EXTENDED TO NOVEMBER 15, 2019

Return of Organization Exempt From Income Tax

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

Open to Public

Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information A For the 2018 calendar year, or tax year beginning and ending Check if applicable C Name of organization D Employer identification number CONTEXTOS NFP 27-3326532 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 641 W. LAKE ST., SUITE 200 (312)841-1324 term ated City or town, state or province, country, and ZIP or foreign postal code 1,379,130 G Gross receipts \$ Amended CHICAGO, IL 60661 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: DEBRA GITTLER __Yes X No for subordinates? 641 W LAKE SUITE 200, 60661 CHICAGO, H(b) Are all subordinates included? Yes Tax-exempt status X 501(c)(3)] 501(c) (4947(a)(1) or) ◀ (insert no.) If "No," attach a list (see instructions) J Website: ► HTTP: //WWW.CONTEXTOS H(c) Group exemption number ▶ Form of organization: X Corporation Year of formation: 2010 M State of legal domicile: IL Trust Association Other > Part I Summary CONTEXTOS' MISSION IS TO Briefly describe the organization's mission or most significant activities: Activities & Governance TRANSFORM THE EDUCATIONAL EXPERIENCE. Check this box 🕨 💹 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2018 (Part V, line 2a) Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 38 **Prior Year Current Year** 915,600. 1,061,855. Contributions and grants (Part VIII, line 1h) Revenue 30,565. 303,835. Program service revenue (Part VIII, line 2g) 6,936. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 .748 438. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 949,914. 1,373, 064. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Ō. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 3,614. 4,571.Benefits paid to or for members (Part IX, column (A), line 4) 14 388,780. 513,232. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 93,074. b Total fundraising expenses (Part IX, column (D), line 25) 352,510. 388,162. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 905,965. 744,904. Total expenses Add lines 3.17 (must-equal Part X)
 Revenue less expenses Subtract line 18 from line 12 205,010. 467,099. Beginning of Current Year 5 End of Year Ö NOV 2 1 2019 351,562. 752,918. Total assets (Part X, line 16 51,931. 10,367. 21 Total liabilities (Part X, line 26 Net assets or fund balances. Subtractiners from lin $\overline{299},631$ Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign ANTHONY H. BARASH, CHAIRMAN Here Type or print name and title Date Preparer's signature Print/Type preparer's name 11-15 **№**00582778 Paid MARK T JASON Firm's name JESSER RAVID JASON BASSO AND FARBER Preparer Firm's address > 150 N. WACKER DRIVE, SUITE 3100 Use Only Phone no. 312-782-4710 CHICAGO, IL 60606-1659

LHA For Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? (see instructions)

Form **990** (2018)

31925

X Yes'

<u>Form</u>		326532	Page 2
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
11	Briefly describe the organization's mission		
	CONTEXTOS, AN EDUCATIONAL NONPROFIT, ESTABLISHED IN 2010 IN I	<u> L</u>	
	SALVADOR AND THE USA, INCREASES ACCESS TO QUALITY INSTRUCTION	N. WE	
	TRANSFORM STUDENTS' EDUCATIONAL EXPERIENCE SO THEY GO BEYOND		
	MECHANICAL READING SKILLS TO DEVELOP TRUE LITERACY THAT INCOM	RPORATES	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes [X No
	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?	Yes	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 measure	d by expenses	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the to		í
	revenue, if any, for each program service reported	a oxponoco, and	
4a	(Code) (Expenses \$ 526,021. including grants of \$) (Revenue \$	1,365,6	91. 1
40	THROUGH VARIOUS INITIATIVES, CONTEXTOS INCREASES ACCESS TO QU		<u>, , , , , , , , , , , , , , , , , , , </u>
	EDUCATION INSTRUCTION AND PROVIDES STUDENTS WITH AN EDUCATION		
		M SOLVIN	G
	CURIOSITY, AND QUESTIONING. THESE INITIATIVES INCLUDE, BUT AN		<u> </u>
	LIMITED TO: (1) SOY AUTOR INITIATIVE - STUDENTS LEARN TO REAL		
	WRITERS DO, AND PUBLISH THEIR OWN BOOKS AND DIGITAL MEMOIRS.	THE	
	PURPOSE IS TO INCREASE WRITING ABILITIES AND INCREASE INTERES		
		AND COACH	
		NCOURAGE	
		CHICAGO	
	THE CHICAGO INITIATIVE - INMATES AND OTHER AT RISK YOUTH IN CLEARN TO PUBLISH THEIR STORIES IN AN EFFORT TO INTERRUPT THE		
		CICHH OF	
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$		 ′
			
			
			
4c	(Code) (Expenses \$) (Revenue \$) (Revenue \$)		
			
			
			
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 526,021.		<u> </u>
	CEE COMEDINE O FOR CONTINUATION(S)	Form 99	U (2018)

Form 990 (2018) CONTEXTOS NFP
Part IV Checklist of Required Schedules

			T.,	Г
4.	le the expansion described in section E01/o/(2) or 4047(o)(1) (other than a private foundation)?		Yes	No
11	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	۱.	х	
_	If "Yes," complete Schedule A	1 2	X	-
2	Is the organization required to complete Schedule B, Schedule of Contributors?		A_	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	١,		_v
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	١.,		↓
_	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			۱,,
	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			۱
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	ľ		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			:
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X	•	:	
	as applicable			
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	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
-	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			-
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	i	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	1		
. •	complete Schedule G, Part III	19		X
Nο	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
- '	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21		Х
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Form 990 (2018)

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Form 990 (2018) CONTEXTOS NFP
Part IV | Checklist of Required Schedules (continued)

