Short Form Return of Organization Exempt From Income Tax

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

2018

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Ā	For the	2018 calenda	ar year, or tax year beginning	January 1 , 201	8, and ending	Decer	nber 31	, 20 18
_	Check if a		C Name of organization				er identification	
	Address	change	Adelante Mujer, Inc				465147538	8
	Name ch	ange	Number and street (or P O. box, if mail is not d	elivered to street address)	Room/suite	E Telepho	ne number	
	Initial retu	µm	375 Gillett Street				(920) 926-55	557
닏		m/terminated	City or town, state or province, country, and ZI	P or foreign postal code		F Group	Exemption	
뭐	Amended		Fond du Lac, WI 54935	3.,	031	Numbe	· · · · · · · · · · · · · · · · · · ·	
_		on pending	☐ Cash ☑ Accrual Other (specify	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	. المحترب المحت			nization is not
	Website	iting Method	womanadvance com				பார் ine orga o attach Scher	
			eck only one) — 501(c)(3) 501(c) () ◀ (insert no) ☐ 4947(a)(1)		•	, 990-EZ, or 9	
			✓ Corporation ☐ Trust	Association Other	<u> </u>		, 000 ==, 0, 0	
			7b to line 9 to determine gross receipts. If			assets	 .	
			5500,000 or more, file Form 990 instead of			>	æ	
	art I		e, Expenses, and Changes in Ne			nstructu	ons for Par	† ()
•	are i		the organization used Schedule O					-
	1		ons, gifts, grants, and similar amounts				<u></u>	119699
	2		ervice revenue including government			` `	2	
	3	-	ip dues and assessments			<u> </u>	3	
	4	Investment	•			· · —	4	1691
	5a		ount from sale of assets other than inv			· ·	-	1031
	b		or other basis and sales expenses.	· -			1	
	1		or other basis and sales expenses. ss) from sale of assets other than inve				ic	
	6		id fundraising events:	intory (Subtract line 35 from	i iiie Saj	· · -		
	a	_	ome from gaming (attach Schedul	e G if greater than				
2013 Revenue					a			
_ e	b	Gross inco	me from fundraising events (not include	ding \$	of contributions		-	
₹.			aising events reported on line 1) (atta	-	-			
7	į.	sum of suc	h gross income and contributions exc	ceeds \$15,000) 6t	,			
-	С	Less: direc	t expenses from gaming and fundrais	ing events 60	;			
-	d	Net income	e or (loss) from gaming and fundrais	ing events (add lines 6a a	nd 6b and sub	tract		
)		line 6c) .				6	id	_
:	7a	Gross sales	s of inventory, less returns and allowa	nces	_	_		
	b	Less: cost	of goods sold	7t				
	С	Gross profi	it or (loss) from sales of inventory (Sub	otract line 7b from line 7a)		7	'c	
	8	Other rever	nue (describe in Schedule O)			[8	8	
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, a	nd 8	<u></u>	. ▶ 🔽	9	121390
	10		sımılar amounts paid (list in Schedule			[1	0	27968
	11		aid to or for members			1	1	
Š	12		her compensation, and employee ber			1	2	5013
Expenses	13		al fees and other payments to indeper				3	5279
be	14	Occupancy	, rent, utilities, and maintenance .			1	4	
ũ	15	-	ublications, postage, and shipping				5	1727
	16		nses (describe in Schedule O)				6	12549
_	17		nses. Add lines 10 through 16				7	52536
s	18		deficit) for the year (Subtract line 17 fr				8	68854
set	19	Net assets	or fund balances at beginning of ye	ar (from line 27, column (A	A)) (must agree	with	_	
As		end-of-year	r figure reported on prior year's return)		1	9	116056
Net Assets	20	Other chan	ges in net assets or fund balances (ex	plain in Schedule O)		. 2	0	
Z	21		or fund balances at end of year. Com	•			1	184910
For	Papen	work Reducti	on Act Notice, see the separate instruct	tions. Ca	t: No-10642I		Form 99	0-EZ (2018)

For Paperwork Reduction Act Notice, see the separate instructions.

