POSTMARK DATE JUN 2 7 2019

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)

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

OMB No. 1545-1150 2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990EZ for instructions and the latest information.						inspection
					DEC 31	, 20 18
					loyer ide	ntification number
	Address c	hange	AMIGOS Inc	1	66	60684411
i	Name cha	inge	Number and street (or P.O box, if mail is not delivered to street address) Room/suite	E Telep	ohone nu	mber
·	nıtial retui	m	Cristobal Colón St. # 67 Altos 67 Altos	1	78	-689-0013
=		n/terminated	City or town, state or province, country, and ZIP or foreign postal code	F Grou	up Exen	nption
_	Amended Application	return n pending	Arecibo, P.R. 00612	Nun	nber 🕨	
		ting Method:		Check	▶ 7 if	the organization is not
	Vebsite		ch Schedule B			
			eck only one) — ✓ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527			-EZ, or 990-PF).
		organization				
			7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if to	al assets		
(Par	t II. coli	umn (B)) are \$	\$500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$	91,676
	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see th	e instru	ctions	for Part I)
			the organization used Schedule O to respond to any question in this Part			
	1		ons, gifts, grants, and similar amounts received		1	42,577
	2		ervice revenue including government fees and contracts		2	49,099
	3		ip dues and assessments		3	0
	4	Investment			4	0
	5a		ount from sale of assets other than inventory 5a	,		
	b		or other basis and sales expenses		1	
	C		ss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	0
ח	6		nd fundraising events:			
	a		ome from gaming (attach Schedule G if greater than			
=	a					
Revenue	, L		ome from fundraising events (not including \$ of contribution)	nns	1 1	
, §			raising events reported on line 1) (attach Schedule G if the		1 1	
Œ			ch gross income and contributions exceeds \$15,000) 6b			
	ြင		et expenses from gaming and fundraising events 6c	-	1 1	
	ď		e or (loss) from gaming and fundraising events (add lines 6a and 6b and s	ubtract	1	
	-	line 6c)			6d	0
6	7a	•	s of inventory, less returns and allowances 7a			
99.10	b		of goods sold		1	
	c		it or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0
©	8		nue (describe in Schedule O)		8	0
6	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	•	9	91,676
AUF	10		d similar amounts paid (list in Schedule O)		10	43,018
⋖	11		oid to or for morphore		11	0
æ	12	•	ther compensation, and employee benefits	.]	12	30,638
Ser	13		al fees and other payments to independent contrastors	اد.	13	0
SEABARES	14			Ž	14	0
\XX	15		y, rent, utilities, and maintenance	۸)	15	4,701
\tilde{S}	16		enses (describe in Schedule O)		16	19,608
	17	-	enses. Add lines 10 through 16 LOCDEN, U.T.	. .	17	97,965
_	18		(deficit) for the year (Subtract line 17 from line 9)		18	-6,289
Net Assets	19	Net assets	s or fund balances at beginning of year (from line 27, column (A)) (must agr	ee with		
SS	-		ar figure reported on prior year's return)		19	36,576
×,	20	_	nges in net assets or fund balances (explain in Schedule O)		20	0
ž	21		s or fund balances at end of year. Combine lines 18 through 20	•	21	30,287
_		.101 233013	A A A A A A A A A A A A A A A A A A A			Form 990-F7 (2018)



Form	990-EZ (2018)					Page Z
Pa	t II Balance Sheets (see the instructions f	·		D . H		
	. Check if the organization used Schedule	O to respond to ar		(A) Beginning of year		(B) End of year
	Oach pavings and investments		-	36,076		29,787
22 23	Cash, savings, and investments				23	23,707
24	Other assets (describe in Schedule O)		-	500		500
25	Total assets			36,576		30,287
26	Total liabilities (describe in Schedule O)			0	26	0
27	Net assets or fund balances (line 27 of column			36,576	27	30,287
Par	Statement of Program Service Accom					_
	Check if the organization used Schedule	O to respond to ar	ny question in this l	Part III	(Rea	Expenses uired for section
	t is the organization's primary exempt purpose?				501(c)(3) and 501(c)(4)
	ribe the organization's program service accomplis				orga othe	nizations; optional for
	neasured by expenses. In a clear and concise mones benefited, and other relevant information for ea		services provided	, the number of	Olite	13.,
28			· · ·			
20						

	(Grants \$) If this amount	includes foreign gra	nts, check here .	▶ 🗆	28a	23,520
29						
	(Grants \$) If this amount	ıncludes foreign gra	nts, check here .	<u>, , , ▶ □</u>	29a	19,498
30						
	/O				200	
04	(Grants \$) If this amount Other program services (describe in Schedule O)	includes foreign gra			30a	
31		includes foreign gra	nte check here		31a	43.018
32	Total program service expenses (add lines 28a t				32	10,010
Par						tions for Part IV)
-	Check if the organization used Schedule					🗀
	<u> </u>	(b) Average	(c) Reportable	(d) Health benefits,	20 (2)	Estimated amount of
	(a) Name and title	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	benefit plans, and	()	ther compensation
		devoted to position	(if not paid, enter -0-)	deferred compensation	<u> </u>	
Mr. J	uan A (Tato) Rojas, President	35	_			_
			0		0	0
						•
A 4	Path, Albaladas Maldanda Ev. Dir		0		9-	0
IVITS	Betty Albaladejo Maldonado, Ex. Dir	35	0		0	0
					╫	
Mrs	Evelyn Ayala Cadız	25	0		o	0
					+	
Mr. F	rancisco Llovet	10	0		o	0
			i			
]				
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		{				