22 Dd the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, country (A): Complete Schedule I, Part I and 101 of the organization answer "Yes" to Part IVI, Suction A, Iris 3, 4, or 5 about compensation of the organization's current and former officers, director, trustes, key employees, and highest compensation demployees? "I "Yes," complete Schedule I. Abust and susceptions of the last day of the year, that was issued after December 31, 2002? "I "Yes," answer afree 24th through 24th and complete Schedule I. "I Mo." go to the new across account other than a refunding scrow at any time during the year to defease any tax-exempt bonds? "I be the organization meets are across account other than a refunding scrow at any time during the year to defease any tax-exempt bonds?" I be the organization exemption and soft of the organization exemption and soft of the organization exception?" I be the organization exemption as an 'on behalf of sauer for bonds outstanding at any time during the year? 25a Section 69(6)(3), 60(6)(4), and 69(6)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person of unity the year? "I "Yes, complete Schedule I. Part I." I be the organization organization expensive that the ransaction has not been reported on any of the organization with a disqualified person on a prior year, and that the transaction has not been reported an any of the organization with a disqualified person on a prior year, and that the transaction has not been reported an any of the organization with a disqualified person on a prior year, and that the transaction and person during the year? If year, complete Schedule I. Part IV organization received in a prior of the organization organization received for a grant of other assistance to an officer, director, trustee, key employees or of sequalitied persons? "I "Yes," complete Schedule I. Part IV organization receive any payment of the following parties (see Schedule I				Yes	No
23 De the organization server "Yes" to Part VII, Section A, Inia 3, 4 or 5 about compensation of the organization is current and former officers, develors, trustees, key employees, and highest compensation employees? "If "Yes," complete Schedule I, Part IV or the year, that was assailed after Desember 31, 2002? "If "Yes," answer lines 240 binough 34d and complete Schedule K. If "Yos," or to line 25a. 24b Did the organization invest as they proceeded of tax exempt bonds beyond a temporary period exception? 24c Did the organization mantaria an escrive account other than a refunding escrive at any time during the year to defease any tax-exempt bonds? 24d Did the organization mantaria an escrive account other than a refunding escrive at any time during the year to defease any tax-exempt bonds? 24d Did the organization and the standard organization and the organization and the standard organization and the standard organization and the transaction with a designation and standard present during the year? 25d Section 50 (150), 501(6)(4), and 501(6)(29) organizations. Did the organization regings in an excess benefit transaction with a designation and the transaction has not been reported on any of the organization springs and excess benefit transaction with a designation expense sheriff transaction with a designation expense sheriff transaction with a designated person of any organization organization and the transaction has not been reported on any of the organization springs from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or dequalified person in a prior year, complete Schedule I, Part IV 25d Did the organization provide a grant or other assistance to an officer, director, trustee, key employees or year. The year organization organization and the sub-insect stransaction with one of the following parties (see Schedule II, Part IV in the Anniet of the parties Schedule II is a sub-insect transaction with an expensive organization related to an	22				
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Schedule / 1. **Pack 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? // *Yes,* answer lines 24b through 24d and complete Schedule K. // **Pack to the year, that was issued after December 31, 2002? // *Yes,* answer lines 24b through 24d and complete Schedule K. // **Pack to year year year year year year year year	23				
24a Dd the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24th through 24d and complete Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax exempt bonds beyond a temporary peniod exception? 24b Did the organization invest any proceeds of tax exempt bonds beyond a temporary peniod exception? 24c Did the organization invest any proceeds of tax exempt bonds outstanding at any time during the year to defease any tax-exempt bonds? 25a Section 50 (E(a))3, 00 (E(a))4, and 50 (E(b)29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person of the organization what disqualified person of the organization what disqualified person in a prior year, and that the transaction has not been reported on any of the organization spinor Forms 990 or 990-E27 If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employees, or disqualified persons? If "Yes," complete Schedule L, Part II Did the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable fining thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions for applicable fining thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions for applicable fining thresholds, conditions, and exceptions and the part I will be applicable from the organization receive entertual to any tax-exempt or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions for "Yes," complete Schedule R, Part IV instructions or the part I will be applications or the part I wi		, , , , , , , , , , , , , , , , , , ,		 •	
shedule K. If "No," go to hen 25s b Od the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? c Did the organization mineral an escribe account other than a refunding escribe at any time dump the year? to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time dump the year? 24d 24d 25d 5d Section 5d (10(a)), 5d (10(d)), and 6d (10(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? "1"vs," complete Schedule L, Part I b Is the organization aware that the graged in an excess benefit transaction with a disqualified person during the year? "1"vs," complete Schedule L, Part I b Is the organization aware that the graged 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-E27 ("1"vs," complete Schedule L, Part II b Id the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, director, titustee, or encloyes, or disqualified persons? ("1"vs," complete Schedule L, Part II b Id the organization provide a grant selection committee member, or to a 35% controlled entity or family member of any of those persons? ("1"vs," complete Schedule L, Part III b Id the organization aparty to a business transaction with one of the following parties (see Schedule L, Part III b A family member of a current or former officer, director, titustee, or key employee? ("1"vs," complete Schedule L, Part III c A remains of the parties of the parti			23		_
Schedule K. If "No." go to line 25a b Did the organization maintain an escrive account other than a refunding escrive at any time during the year to defease any tax exempt bonds? d) the organization acts as in "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax exempt bonds? d) of the organization acts as in "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 50 (E(3), 50 (E(4)), and 50 (E(2)) organizations. Did the organization excess benefit transaction with a disqualided person during the year? 25a Section 50 (E(3), 50 (E(4)), and 50 (E(2)) organizations. Did the organization expect in an excess benefit transaction with a disqualided person in a prory year, and that the transaction has not been reported on any of the organization's prior forms 500 or 690 (EZ? If "Yes," complete Schedule I, Part II D) did the organization report any amount on Part X. Ine 5, 6, or 22 for receivables from or payables to any current or forms orfficers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule I, Part III and the properties of any current or forms orfficer, a grant selection committee member, or to a 55% controlled entity or family member of any of these persons? If "Yes," complete Schedule I, Part IV instructions for applicable limpt thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I, Part IV instructions for applicable limpt thresholds, conditions, and exceptions in the properties Schedule II. Part IV instructions for applicable limpt thresholds, conditions, and exceptions? If "Yes," complete Schedule II. Part IV in the Carrent of former officer, director, trustee, or key employee? If "Yes," complete Schedule II. Part IV in the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedul	24 a				
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any tax-exempt bonds? Old the organization acts as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 50 (tc)(3), 50 (c)(4), and 50 (c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I., Part I is the organization has not been reported on any of the organization stage that it engaged in an excess benefit transaction what a disqualified person of uning the year? If "Yes," complete Schedule I., Part I is 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, furstless, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule I., Part II is complete Schedule I., Part II is a part or other assistance to an officer, director, furstless, key employee, substantial contributor or employee thread, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I., Part II is a complete Schedule			240		
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25a Section 601(c)(3), 601(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 spore Forms 990 or 990-E27 if "Yes," complete Schedule L, Part II 25b Ut 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 II 27b Ut 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 27c United Part III 27	А				
transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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 950 or 999 EZP. If "Yes," complete Schedule L, Part II 25b					
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? // "Yes," complete Schedule L, Part I 25 Dd 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? // "Yes," complete Schedule L, Part II 27 Dd 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? // "Yes," complete Schedule L, Part II 27 and any of these persons? // "Yes," complete Schedule L, Part IV instructions for applicable fling thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? // "Yes," complete Schedule L, Part IV 28a X 28b X 29 Dd the organization receive more than \$25,000 in non-cash contributions? // "Yes," complete Schedule L, Part IV 29b Dd the organization receive more than \$25,000 in non-cash contributions? // "Yes," complete Schedule M 29b X 29b			25a	•	X
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1 Yes, " complete Schedule R, Part V, line 2 36			35b		
Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 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 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096 Enter ·0· if not applicable b Enter the number of Forms W-2G included in line 1a. Enter ·0· if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 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 Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096 Enter ·0· if not applicable b Enter the number of Forms W-2G included in line 1a. Enter ·0· if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			36		<u>X</u>
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 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096 Enter ·0· if not applicable b Enter the number of Forms W-2G included in line 1a. Enter ·0· if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	37				17
Note, All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X		•	37_		<u> </u>
Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X	38			ᢏ	
Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096 Enter ·0· if not applicable b Enter the number of Forms W-2G included in line 1a. Enter ·0· if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X	Da	Note. All Form 990 filers are required to complete Schedule O	38	Α.	
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Li-ai				
ta Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		Chester Constitute & respective of flow to any life in time of act v		Voc	Nc.
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	4-	Enter the number reported in Roy 3 of Form 1096. Enter (), if not applicable		res	140
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X			1 !		
(gambling) winnings to prize winners?		Enter the hamber of forms we administration of a first approach	1		
5 990 (2012)	C		1c	Х	
	832004				2018)

