ļ	ļ				
	X Separate basis Consolidated basis Both consolidated and separate basis							
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit			<u>.</u>			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule C)					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Au	dit		<u></u>			
	Act and OMB Circular A-133?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red au	dit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b					
			Form	990	(2016)			

SCHEDULE A (Form 990 of 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number CONTEXTOS NFP 27-3326532 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)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 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) R An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 J 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. 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) (v) Amount of monetary (vi) Amount of other (i) Name of supported (n) EIN (III) Type of organization n your gov ng documen (described on lines 1-10 support (see instructions) support (see instructions) organization Yes No above (see instructions))

Schedule A (Form 990 or 990-EZ) 2016 CONTEXTOS NFP 27-3326 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	252,096.	268,723.	445,819.	401,969.	391,154.	1759761.
2	Tax revenues levied for the organ-		-				
	ization's benefit and either paid to				i		
	or expended on its behalf		L		. <u></u>		
3	The value of services or facilities				-		
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	252,096.	268,723.	445,819.	401,969.	391,154.	1759761.
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)						583,174.
6	Public support. Subtract line 5 from line 4						1176587.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	252,096.	268,723.	445,819.	401,969.	391,154.	1759761.
8	Gross income from interest,			ĺ			
	dividends, payments received on						
	securities loans, rents, royalties			1	1		
	and income from similar sources	1.			62.	5.	68.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						<u> </u>
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)				29,685.	65,259.	
11	Total support. Add lines 7 through 10	L	<u> </u>				1854773.
12	Gross receipts from related activities,	etc (see instruction	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thire	d, fourth, or fifth ta	x year as a section	1 501(c)(3)	
	organization, check this box and sto	p here		···-	······································		
<u>Sec</u>	ction C. Computation of Publ	Support Per	centage			r r	62 44
	Public support percentage for 2016 (I		•	olumn (f))		14	63.44 %
	Public support percentage from 2015					15	<u>%</u>
16a	33 1/3% support test - 2016. If the	•			14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		-				► X
b	33 1/3% support test - 2015. If the	_			line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qua	· · · · · · · · · · · · · · · · · · ·					
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac					rt VI how the orgai	nization
	meets the "facts-and-circumstances"						السا
b	10% -facts-and-circumstances test						
	more, and if the organization meets the						,
	organization meets the "facts-and-circ						
<u>18</u>	Private foundation. If the organization	on did not check a	pox on line 13, 16	a, 16b, 17a, or 17b			
					Sche	eaule A (Form 990	or 990-EZ) 2016

Schedule A (Form 990 or 990 EZ) 2016 CONTEXTOS NFP 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

Section A. Pub	under the tests listed be lic Support	elow, please comp	lete Part II.)				
	al year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(6) Total
	ontributions, and	(u) zo iz	(6) 2010	(0) 2014	10/2015	(e) 2010	(f) Total
	es received (Do not		Ti		ļ		Ti
•	nusual grants.")						
2 Gross receipts merchandise s formed, or faci any activity tha	, , ,					•	
_	from activities that				†	 	
•	elated trade or bus-						
iness under se	-						
4 Tax revenues I	evied for the organ-						
	it and either paid to						
5 The value of se	ervices or facilities						
furnished by a	governmental unit to						
the organization	n without charge						
6 Total. Add line	s 1 through 5						
7a Amounts inclu	ded on lines 1, 2, and						
3 received from	n disqualified persons						
from other than disc	on lines 2 and 3 received qualified persons that of \$5,000 or 1% of the or the year						
c Add lines 7a a	nd 7b			<u> </u>			
8 Public suppor	t. (Subtract line 7c from line 6.)						
Section B. Tota	al Support	<u> </u>					
Calendar year (or fisc	al year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from							
securities loan	from interest, ments received on s, rents, royalties om similar sources						
b Unrelated busine	ess taxable income						
(less section 51) acquired after Ju	1 taxes) from businesses ine 30, 1975						
c Add lines 10a :	and 10b om unrelated business	·				<u> </u>	
activities not in	ncluded in line 10b, the business is						
	Do not include gain e sale of capital						
	Add lines 9, 10c, 11, and 12)						
• • •	s. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth to	ax year as a section	on 501(c)(3) organiza	ation,
•	and stop here	<u>-</u>		<u> </u>	<u>-</u>		
Section C. Con	nputation of Publi	c Support Per	centage				
15 Public support	t percentage for 2016 (la	ne 8, column (f) di	vided by line 13, c	olumn (f))		15	%
16 Public support	percentage from 2015	Schedule A, Part	III, line 15			16	%
	nputation of Inves						
17 Investment inc	ome percentage for 20	16 (line 10c, colur	nn (f) divided by lir	ne 13, column (f))	· -	17	%
,	come percentage from		· · ·	.,,		18	%
	ort tests - 2016. If the			on line 14, and line	e 15 is more than	33 1/3%, and line 1	7 is not
	1/3%, check this box ar						▶□
	ort tests - 2015. If the						ind
	nore than 33 1/3%, che	•					ightharpoons
	ation. If the organizatio			-	•	=	
							200 571 0040