RECEIVED MAY 16/2019 OGDEN, UT

Pa	rt II Balance Sheets (see the instructions			Don't II		_
	Check if the organization used Schedule	O to respond to a	ny question in this	(A) Beginning of year	·	(B) End of year
			i	<u> </u>	-	
22	Cash, savings, and investments			194044		251994
23	Land and buildings			F 4 F 4	23	2400
24	Other assets (describe in Schedule O)			5451		3100
25	Total assets			199495	+	255094
26	Total liabilities (describe in Schedule O)			83439	11	70184
27	Net assets or fund balances (line 27 of column			116056	27	184910
Par	t III Statement of Program Service Accom				1	Funences
	Check if the organization used Schedule				(Re	Expenses guired for section
Wha	t is the organization's primary exempt purpose?	provide financial aide	to women medical st	udents in Nicaragua	,	(c)(3) and 501(c)(4)
Desc	cribe the organization's program service accompli	shments for each o	f its three largest p	orogram services,	-	anizations, optional for
as n	neasured by expenses. In a clear and concise m	nanner, describe the	e services provide	d, the number of	oth	ers)
	ons benefited, and other relevant information for ea				<u> </u>	~~~~
28	provided financial assistance to 42 woman medical stude		iool and medical supp	olics		
	plus the minimum fees charged by URACCAN University	/ 			1	

		includes foreign gra			28a	27968
29	Other Expenses - includes travel to/from Nicaragua to in	terview students, to mo	eet with the on site co	ordinator,		
	to discuss student progress and to attend graduation					
	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ 🗆	29 a	12549
30	Professional Fees includes amounts paid to an interpre	itor who assists in com	munication with the s	tudents, to		
	the individual that oversees the program onsite and to ar	outside auditing firm	to review the account	ng and		
	reporting structure of the organization				f	
		ıncludes foreign gra	ints. check here .	▶ 🗇	30a	5279
31	Other program services (describe in Schedule O)					
•	· · ·	includes foreign gra		▶ □	31a	6740
32	Total program service expenses (add lines 28a t	through 31a)	and, oncon noro	· · · · · •	32	52536
Par					Ц	
	Check if the organization used Schedule				.00.0	
	Official in the organization used confiduate	` ` ` ` ` ` · · · · · · · · · · · · · ·	(c) Reportable	(d) Health benefits,	Ť	<u> </u>
	(a) Name and title	(b) Average hours per week	compensation	contributions to employ	, , ,	
	(,	devoted to position	(Forms W-2/1099-MISC (if not paid, enter -0-)			other compensation
Diane	Mae Bauknecht				+	
	utive Director	} 30			٨	0
	unive Director				╨	
		}	J			
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				}	-	

Form 990-EZ (2018) Page 3

Part	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			. \square
	instructions for Part v.) Check if the organization used schedule O to respond to any question in this	5 Fari	Yes	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
_	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	<u> </u>	1
c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			ļ
ь	Did the organization file Form 1120-POL for this year?	37b		1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on line 9	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ►	-		
b	1050			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		7>
41	List the states with which a copy of this return is filed ► Wisconsin			
42a		920) 92		57
b	Located at ► 375 Gillett Street, Fond du Lac, WI ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	549 	Yes	No
_	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	√ √	110
	If "Yes," enter the name of the foreign country ▶ Nicaragua			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶	42c		√
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year \Delta 43		. •	▶ □
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		<u> </u>
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		7
c	Did the organization receive any payments for indoor tanning services during the year?	44c	\Box	√
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		[آبـــ
AE -	explanation in Schedule O	44d		√
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		<u> </u>
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		<u> </u>