Par	TV Statements Regarding Other IRS Filings and Tax Compliance (continued)					
			1		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	10			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)				
	Did the organization have unrelated business gross income of \$1,000 or more during the year?			<u>3a</u>		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accou	nt)?	4a	Х	
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 A	ccour	nts (FBAR)	ļ		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?)	5b		Х
¢	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	e orga	anızatıon solicit			
	any contributions that were not tax deductible as charitable contributions?			<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribute	ons o	r gifts			1
	were not tax deductible?			6b		-
7	Organizations that may receive deductible contributions under section 170(c).					77
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices	provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired			v
	to file Form 8282?	1	I	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	_7d		<u> </u>		Х
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		3 77	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		200	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	ı by tr	ie	8		\vdash
_	sponsoring organization have excess business holdings at any time during the year?			l °		
9	Sponsoring organizations maintaining donor advised funds.			9a		
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a 9b		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			30		
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12	10a	1			l
a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter.	100	<u> </u>			
	Gross income from members or shareholders	11a	1			
	Gross income from other sources (Do not net amounts due or paid to other sources against	110				
U	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			12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
_	Note. See the instructions for additional information the organization must report on Schedule O					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
-	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O	ļ	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		or			
	excess parachute payment(s) during the year?			15		X
	If "Yes," see instructions and file Form 4720, Schedule N					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t inco	me?	16		X
	If "Yes," complete Form 4720, Schedule O				ا ــــــــــــــــــــــــــــــــــــ	
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CONTEXTOS NFP 27-3326532 Form 990 (2018) 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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 11 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 10 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Х 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a b Each committee with authority to act on behalf of the governing body? 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c in Schedule O how this was done X Did the organization have a written whistleblower policy? 13 13 X 14 Did the organization have a written document retention and destruction policy? 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? X a The organization's CEO, Executive Director, or top management official 15a X 15b b Other officers or key employees of the organization 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 X 16a taxable entity during the year? 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 16b exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶IL, CA, NY Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Own website Another's website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records DEBRA GITTLER - 312-841-1324

Form **990** (2018)