+

Part				_
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part	V . Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a	-	162	NO
•	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		4
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 35b		1
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		√
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
ь	Did the organization file Form 1120-POL for this year?	37b	-	/
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		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 0	Joa		Ť
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities]		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	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			1
	transaction? If "Yes," complete Form 8886-T	40e		✓
41	List the states with which a copy of this return is filed ▶ none			
42a	The organization's books are in dare or a mineral statement of the stateme	787-68		3
	Located at ► Calle Cristóbal Colón #67 Altos, Arecibo Puerto Rico 00612 ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	006	512 Vac	No
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	162	√
	If "Yes," enter the name of the foreign country ▶			-
	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	L	✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		.	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		163	140
	completed instead of Form 990-EZ	44a		V
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	ļ	1
	Did the organization receive any payments for indoor tanning services during the year?	44c		\
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44.4		<u></u>
450	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d 45a		\ <u>\</u>
45a b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		

Form 99	90-EZ (2018)							age -
•	,			a babalf of or	ın annaciti	on [Yes	1
46 ·	Did the organization engage, directly or in to candidates for public office? If "Yes," of							<u> </u>
Part			, raiti	· · · · ·	<u> </u>	1 40	I	
rait	All section 501(c)(3) organization		stions 47–49b and	52, and con	nplete the	e tables f	or line	es
	50 and 51.	5 mast anomor que	5110115 11 10D and	02, 4.10 001			•	
	Check if the organization used Sci	hedule O to respond	I to any question in	this Part VI				. 🗆
							Yes	No
47	Did the organization engage in lobbying	activities or have a	section 501(h) election	on in effect d	uring the 1	tax		
	year? If "Yes," complete Schedule C, Par	tll				47		
48	Is the organization a school as described in	n section 170(b)(1)(A)(ı	ı)? If "Yes," complete	Schedule E		. 48		
49a	Did the organization make any transfers t	o an exempt non-cha	ritable related organ	zation?		. 49a		
b	If "Yes," was the related organization a se					49b	L	<u> </u>
50	Complete this table for the organization's							
	employees) who each received more than	\$100,000 of comper	nsation from the orga			e, enter "N	lone."	
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health b contributions to benefit plans, a compens	nd deferred	(e) Estimate other com		
				 				
							•	
	***************************************			}	1			
				<u> </u>				
			1	İ				
*			}	ĺ				
f	Total number of other employees paid ov	er \$100 000	<u> </u>					
51	Complete this table for the organization	•	ensated independent	contractors	who each	received	more	than
	\$100,000 of compensation from the orga	nization. If there is no	one, enter "None."					
	(a) Name and business address of each independ	lent contractor	(b) Type of ser	vice	(c)	Compensation	nn.	
			(-, , , , ,					
				Ì				
							_	
				1				
			·					
				ĺ				
				ì				
			Į.					
d	Total number of other independent contra	ctors each receiving	over \$100,000	>				
52	Did the organization complete Schedu	le A? Note: All se	ction 501(c)(3) orga	inizations mu	st attach	a		
	completed Schedule A	<i>.</i>	· · · · · · ·			▶ 🗌 Yes		No _
	renalties of penjury, I declare that I have examined this rect, and complete Declaration of preparer (other than					owledge and	belief,	it ıs
C1						····		
Sign	Signature of officer			Date	14- 0-	1040		
Here	Mr. Juan A. Rojas Type or print name and title	/			May 3, 2	:019		
		Prepaler's signature	10	ate		PTIN		
Paid	Print/Type preparer's name Francisco Llovet Vazguez	JAN. O.K.	1	6.25. lg	Check self-employ	15	1547	
Prep	arer CDA Empress Llevet	To summer (2 0		EIN ▶	66-061		
Use (Firm's address VILLA Toledo-uROGA	LLO sT. 223 Arecibo. Pu	uerto Rico 00612	Phone		787-608-		
May th	ne IRS discuss this return with the preparer				Þ	✓ Yes		40 OV

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 chantable 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

Employer identification number

66-0684411 AMIGOS Inc (Asociación para el Mejoramiento de Instituciones Guiadas y Orientadas al Servici 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: 10 ☐ An organization that normally receives: (1) more than 33½% 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 33½% 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. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, 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 (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of listed 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