Form 9	9U-EZ (2	(אדט)							age
								Yes	No
46		he organization engage, directly or ii					n		
	to ca	indidates for public office? If "Yes," of	complete Schedule C	, Part I	· · <u>·</u>		46		✓
Part	VI	Section 501(c)(3) Organization	s Only						
		All section 501(c)(3) organization		stions 47–49b ar	nd 52, an	d complete the	tables fe	or lin	es
		50 and 51.	•			·			
		Check if the organization used Sc	hedule () to respond	I to any question i	n this Par	rt VI			. \square
		Check if the organization used Sc	nedule O to respond	to any question			·····	Yes	No
47	D4.4	he organization engage in lobbying	antuiting or house	costion EO1/b) play	stion in of	fact during the ta	v [103	110
47						rect during the te			,
		? If "Yes," complete Schedule C, Par					47		\ <u>\</u>
48		e organization a school as described i					48	ļ	V
49a	Did t	he organization make any transfers t	o an exempt non-cha	ırıtable related orga	anızatıon?		49a		✓
b	If "Ye	es," was the related organization a se	ection 527 organization	on?			49b		√
50	Com	plete this table for the organization's	five highest compen	sated employees (other than	officers, director	s, trustee	es, an	d key
	empl	oyees) who each received more than	n \$100,000 of compe	nsation from the or	ganızatıor	n. If there is none,	enter "N	lone."	
			(b) Average	(c) Reportable		Health benefits,			
	(a)	Name and title of each employee	hours per week	compensation	henefit	utions to employee (e) Estimate other com		
			devoted to position	(Forms W-2/1099-MIS		compensation	Other Com	pensa	
NONE					_				
f	Total	number of other employees paid ov	er \$100.000	. •					
51		plete this table for the organization			ent contra	— ictors who each r	received	more	thar
J1	\$100	,000 of compensation from the orga	anization. If there is no	one, enter "None."					
	*	,000 01 0011,00110011011 1101 01130							
	(a)	Name and business address of each independ	dent contractor	(b) Type of	service	(c) C	ompensatio	on	
NONE						- 			
NONE				-					
	- 			-					
-									
				1					
			- 						
]					
				1					
	Total	number of other independent contra	actors each receiving	over \$100,000	. •				
		· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	ne must attach	2		
52		the organization complete Scheduloted Schedule A					a ►⊟ Yes	П.	No
			· · · · · · · · · · · · · · · · · · ·						
Under p	penalties	of perjury, I declare that I have examined this of complete. Declaration of preparer (other that	return, including accompan	ying schedules and stat	ements, and	to the best of my know	wledge and	belief,	ıt ıs
true, co	rrect, ar	id complete Declaration of preparer (other than	r onicer) is based on all inic		- las ally h	Towleage			
		Diane Bauknech	<u>t</u>			Muy 10, -	2019		
Sign		Signature of officer				Date /	,		
Here		Diane Bauknecht, Executive Director	r						
		Type or print name and title					•		
D-::		Print/Type preparer's name	Preparer's signature		Date	Charle D. a	PTIN		
Paid		Time type property offering				Check ∐ if self-employed	اه		
Prep		F	<u> </u>			Firm's EIN ▶			
Use (Only	Firm's name				+			
March	no IDC	Firm's address >	r chown above? See	inetri ictione		Phone no	□ v	<u> </u>	
ividy ti	ie ino	discuss this return with the prepare	SHOWIT ADOVE? See	เมอเทนบแบกร	• • • •		Yes	<u> </u>	<u>No</u>

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

Employer identification number

Adelante Mujer, Inc. 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b 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, C 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) d 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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of isted in your governing (described on lines 1-10 support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E) **Total**