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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 reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A) Name and Title	(B) Average		not c	Pos	more	than o		(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (list any		, unle: cer an		recto	r/trus	tee)	compensation from the	compensation from related organizations	amount of other compensation
	hours for related organizations below line)	stee or	institutional trustee	Officer	Key employee	Highest compensated employee	ormer	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) DEBRA GITTLER	60.00	<u> </u>	=	0	¥	7.0				
FOUNDER & OWNER		x						84,000.	0.	4,571
(2) ANTHONY BARASH	1.00	T						•		
DIRECTOR		\mathbf{x}						0.	0.	0
(3) ANNE HAND	0.50		Г							
DIRECTOR		x						0.	0.	0
(4) OSCAR M. OROZCO, SR.	0.50									
DIRECTOR		\mathbf{x}	<u> </u>					0.	0.	0
(5) GABRIELA POMA	0.50									
DIRECTOR		\mathbf{x}						0.	0.	0
(6) RICARDO CEVALLOS	0.50									
DIRECTOR		X						0.	0.	0
(7) JAVIER ALFARO	0.50									
DIRECTOR		X				<u> </u>		0.	0.	0
(8) JILL GROSS	0.50							:		_
DIRECTOR		X				L		0.	0.	0
(9) DARLENE MCCAMPBELL	0.50									_
DIRECTOR		X						0.	0.	. 0
(10) FRANCESCA JESSUP	0.50								_	
DIRECTOR		X						0.	0.	0
(11) GARCIELA FRONTG	0.50					ł			•	•
DIRECTOR		X				_		0.	0.	0
(12) ELIZABETH KENNER	40.00	1							•	0
OFFICER	40.00		_	X		_		72,000.	0.	0
(13) RAYMOND THOMPSON	40.00	-		1,				25 000	_	^
OFFICER	40.00	₩	-	X				25,000.	0.	0
(14) ANGELA R RUDOLPH	40.00	-					v	21 000	0	٥
FORMER OFFICER		-					X	21,000.	0.	0
		-								· · · · · ·
		-	_						<u></u>	
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•	(A) Name and title	(B) Average hours per week	I (do not check more than one						(D) Reportable compensation from	(E) Reportable compensation from related	1	(F) stimat mount other	of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	org	npens from th ganiza nd rela anizat	ation ne tion ted
													-
												_	
	*												
	Sub-total Total from continuation sheets to Part VI	L Section A							202,000.	0.		4,5	71.
d	Total (add lines 1b and 1c)							<u> </u>	202,000.	0.		4,5	71.
2	Total number of individuals (including but n compensation from the organization	ot limited to the	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable		·	0
3	Did the organization list any former officer,	director, or tru	ıstee	, ke	y en	nplo	yee,	or h	nighest compensated er	nployee on		Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su		e co	mne	nea	tion	and	oth	er compensation from t	ne organization	3	Х	
7	and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	che	dule	J fo	or such individual		4		Х
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com							late	ed organization or individ	lual for services	5		Х
Sec 1	tion B. Independent Contractors Complete this table for your five highest contractors	mpensated ind	epei	nder	nt co	ntra	ctor	s th	nat received more than \$	100,000 of compens	ation fr	om	
	the organization Report compensation for								the organization's tax y				
	(A) Name and business	address	NC	NE	<u> </u>				(B) Description of s	ervices	Compe	C) ensatio	n
					••								1
2	Total number of independent contractors (if \$100,000 of compensation from the organization from the organizati	_	ot lim	nited	to t	hos 0		ted	above) who received mo	ore than			
									- 		Form	990	2018)

Form 990 (2018) CONTEXT
Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any lir	e in this Part VIII			
•					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Grants	1 a b	Federated campaigns Membership dues	1a 1b					
s, Gifts, nilar Ar	d e	 Fundraising events Related organizations Government grants (contributing) 	1c 1d ons) 1e	200,000.				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grant similar amounts not included above	ts, and	861,855.				
e e	g	Noncash contributions included in lines		2,970.	1,061,855.		· · · · · · · · · · · · · · · · · · ·	
O e	h	Total. Add lines 1a-1f		Business Code				
	2 0	PROGRAM SERVICE	FEES	541900	275,630.	275,630.		
Š	Z a	CONSULTING SERV		541900	26,925.			
Se al	c	LIBRARY CONSULT		541900	1,280.	1,280.		
E S	d							
Program Service Revenue	e							
Ŧ.	f	All other program service rever	nue					
	g	Total. Add lines 2a-2f			303,835.			
	3	Investment income (including	dıvıdends, ıntere	est, and				
		other similar amounts)		>	2.	2.		
	4	Income from investment of tax	exempt bond p	roceeds				ļ
	5	Royalties		<u> </u>		· · · · · · · · · · · · · · · · · · ·		
	_		(i) Real 438.	(II) Personal				
	6 a		0.					
		Less rental expenses Rental income or (loss)	438.	-	1			
		Net rental income or (loss)	430.	<u></u>	438.	438.		
		Gross amount from sales of	(i) Securities	(II) Other				
	, .	assets other than inventory	(y cccanico	13,000.				
	ь	Less cost or other basis			1			
		and sales expenses		6,066.				
- 1	С	Gain or (loss)		6,934.				
i	d	Net gain or (loss)			6,934.	6,934.		
اه	8 a	Gross income from fundraising	events (not					
Other Revenu		including \$						1
ا <u>چ</u>		contributions reported on line	1c) See		!			
ē		Part IV, line 18	a		-			
ㅎ		Less direct expenses	b raising avents					
		 Net income or (loss) from fund Gross income from gaming ac 						
	<i>3</i> a	Part IV, line 19	a					
	b	Less direct expenses	b		1	,		
		Net income or (loss) from gami	ing activities					
:		Gross sales of inventory, less r	=	_				
l		and allowances						
	b	Less cost of goods sold	b	L			·	
,	С	Net income or (loss) from sales		, <u> </u>				<u> </u>
		Miscellaneous Revenue		Business Code	-			
	11 a			<u> </u>				
	b	***************************************						
	۲ 0	All other revenue						
ł	_	Total. Add lines 11a-11d					··.	
		Total revenue See instructions			1,373,064.	311,209.	0.	0.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (B) (A) Do not include amounts reported on lines 6b, Total expenses Program service Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4,571. 4,571. Benefits paid to or for members Compensation of current officers, directors, 202,000. 149,500. 28,350. 24,150. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 256,354. 156,491. 46,551. 53,312. Other salaries and wages Pension plan accruals and contributions (include 12,782. 7,239. 2,558. 2,985. section 401(k) and 403(b) employer contributions) 17,824. 1,000. 16,824. Other employee benefits 24,272. 4,101. 4,332. 15,839. Payroll taxes 10 Fees for services (non-employees) 2,291. 2,291. Management 30. 30. b Legal 45,236. 45,236. c Accounting Lobbying e Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25. 23,081. 58,699. 35,218. 400. column (A) amount, list line 11g expenses on Sch O.) 207. 5,097. 1,531. 3,359. Advertising and promotion 12 18,642. 19,271. 629 Office expenses Information technology 14 Royalties 15 34,092. 34,092. Occupancy 16 10,202. 245. 15,628. 5,181. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 3,360. 3,360. 20 Interest Payments to affiliates 21 14,706. 14,706. Depreciation, depletion, and amortization 22 1,810. 100. 1,710. 23 Other expenses Itemize expenses not covered 24 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.) 43,070. 43,070. SCHOOL AND LIBRARY EXP 42,998. 42,998. BOOKS PURCHASES 37,870. 35,300. 2,570. **EVENTS EXPENSE** 12,774. 4,086. 19,119. 2,259. PAYROLL SERVICE FEES 44,885. 1,403. 15,209. 28,273. e All other expenses 905,965. 526.021. 286,870. 93,074 Total functional expenses Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720) Check here