632023 09-21-16

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

- 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 (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		
3b		
3c		
4a		
4b	-	
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Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orgar	nizations	
1	· Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (explain in	Part VI) See instructions. A
	other Type III non-functionally integrated supporting organizations must co			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
_2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or	l i		
	maintenance of property held for production of income (see instructions)	6]		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ıon 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		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI).			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		<u></u>
8	Minimum Asset Amount (add line 7 to line 6)	8		<u> </u>
Sec	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		· · · · · · · · · · · · · · · · · · ·
4	Enter greater of line 2 or line 3	4		
_5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6_		<u>l</u>
7	Check here if the current year is the organization's first as a non-functional	lly integra	ted Type III supporting org	anization (see
	instructions)	-		

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nizations (continued)				
Secti	on D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish exer	npt purposes					
2	Amounts paid to perform activity that directly furthers exempt	t purposes of supported					
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purposes of supported organizations						
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (pnor IRS approval required)						
6	Other distributions (describe in Part VI). See instructions						
7	Total annual distributions. Add lines 1 through 6						
8	Distributions to attentive supported organizations to which the	e organization is responsive					
	(provide details in Part VI). See instructions						
9	Distributable amount for 2016 from Section C, line 6						
10	Line 8 amount divided by Line 9 amount						
		(i)	(ii)	(iii)			
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016			
			116-2010				
	Distributable amount for 2016 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2016 (reason-						
	able cause required explain in Part VI). See instructions						
3	Excess distributions carryover, if any, to 2016.						
a							
<u>b</u>	<u></u>) 				
	From 2013						
d_	From 2014						
	From 2015						
	Total of lines 3a through e						
	Applied to underdistributions of prior years						
<u>h</u>	Applied to 2016 distributable amount						
	Carryover from 2011 not applied (see instructions)						
	Remainder. Subtract lines 3g, 3h, and 3i from 3f						
4	Distributions for 2016 from Section D,						
	line 7 ⁻ \$						
	Applied to underdistributions of prior years						
	Applied to 2016 distributable amount		<u> </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			1			
	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	<u> </u>	 				
7	Excess distributions carryover to 2017. Add lines 3j						
	and 4c	 	 				
8	Breakdown of line 7	 	 				
_ <u>a</u>		 					
	Excess from 2013 Excess from 2014	 					
		 					
	Excess from 2015 Excess from 2016						
е	EAUG33 IIUIII ZU IU	<u> </u>	<u> </u>				

632028 09-21-16

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.

Information about Schedule D (Form 990) and its instructions is at www.us.gov/form990.

OMB No 1545-0047 6 **Open to Public** Inspection

Name of the organization

CONTEXTOS NEP

Employer identification number 27 – 3326532

Par	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
	_ ,	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year	<u> </u>	
5	Did the organization inform all donors and donor advisors in v		
_	are the organization's property, subject to the organization's		☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose of	
Par	impermissible private benefit?		Yes No
<u> </u>			Part IV, line 7
1	Purpose(s) of conservation easements held by the organization	_ <u></u> · •·	
	Preservation of land for public use (e.g., recreation or e		orically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		_2a
b	Total acreage restricted by conservation easements		2b
	Number of conservation easements on a certified historic stru	, ,	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic structu	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per	,	
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	iling of violations, and enforcing conserva	tion easements during the year
	\$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization's accounting for
Do:	conservation easements t III Organizations Maintaining Collections of	Art Historical Traccures or Ot	hor Similar Accets
Pai			Her Sillilai Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	•	
	historical treasures, or other similar assets held for public ext		nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
þ	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pul	blic service, provide the following amounts
	relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, historical tre		l gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	,
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X	the state of the s	> \$
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2016