_	^
Page	"
ı ayc	_

Schedule A (Form 990 or 990-EZ) 2018

Pari	II Support Schedule for Organiza	ations Descr	ibed in Sect	ions 170(b)(1)(A)(iv) and	170(b)(1)(A)(v	ri)	
	(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.)							
Sect	ion A. Public Support							
Caler	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.")				/			
2	Tax revenues levied for the							
	organization's benefit and either paid							
	to or expended on its behalf							
3	The value of services or facilities		· · · · ·					
	furnished by a governmental unit to the				1			
	organization without charge					Ì	}	
4	Total. Add lines 1 through 3							
5	The portion of total contributions by			/				
•	each person (other than a							
	governmental unit or publicly			. ^	J]	
	supported organization) included on							
	line 1 that exceeds 2% of the amount							
	shown on line 11, column (f)							
_6	Public support. Subtract line 5 from line 4		/					
Secti	on B. Total Support		/					
Calen	dar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
7	Amounts from line 4							
8	Gross income from interest, dividends,			-				
	payments received on securities loans,			}		}		
•	rents, royalties, and income from							
	sımılar sources							
9	Net income from unrelated business	/						
	activities, whether or not the business/	ĺ						
	is regularly carried on			1				
10	Other income. Do not include gain or							
	loss from the sale of capital assets			Ì	Į.	}		
	(Explain in Part VI.)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities, etc.	. (see instruction	ns)			12		
13	First five years. If the Form 990 is for th	ne organization	's first, secon	d, third, fourth	, or fifth tax ye	ear as a section	n 501(c)(3)	
	organization, check this box and stop he	re					▶ 🗆	
Secti	on C. Computation of Public Suppor	t Percentage)					
14	Public support percentage for 2018 (line 6	6, column (f) div	rided by line 1	1, column (f))		14	%	
15	Public support percentage from 2017 Sch					15	%	
16a	331/3% support test-2018. If the organi	zation did not	check the box	x on line 13, ar	nd line 14 is 33	31/3% or more,	check this	
	box and stop here. The organization qua	lifies as a publi	cly supported	organization			🕨 🔲	
b	331/3% support test - 2017. If the organi	zation did not i	check a box o	on line 13 or 16	a, and line 15	is 331/3% or m	ore, check	
	this box and stop here. The organization	qualifies as a p	oublicly suppo	rted organizatı	on		. ▶ 🛚	
17a	10%-facts-and-circumstances test - 20	018. If the orga	nization did n	ot check a box	k on line 13, 1	6a, or 16b, and	d line 14 is	
	10% or/more, and if the organization me							
	Part VI how the organization meets the "	facts-and-circi	ımstances" te	est. The organia	zation qualifies	s as a publicly	supported	
	organization						▶ 🗆	
b	10%-facts-and-circumstances test – 20	017. If the orga	nization did r	ot check a bo	x on line 13. 1	6a, 16b. or 17	a, and line	
_	15 is 10% or more, and if the organiza							
	Explain in Part VI how the organization n							
/	supported organization						🕨 🗆	
18/	Private foundation. If the organization did	d not check a b	oox on line 13	, 16a, 16b, 17a	, or 17b, chec	k this box and	see	

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.)

Sect	ion A. Public Support	under the tec	Jio Ilotod Doit	y, picago oc	inploto i arri	,_	
Caler	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")	35874	82090	88911	92722	119699	419296
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the				}	}	
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	·					
4	Tax revenues levied for the				1		
	organization's benefit and either paid to						
	or expended on its behalf		_				
5	The value of services or facilities		(1		
	furnished by a governmental unit to the						
_	organization without charge						
6	Total. Add lines 1 through 5	35874	82090	88911	92722	119699	419296
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
_	· · · · · ·						
b	Amounts included on lines 2 and 3	1			1		
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b					+	-
8	Public support. (Subtract line 7c from						
•	line 6.)			1	1		419296
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	35874	82090	88911	92722	119699	419296
10a	Gross income from interest, dividends,						
	payments received on secunties loans, rents,				i		
	royalties, and income from similar sources	0	46	54	99	1691	1890
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses	. /		ı		1	
	acquired after June 30, 1975						
	Add lines 10a and 10b	0	46	54	99	1691	1890
11	Net income from unrelated business	1				1	
	activities not included in line 10b, whether			,			
40	or not the business is regularly carried on	-					
12	Other income. Do not include gain or loss from the sale of capital assets	ŀ	ļ	j]	Į	
	(Explain in Part VI.)		ļ			į	
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	35874	82136	88965	92821	121390	421186
14	First five years. If the Form 990 is for th						
	organization, check this box and stop her	•			=		
Secti	on C. Computation of Public Suppor	t Percentage	•				
15	Public support percentage for 2018 (line 8	, column (f), di	vided by line 1	3, column (f))		15	99 %
16	Public support percentage from 2017 Sch			<u> </u>	<u> </u>	16	99 %
	on D. Computation of Investment Inc					· · · · · · · · · · · · · · · · · · ·	
17	Investment income percentage for 2018 (I			-		17	1 %
18	Investment income percentage from 2017					18	1 %
19a	331/3% support tests—2018. If the organi						
ı.	17 is not more than 33½%, check this box a		-	•		=	
b	331/3% support tests—2017. If the organization 18 is not more than 331/3%, check this b						
20		_	_				_
20	Private foundation. If the organization did	a not check a b	IUX UII III IE 14,	isa, or isu, ci	IECK TIIS DOX 9	ing see mound	ווייוים 🛌 🖂