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Form 990 (2018)

		Check if Schedule O contains a response or not	e to an	y line ın thıs Part X			
•					(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing			174,956.	1	366,596
- [2	Savings and temporary cash investments			563.	2	34,636
-	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			147,430.	4	312,439
	5	Loans and other receivables from current and fo	rmer o	ficers, directors,			
		trustees, key employees, and highest compensa	ited en	ployees Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualit	fied pe	sons (as defined under			
		section 4958(f)(1)), persons described in section	4958((3)(B), and contributing			
		employers and sponsoring'organizations of sect	ion 50°	(c)(9) voluntary			
g l		employees' beneficiary organizations (see instr)	Compl	ete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
۴	8	Inventories for sale or use		Ĺ		8	
1	9	Prepaid expenses and deferred charges			6,999.	9	0
	10a	Land, buildings, and equipment cost or other		İ			
		basis Complete Part VI of Schedule D	10a	89,870.	<u> </u>		
	b	Less accumulated depreciation	10b	51,968.	20,269.	10c	37,902
	11	Investments - publicly traded securities				11	
	12	Investments - other securities See Part IV, line 1	1			12	
	13	Investments - program-related See Part IV, line			13		
	14	Intangible assets		<u> </u>		14	
	15	Other assets See Part IV, line 11		1,345.	15	1,345	
_	16	Total assets. Add lines 1 through 15 (must equal	al line 3	4)	351,562.	16	752,918
	17	Accounts payable and accrued expenses	<u> </u>	51,931.	17	10,367	
	18	Grants payable			18		
	19	Deferred revenue		Ļ		19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
ខ្ល	22	Loans and other payables to current and former					
		key employees, highest compensated employee	s, and	disqualified persons.			<u></u>
Liabilities		Complete Part II of Schedule L				22	
-	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated		-		24	
	25	Other liabilities (including federal income tax, pa					
ı		parties, and other liabilities not included on lines	17-24)	Complete Part X of		0.5	
		Schedule D			51,931.	25 26	10,367
\dashv	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958		k here ▶ X and	31,331.	_20_	10,507
		•		k nere			
Se	07	complete lines 27 through 29, and lines 33 an Unrestricted net assets	u 34.	<u></u>	128,094.	27	127,429
<u>a</u>	27	Temporarily restricted net assets	<u> </u>	171,537.	28	615,122	
Ra	28	Permanently restricted net assets			2,2,00,1	29	
2	29	Organizations that do not follow SFAS 117 (A) check here				
=		and complete lines 30 through 34.	30 936	y, check here		٠ ا	
ō	20	,		-		30	
Set	30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or ed	HIIDMA	nt fund		31	
As	31	Retained earnings, endowment, accumulated in			•	32	
Net Assets or Fund Balances	32	Total net assets or fund balances	COINE,	or other lunus -	299,631.	33	742,551
	33 _, 34-	Total liabilities and net assets/fund balances		·	351,562.	34	752,918
1.	54.	Total nabilities and not assets/fully balafices ,				<u> </u>	Form 990 (201

Form	1 990 (2018) CONTEXTOS NFP	27-	3326532	Pag	_{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 1			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,373		
2	Total expenses (must equal Part IX, column (A), line 25)	2		5,9	
3	Revenue less expenses Subtract line 2 from line 1	3			99.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	299	9,6	31.
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	-24	1,1	
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,	1 1			
	column (B))	10	742	2,5	<u>51.</u>
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII		······		بيا
			r	Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		I i		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.	ļ		
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				
	Separate basis Consolidated basis Both consolidated and separate basis			х	
ь	Were the organization's financial statements audited by an independent accountant?		2b	^	
	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				
	X Separate basis		 	\rightarrow	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,		x	
	review, or compilation of its financial statements and selection of an independent accountant?	dl	2c		
_	If the organization changed either its oversight process or selection process during the tax year, explain in Sche		<u>.</u>		
за	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gie Audi	i I		х
1.	Act and OMB Circular A-133?	od audi	. 3a	\dashv	
D	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, available available of and describe any stone taken to undergo such audits.	eu auui	' 3b		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		Form	990 /	2018)
			FOIRI	-55((2010)