Part IV Crganizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) 3
(check all that apply) a
a Public exhibition d Loan or exchange programs b Scholarly research e Other c Preservation for 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's collection? 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? It is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? It is genining balance Beginning balance Additions during the year Distributions during the year Distributions during the year Ending balance Additions during the year Distributions during the year Ending balance Additions during the year Distributions during the year Ending balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (a) Current year (b) Prior year (c) Two years back (d) Three years back (a) Four years back (a) Four years back (b) Prior year (c) Two years back (d) Three years back (e) Four years back (a) Four years back (a) Four years back (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Four years back (f) Two years back (g) Four years back (g) Four years back (g) Four years back (g) Four years back (g) Four years back (g) Four years back (g) Four years back (g) Four years back (g) Four years back (g) Four years back (g) Four years back (g) Four years back (g) Four years back (g) Four years back (g) Four years back (g) Four years back (g) Four years back (g) Four years back
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e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10 [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment \(\bar{\text{P}} \)
f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b if "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10 (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment \(\) 9000000000000000000000000000000000000
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2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment \(\rightarrow \) \(\limes \)
a Board designated or quasi-endowment %
b Permanent endowment
c Temporarily restricted endowment ▶ %
The percentages on lines 2a, 2b, and 2c should equal 100%.
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization
by. Yes No
(i) unrelated organizations 3a(i)
(ii) related organizations 3a(iii)
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 (b) Cost or other (c) Accumulated (d) Book value
basis (investment) basis (other) depreciation
1a Land
b Buildings
c Leasehold improvements
v consistent intervention
d Equipment 69.402. 51.720. 17.682.
d Equipment 69,402. 51,720. 17,682. e Other 2,554. 1,757. 797.

Schedule D (Form 990) 2016

SCHEDULE F (Form 990).

Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs gov/form990

Inspection

Name of the organization

Employer identification number

CONTEXTOS NFP				27-33265	3 2
Part I General Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organization answered "	Yes" on
Form 990, Part IV					
			is to substantiate the amount of its gra		
the grantees' eligibility fo	or the grants or a	ssistance, and t	he selection criteria used to award the	grants or assistance?	Yes No
2 For grantmakers. Desc	ribe in Part V the	organization's	procedures for monitoring the use of its	grants and other assistance out	side the
United States.					
			in be duplicated if additional space is n	eeded)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	1	11	PROGRAM SERVICES	EDUCATIONAL PROGRAMS	207,000.
CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENTS		18,000.
3 a Sub-total	1	11			225,000.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	1	11			225,000.

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

Schedule F (Form 990) 2016

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any Part II

recipient who received more than \$5,000 Part II can be duplicated if additional space is needed

(i) Method of valuation (book, FMV appraisal, other)					
(h) Description of noncash assistance					
(g) Amount of noncash assistance			•		
(f) Manner of cash disbursement					
(e) Amount of cash grant					
(d) Purpose of grant					
(c) Region					
(b) IRS code section and EIN (if applicable)		,			
1 (a) Name of organization					

Schedule F (Form 990) 2016

the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entities

က

27-3326532

Page 3

CONTEXTOS NFP

Schedule F (Form 990) 2016 CONTEX1

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16

Part III can be duplicated if additional space is needed

(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2016
(g) Description of noncash assistance					Schedu
(f) Amount of noncash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant					
(c) Number of recipients					
(b) Region					
(a) Type of grant or assistance (b) Region					

	ule F (Form 990) 2016 CONTEXTOS NFP	27-3326532	Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization		
	may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign		
	Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign		
	Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To		
	Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes."		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		
	Instructions for Form 5713; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2016

SCHEDULE L

Transactions With Interested Persons

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

Department of the Treasury

► Attach to Form 990 or Form 990-EZ.