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	Supp	orting	Org	anizations
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			Yes	No
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.	1		
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).			
3 a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
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.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.			
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.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in 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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	-5a		
b٠	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
6	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.	5c		
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).	7		
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).	8		
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 .	9a		
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 .	9b	_	
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10b		

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44=		
	below, the governing body of a supported organization?	11a 11b	<u> </u>	
	A family member of a person described in (a) above?	11c		-
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	110	L	l
Secu	on B. Type I Supporting Organizations		Yes	No
	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	140
1	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			لــــا
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			[
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		J
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	H		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nstru	ction	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in:		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	-		
	·	2a		i
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
2				
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organization? If "Yes" describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V Type III Non-Function III Non-Functi	gani	izations					
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.							
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)				
1 Net short-term capital gain	1						
2 Recoveries of prior-year distributions	2						
3 Other gross income (see instructions)	3						
4 Add lines 1 through 3.	4						
5 Depreciation and depletion	5						
6 Portion of operating expenses paid or incurred for production or							
collection of gross income or for management, conservation, or							
maintenance of property held for production of income (see instructions)	6						
7 Other expenses (see instructions)	7	1					
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Section B—Minimum Asset Amount		(A) Pnor Year	(B) Current Year (optional)				
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):							
a Average monthly value of securities	1a						
b Average monthly cash balances	1b		 				
c Fair market value of other non-exempt-use assets	1c						
d Total (add lines 1a, 1b, and 1c)	1d		 				
	10		 				
e Discount claimed for blockage or other factors (explain in detail in Part VI):							
2 Acquisition indebtedness applicable to non-exempt-use assets	2						
3 Subtract line 2 from line 1d.	3		 				
	•		 				
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4						
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6 Multiply line 5 by .035.	6	 					
7 Recoveries of prior-year distributions	7		 				
8 Minimum Asset Amount (add line 7 to line 6)	8						
Section C—Distributable Amount			Current Year				
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1						
2 Enter 85% of line 1.	2						
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3						
4 Enter greater of line 2 or line 3.	4						
5 Income tax imposed in prior year	5						
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6						
7 Check here if the current year is the organization's first as a non-functionall instructions).	y int	egrated Type III supporti	ng organization (see				

Schedu	ıle A (Form 990 or 990-EZ) 2018			Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continued)	
Sect	ion D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes	 	
2	Amounts paid to perform activity that directly furthers exe		orted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	poses of supported orga	ınizatıons	<u> </u>
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.		<u></u>	<u> </u>
<u> </u>	Total annual distributions. Add lines 1 through 6.			
_ , 8 	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	sponsive	
9	Distributable amount for 2018 from Section C, line 6			·
10	Line 8 amount divided by line 9 amount	· · · · · · · · · · · · · · · · · · ·		
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required—explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
<u>a</u>	From 2013			
<u>b</u>	From 2014			
<u>c</u>	From 2015			
<u>d</u>	From 2016		-	<u> </u>
<u>e</u>	From 2017			
<u>f</u>	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2018 distributable amount			
<u></u> !-	Carryover from 2013 not applied (see instructions)			
<u> </u>	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			
<u> </u>	Remainder. Subtract lines 4a and 4b from 4.	<u> </u>		
5	Remaining underdistributions for years prior to 2018, if		!	
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			······································
6	Remaining underdistributions for 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 _j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014 .			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
e	Excess from 2018]

SCHEDULE O (Form, 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public

Department of the Treasury

► Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Inspection Name of the organization **Employer identification number** Adelante Mujer, Inc. 46-5147538 Line 10 - The organization assisted 42 women with tuition and supplies in 2018 Line 16 - Other expenses include supplies, website design and maintenance, bank charges and travel costs line 24 - Other assets include donations received in 2019 that were dated before December 31, 2018 Line 26 - Liabilities include tuition and supplies costs for the students enrolled through graduation at URACCAN University. Line 31 - Other program services include wages paid to two part-time employees (administrative assistant and bookkeeper), postage, printing of brochures and copies