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SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization Employer identification number CONTEXTOS NFP 27-3326532 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 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). 7 X 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 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) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in 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 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) (iv) is the organization listed (i) Name of supported (II) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1 10 organization support (see instructions) support (see instructions) above (see instructions))

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

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

Section A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received (Do not								
	ınclude any "unusual grants.")	445,819.	401,969.	391,154.	912,630.	1058886.	3210458.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to					;			
	or expended on its behalf						<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	445,819.	401,969.	391,154.	912,630.	1058886.	3210458.		
5	The portion of total contributions	-			1				
	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)						1000343.		
	Public support. Subtract line 5 from line 4						2210115.		
Sec	ction B. Total Support	r · · · · · · · · · · · · · · · · · · ·							
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
7	Amounts from line 4	445,819.	401,969.	391,154.	912,630.	1058886.	3210458.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,		60	_		,	70		
	and income from similar sources		62.	5.	1.	2.	70.		
9	Net income from unrelated business								
	activities, whether or not the					;			
	business is regularly carried on								
10	•								
	or loss from the sale of capital		20 605	CE 250	27 202	214 177	116 101		
	assets (Explain in Part VI)		29,685.	65,259.	31,203.	314,177.	3656932.		
11	• •	L.,				40	3030332.		
12	Gross receipts from related activities,					12 501(a)(3)			
13	First five years. If the Form 990 is for		tirst, second, third	s, fourth, or fifth ta	x year as a section	1 30 1 (0)(3)	ightharpoonup		
Sec	organization, check this box and storection C. Computation of Publi	c Support Per	centage			•			
	Public support percentage for 2018 (I			olumn (fl)		14	60.44 %		
15			-	olami (i))		15	66.19 %		
	33 1/3% support test - 2018. If the			line 13, and line 1	ا 14 is 33 1/3% or mi				
100	stop here. The organization qualifies			Time 10, and into	14 10 00 17070 01 111	oro, orroor and bor	► X		
h	33 1/3% support test - 2017. If the		_	ne 13 or 16a. and	line 15 is 33 1/3%	or more, check thi			
~							▶□		
17a	and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,								
., .	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization								
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
b		•		• • •	-	7a, and line 15 is 1	10% or		
-	b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the								
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.								
18	18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								
	Schedule A (Form 990 or 990-EZ) 2018								

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Schedule A (Form 990 or 990-EZ) 2018 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

~`	qualify under the tests listed be	elow, please com	plete Part II)				
	ction A. Public Support			<u></u>		T	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")		ļ	ļ			ļ
2	Gross receipts from admissions,					~	
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose					ļ <i></i>	
3	Gross receipts from activities that						
	are not an unrelated trade or bus-				/	4	
	iness under section 513				/		
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to			1			
	or expended on its behalf			ļ	/	ļ	
5	The value of services or facilities				/		
	furnished by a governmental unit to				/	İ	
	the organization without charge			ļ	<u> </u>		
6	Total. Add lines 1 through 5			ļ	/		
7 a	Amounts included on lines 1, 2, and				a ⁱ		
	3 received from disqualified persons			 			
t	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the			/			
	amount on line 13 for the year		 	/			
	Add lines 7a and 7b			//			
	Public support. (Subtract line 7c from line 6.)				<u>.</u> .	I	
	ction B. Total Support		T "	/ / 10010	1 1 2017		1 (0 T-1-1
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
_	Amounts from line 6		 	/			
102	Gross income from interest, dividends, payments received on			/			
	securities loans, rents, royalties,		/	ή			
	and income from similar sources		 				
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975		/				
	Add lines 10a and 10b Net income from unrelated business		 /				
''	activities not included in line 10b,						
	whether or not the business is		/				
10	regularly carried on Other income Do not include gain		/		 		
12	or loss from the sale of capital		/				
40	assets (Explain in Part VI)		7	-	<u> </u>		
	Total support. (Add lines 9, 10c, 11, and 12)	Ab a	A front account thus	d fourth or fifth to		501(a)(3) organize	L
14	First five years. If the Form 990 is for	the organization	s iirst, second, thir	d, fourth, or filth ta	ax year as a section	ii 50 i (c)(5) organiza	ation,
500	check this box and stop here ction C. Computation of Public	c Support Per	rcentage	<u> </u>			
	Public support percentage for 2018 (li			column (fl)		15	%
	Public support percentage from 2017	<i>y</i>	•	column (i))		16	<u>%</u>
	ction D. Computation of Inves					1. 19 1	
17	Investment income percentage for 20			ne 13, column (fl)		17	%
18	Investment income percentage from 2			10, 00.0 (1,)		18	%
	33 1/3% support tests - 2018. If the	,		on line 14, and line	e 15 is more than 3	L	
198	more than 33 1/3%, check this box an						▶□
۴	33 1/3% support tests - 2017. If the						ınd
	line 18 is not more than 33 1/3%, chec	<i>y</i> -					▶
20		,					_
	23 10-11-18			<u> </u>		edule A (Form 990	or 990-EZ) 2018
	·- ·- · · · · · · · · /						,

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		$\overline{}$
3a		
3b		
3c_		
4a		
45		
4b		
4c		
	٠ ا	
5a		
5b		
5c		
6		
7		
8		
9a		
′		
9b_		
9c		
10a		
10b		
990 or 99	0-F71	2018

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а

b

C

Part IV

За

the supported organization(s)

supported organizations played in this regard.