Open To Public

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Name of the organization	CONTEXTOS	NFP					Employe 27-33			on nui	mber
Part Excess Bene	fit Transacti	ons (section 5)	01(c)(3), secti	on 501(c)(4), and 501	(c)(29) organizations	127-33	203.	J <u>Z</u>	-	
					rt IV, line 25a or 25b,)h			
1	/b) F	Relationship bet				_0. 1 0.111 330°EZ, Fa	v, mie 40	,,,	100	Corre	cted?
(a) Name of disqualified p	person	person and or			(с) Description of trans	saction		Ye		No
		·							+**	<u> </u>	NO
									+	\dashv	
							··· ·		+-		-
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2 Enter the amount of tax	incurred by the o	rganization man	agers	or disq	ualified persons durii	ng the year under					
section 4958			_				▶ \$	s			
3 Enter the amount of tax,	ıf any, on line 2,	above, reimburs	ed by	the org	ganization		▶ \$				
	_										
Part II Loans to and	or From Int	erested Pers	sons.								
Complete if the	organization ansv	vered "Yes" on I	Form 9	90-EZ,	Part V, line 38a or Fe	orm 990, Part IV, line	26, or if th	ne organ	nizatio	n	
reported an amo								Ū			
(a) Name of	(b) Relationship	(c) Purpose		an to or	(e) Original	(f) Balance due	(g) In	(h) Apr		(1) 44	ritten
interested person	with organization	of loan		zation?	principal amount		default?	comm	iittee?	agree	ment?
				From			Yes No	Yes	No	Yes	No
DEBRA GITLER	DIRECTOR	TO FUND	X	<u></u>	5,705.	1,975.	X	X			Х
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Total	alatana na		1		. > \$	1,975.		<u></u>			
Part III Grants or As	sistance Ber	etiting inter	este	Per	sons.						
Complete if the c		vered "Yes" on I	Form 9	90, Pa	rt IV, line 27	 ₁.					
(a) Name of interested p	person	(b) Relationship			(c) Amount of assistance	(d) Type) Purpo		f
		interested pers the organiza		a	assistance	assistano	e	č	assista	ınce	
							-				
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LHA For Paperwork Reduct	tion Act Notice,	see the Instruc	tions f	or For	m 9 90 or 990-EZ.	Sche	dule L (Fo	rm 990	ı or 99	U-EZ)	2016

SEE PART V FOR CONTINUATIONS

(a) Name of interested person	ed "Yes" on Form 990, Part IV, line 28a, 2		(a) Decrees	(e) Sh	arino
(a) Name of interested person	person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	zatioi
				Yes	N
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art V Supplemental Information Provide additional information for res	sponses to questions on Schedule L (see i	instructions)			
CHEDULE L, PART II, LOAN	S TO AND FROM INTERES	TED PERSONS	S:		
A) NAME OF PERSON: DEBRA	GITLER				
B) RELATIONSHIP WITH ORG	ANIZATION: DIRECTOR				
C) PURPOSE OF LOAN: TO F	UND OPERATIONS				
D) LOAN TO OR FROM ORGAN	IZATION? = TO				
E) ORIGINAL PRINCIPAL AM	OUNT \$ 5,705. (F) BA	LANCE DUE S	1,975.		
G) LOAN IN DEFAULT? = NO					
H) APPROVED BY BOARD OR	COMMITTEE? = YES				
I) WRITTEN AGREEMENT? =	NO				
		····			
			<u> </u>		
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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.

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

CONTEXTOS NFP

Employer identification number 27-3326532

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
LEARNING TO DEVELOP AUTHENTIC LITERACY SKILLS SUCH AS INTERPRETATION
ANALYSIS & CREATIVITY
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CRITICAL-ANALYTICAL THINKING, PROBLEM SOLVING, CURIOSITY AND
QUESTIONING. TO DO THIS, CONTEXTOS CREATES LIBRARIES, PROVIDES
COMMUNITY OUTREACH AND IMPLEMENTS AN INNOVATIVE MODEL OF TEACHER
TRAINING. WE BENEFIT ALL AGES OF STUDENTS, ENSURING THEY ARE BETTER
PREPARED TO ENTER, THRIVE IN, AND ULTIMATELY COMPLETE SECONDARY SCHOOL.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
WRITING. (3) CALEE - AIMS TO DEVELOP A NETWORK OF BEST PRACTICES
EDUCATIONAL ORGANIZATIONS FROM EL SALVADOR, MEXICO, GUATEMALA,
HONDURAS, NICARAGUA, COSTA RICA, PANAMA, AND THE DOMINICAN
REPUBLIC. CALEE ENVISIONS READING AS A KEY TOOL TO DEVELOP
CULTURAL SHIFTS THAT PROMOTE DEMOCRATIC CITIZENSHIP AND PEACE. (4)
THE NEW THE E-READER PROGRAM IS THE FIRST E-READING AND DIGITAL
LIBRARY PROGRAM ESTABLISHED IN EL SALVADOR.
FORM 990, PART VI, SECTION B, LINE 11B:
A COPY OF FORM 990 IS FORMALLY REVIEWED BY TWO MEMBERS OF THE BOARD OF
DIRECTORS BEFORE THE SIGNATURE AND SUBMISSIONS OF THE INFORMATIONAL RETURN.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS OR CONFLICT OF

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

Schedule O (Form 990 or 990-EZ) (2016)

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