Activities Test Answer (a) and (b) below.

activities but for the organization's involvement

3 Parent of Supported Organizations. Answer (a) and (b) below.

trustees of each of the supported organizations? Provide details in Part VI.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

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

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	Nov. 20, 1970 (explain in f	Part VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must c	omplete Sec	ctions A through E	
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			
	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	ion 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)			
а	Average monthly value of securities	1a		
	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	<u></u>	<u></u>
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		
8	Minimum Asset Amount (add line 7 to line 6)	8	<u></u> .	
Sect	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		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting orga	anization (see
	, material and			

Schedule A (Form 990 or 990-EZ) 2018

Par	1 v 1 type III Non-Functionally integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	· · · · · · · · · · · · · · · · · · ·	
•	(provide details in Part VI). See instructions			
9	Distributable amount for 2018 from Section C, line 6			
	Line 8 amount divided by line 9 amount			
	and a directive division by mile a division.	(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6	\		
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2018		<u> </u>	
a	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2018 from Section D,			
	line 7 [·] \$			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder Subtract lines 4a and 4b from 4			
	Remaining underdistributions for years prior to 2018, if		-	l "
•	any Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2018 Subtract lines 3h			
_	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2019. Add lines 3			
•	and 4c			
8	Breakdown of line 7			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

SCHEDULE D

(Form 990)

Part I

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047 Inspection

Name of the organization

CONTEXTOS NFP

Employer identification number

27-3326532 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year 1 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of a historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. Total number of conservation easements 2a 2b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of ີ Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for

- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
 - (i) Revenue included on Form 990, Part VIII, line 1
 - (ii) Assets included in Form 990, Part X
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- a Revenue included on Form 990, Part VIII, line 1
- Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2018

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	dule D (Form 990) 2018 CONTEXT							26532	
Pai	t III Organizations Maintaining C	ollections of Art	, Historica	l Treasures, c	r Other	Simila	r Assets	(continu	ed)
3	Using the organization's acquisition, accessi								
	(check all that apply).								
а	Public exhibition	d	Loan	or exchange progi	ams				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	oliections and explain	how they fur	ther the organizati	on's exem	pt purpo	se in Part	XIII	
5	During the year, did the organization solicit of	r receive donations of	f art, historica	al treasures, or oth	er sımılar a	assets			
	to be sold to raise funds rather than to be ma	aintained as part of the	e organizatio	n's collection?				Yes	No_
Par	t IV Escrow and Custodial Arran	gements. Complet	te if the orga	nization answered	"Yes" on	Form 990), Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21							
1a	Is the organization an agent, trustee, custodi	an or other intermedia	ary for contril	outions or other as	sets not ir	ncluded			
	on Form 990, Part X?						L	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the folio	owing table.						
								Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
	Did the organization include an amount on F					y?	L	」 Yes	⊢ No
Par	If "Yes," explain the arrangement in Part XIII					~			
Fai	t V Endowment Funds. Complete						anna haak	(a) Four v	ooro book
	Decree of war halance	(a) Current year	(b) Prior y	ear (c) Two yea	ars back 1	a) Three \	ears back	(e) rour y	rears back
1a	Beginning of year balance								
b	Contributions								
ت س	Net investment earnings, gains, and losses								
đ	Grants or scholarships Other expenditures for facilities								
е	and programs								
	Administrative expenses					· · ·			
'	End of year balance								
g 2	Provide the estimated percentage of the curi	rent year end balance	(line 1a, coli	ımn (a)) held as					
~ a	Board designated or quasi-endowment	one your one balance	%	(4),					
b	Permanent endowment	%							
c	Temporarily restricted endowment	%							
•	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
За	Are there endowment funds not in the posse		ion that are h	neld and administe	red for the	organiza	ation		
	by	·						Y	es No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	itions listed as require	d on Schedu	le R?				3b	
4	Describe in Part XIII the intended uses of the		ment funds						
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" on Form 990,	Part IV, line	11a. See Form 990	D. Part X, I	ne 10.			
	Description of property	(a) Cost or oth) Cost or other	1 ''	cumulate	ed	(d) Book	value
		basis (investme	ent)	basis (other)	dep	reciation			
1a	Land								
b	Buildings								
С	Leasehold improvements			05.51.		46 =			
d	Equipment			87,314.	ļ	49,7		37	,559.
<u> e</u>				2,556.	L	2,2	13.		343.
Total	. Add lines 1a through 1e. (Column (d) must e	aual Form 990. Part X	(. column (B).	Ine 10c.)				37	,902.

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 CONTEXTOS NF	P	27-3326532			
Part VII Investments - Other Securities.					
Complete if the organization answered "Yes" o	n Form 990, Part IV, Ji				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	valuation Cost or end	l-of-year market value	
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A)					
(B)	·			<u> </u>	
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)					
Part VIII Investments - Program Related.					
Complete if the organization answered "Yes" o					
(a) Description of investment	(b) Book value	(c) Method of \	valuation. Cost or end	l-of-year market value	
(1)					
(2)	· · · · · · · · · · · · · · · · · · ·				
(3)					
(4)					
(5)	·				
(6)	<u></u>				
(7)					
(8)					
(9) Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶					
Part IX Other Assets.					
Complete if the organization answered "Yes" o	n Form 990 Part IV II	ne 11d. See Form 990	Part X line 15		
	escription	110 110 000 10111 000,	Tar A, IIIO TO	(b) Book value	
(1)					
(2)					
(3)					
(4)					
(5)	<u> </u>				
(6)					
(7)				- · · ·	
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		•		
Part X Other Liabilities.					
Complete if the organization answered "Yes" o	n Form 990, Part IV, li		n 990, Part X, line 25.		
1. (a) Description of liability		(b) Book value			
(1) Federal income taxes					
(2)					
(3)			_		
(4)		·	4		
(5)			4		
(6)			4		
(7)		<u> </u>	4		
(8)			4		
			4		
Total. (Column (b) must equal Form 990. Part X. col. (B) line 2	25.)				

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

Schedule D (Form 990) 2018

19061114 251757 31925

SCHEDULE F (Form 990)

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.

0040

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection	

Ivanie of the organization					Employer identi	ncation number
CONTEXTOS NFP					27-332653	32
	rmation on A	ctivities Out	side the United States. Comple	ete if the organ		
Form 990, Part IV						·
1 For grantmakers. Does	the organization	maintain record	ds to substantiate the amount of its gra	ints and other a	assistance,	
the grantees' eligibility f	or the grants or a	issistance, and t	he selection criteria used to award the	grants or assis	tance?	Yes No
2 For grantmakers. Desc United States	ribe in Part V the	organization's	procedures for monitoring the use of its	s grants and oth	ner assistance outs	side the
	he following Part	I. line 3 table ca	in be duplicated if additional space is n	eeded)		
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region	1	rity listed in (d)	(f) Total
,, ,	offices	employees, agents, and independent	(by type) (such as, fundraising, pro-		gram service,	expenditures
	ın the region	independent	gram services, investments, grants to		specific type	for and investments
		contractors in the region	recipients located in the region)	of service(s) in the region	in the region
CENTRAL AMERICA AND						
THE CARIBBEAN -						
ANTIGUA & BARBUDA,]					
ARUBA, BAHAMAS,	1	16	PROGRAM SERVICES	EDUCATIONAL	PROGRAMS	550,000.
CENTRAL AMERICA AND						
THE CARIBBEAN -						
ANTIGUA & BARBUDA,	,					
ARUBA, BAHAMAS,			INVESTMENTS			28,000.
						<u> </u>
•						
	1					
	1					
						<u> </u>
					_	
•						
3 a Subtotal	1	16				578,000.
b Total from continuation					•	
sheets to Part I	0	0	,			0.
c Totals (add lines 3a						
and 3b)	1	16				578,000.

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

Schedule F (Form 990) 2018

CONTEXTOS NFP Schedule F (Form 990) 2018 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 recipient who received more than \$5,000 Part II can be duplicated if additional space is needed Part II

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2 Enter total number of by the IRS, or for which	recipient organization ch the grantee or cour	is listed above that are r nsel has provided a sect	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	foreign country, i	ecognized as tax·ex	ampt 🛦		

Schedule F (Form 990) 2018

Enter total number of other organizations or entities

9

CONTEXTOS NFP

Schedule F (Form 990) 2018 CONTEXTOS NFP

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)					
(g) Description of noncash assistance					
(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					

Schedule F (Form 990) 2018

"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

Instructions for Form 5713, don't file with Form 990)

Schedule F (Form 990) 2018

Yes X No

SCHEDULE J (Form 990)

Compensation Information

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

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

► Attach to Form 990.

Open to Public

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

CONTEXTOS NFP

Employer identification number 27-3326532

Pa	rt I . Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use	'		i
	Travel for companions Payments for business use of personal residence		-	
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			1
	Discretionary spending account Personal services (such as maid, chauffeur, chef)]. [
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			لـــــا
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	<u>. </u>		لـــــا
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	_2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
4				
_	organization or a related organization:	4a		
	Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
C	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	The storage of lines 4a.c., list the persons and provide the applicable amounts for each term in the street are in			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of			
а	The organization?	5a		X
	Any related organization?	5b		X
-	If "Yes" on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			.
-	contingent on the net earnings of			
а	The organization?	6a		X
	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7_		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	. 9		
LHA		ule J (Forn	n 990)	2018

Schedule J (Form 990) 2018

CONTEXTOS NFP

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

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

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

						Γ		
		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(c)-(i)(a)	in Column (b) reported as deferred on prior Form 990
(1) ANGELA R RUDOLPH	Ξ	21,000.	0	0	0	0	21,000.	0.
FORMER OFFICER	: E	0	0	0	0	0	0	0
	Θ							
	(3)							
	€							
	Θ							
	(ii)							
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Schedule J (Form 990) 2018

SCHEDULE 0

w" ,

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

2018
Open to Public Inspection

Name of the organization

CONTEXTOS NFP

Employer identification number 27-3326532

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:
VIOLENCE IN THE CITY.
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
INTEREST POLICY AVAILABLE TO THE THE PUBLIC. THE ORGANIZATION MAKES ITS
FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.
STAFF:
IN 2018, CONTEXTOS HAD A GLOBAL WORKFORCE CONSISTING OF NO MORE THAN 30
EMPLOYEES AT ANY GIVEN TIME. THE STAFF OF THE ILLINOIS HEADQUARTERS
CONSISTED OF FOUR EMPLOYEES. THE REMAINING STAFF ARE BASED IN EL
SALVADOR AND PAY INTO THE LOCAL TAX SYSTEM OF THAT COUNTRY.

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

Schedule O (Form 990 or 990-EZ) (2018)

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization CONTEXTOS NFP	Employer identification number 27-3326532
DOCUMENTS:	
THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS AV	AILABLE TO THE
PUBLIC. THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS A	VAILABLE TO
THE PUBLIC UPON REQUEST.	