Part								
	(Complete only if you checked the Part III. If the organization fails to							ality under
Secti	on A. Public Support							
Caler	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017_	(e) 20	18	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	44,183	37,425	45,409	68,900	4	4,099	245,016
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0		0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0		0	0
4	Total. Add lines 1 through 3	44,183	37,425	45,409	68,900	4	4,099	245,016
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)) A
6	Public support. Subtract line 5 from line 4							7.45,014
	on B. Total Support							
	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 20		(f) Total
7	Amounts from line 4	44,183	37,425	45,409	68,900	49	9,099	245,016
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	0	0	0	0		0	. 0
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0		0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	46,770	45,035	57,891	24,731	4.	2,577	217,004
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.				as fifth toy w	12		217,004
13	First five years. If the Form 990 is for the organization, check this box and stop her	-						> [
Secti	on C. Computation of Public Suppor				· · · · · ·	<u> </u>	 -	<u> </u>
14	Public support percentage for 2018 (line 6			1 column (fl)	· · · · · · · · · · · · · · · · · · ·	14		100 %
15 16a	Public support percentage from 2017 Sch 331/a% support test—2018. If the organi box and stop here. The organization qual	nedule A, Part I zation did not lifies as a publi	II, line 14 check the box cly supported		 nd line 14 is 33	15 31/3% or r		100 % check this
b	331/3% support test—2017. If the organization this box and stop here. The organization							
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the " organization	ets the "facts- facts-and-circ	and-circumsta umstances" te	ances" test, chest. The organi	neck this box a zation qualifies	and stop s as a pu	here. blicly	Explain in supported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	ition meets the react	e "facts-and-d s-and-circum	circumstances' stances" test.	'test, check ' The organizati	this box on qualifi	and s es as	top here.
18	Private foundation. If the organization di instructions							

Part	III Support Schedule for Organiza						
	. (Complete only if you checked the						nder Part II.
	If the organization fails to qualify	under the te	ests listed bel	ow, please co	omplete Part	II.)	
	on A. Public Support		r		T		
	dar 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		ļ				/
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise		<u> </u>			ļ	
_	sold or services performed, or facilities		ļ			/	
	furnished in any activity that is related to the						
•	organization's tax-exempt purpose		<u> </u>			 	
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						
	furnished by a governmental unit to the organization without charge						
e					/		
6 7a	Total. Add lines 1 through 5				/		
10	received from disqualified persons .			/			
L	Amounts included on lines 2 and 3		1	 /-			
b	received from other than disqualified			/			
	persons that exceed the greater of \$5,000			/			
	or 1% of the amount on line 13 for the year			/	1		
С	Add lines 7a and 7b			/			
8	Public support. (Subtract line 7c from		 	1	 	,	
•	line 6.)						
Section	on B. Total Support			L	1	ı	<u> </u>
	dar year (or fiscal year beginning in)	(a) 2014	(b) ∕2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,	•					
	payments received on securities loans, rents,	/	1				
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b	/					
11	Net income from unrelated business/						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or				1		
	loss from the sale of capital assets			1	1		
	(Explain in Part VI.)		ļ				
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)		<u> </u>				F01(a)(2)
14	First five years. If the Form 990 is for the organization, check this box and stop her						
Casti				· · · · · · · · · · · · · · · · · · ·		- `	· · · • L
15	on C. Computation of Public Suppor Public support percentage for 2018 (line 8			12 column (f)		15	%
16	Public support percentage for 2017 (liftle of 2017)	. ,,,	•	. ,,,,			
	on D. Computation of Investment In			· · · · ·	· · · · ·		70
17	Investment income percentage for 2018 (ny line 13 colu	ımn (fl)	17	%
18	Investment income percentage for 2016 (• •	-		18	
19a	331/3% support tests—2018. If the organ						
138	17 is not more than 331/3%, check this box						
Ь	/331/s% support tests—2017. If the organiz						
3/	line 18 is not more than 331/3%, check this l						
20	Private foundation. If the organization di						

Part IV Supporting Organizations

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

04	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P	an v	·/	
Secti	ion A. All Supporting Organizations	-	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			
3a	organization was described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	2 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.	4a		
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	<u></u>	
С	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).			
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?	5a 5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		l
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .			
-		6		ļ
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			

determine whether the organization had excess business holdings.)

10b

schedu	le A (Form 990 or 990-E2) 2018			Page :
Part	IV 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)			<u> </u>
	below, the governing body of a supported organization?	11a	ļ	<u> </u>
b	A family member of a person described in (a) above?	11b	L.	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			ļ
	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.			
	organizations and muci contained or rectifications, if any, applied to data, period daring 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		
Secti	on C. Type II Supporting Organizations			1
	on or type in cupper unity original units	_	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			
	the supported organization(s).	1	L	<u> </u>
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		l	
	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		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	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		<u> </u>
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	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	struct	ions)
2	Activities Test. Answer (a) and (b) below.		Yes	
				110
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			1
	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	<u> </u>	<u> </u>
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		l	
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		l —
2	•		 	
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>	:		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a	 -	-
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	<u> </u>		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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

	le A (Form 990 or 990-EZ) 2018			Page 7			
Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	<u> </u>			
Sect	Section D—Distributions						
1	Amounts paid to supported organizations to accomplish exempt purposes						
2	orted						
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	_			
	Amounts paid to acquire exempt-use assets						
	Qualified set-aside amounts (prior IRS approval required)						
	Other distributions (describe in Part VI). See instructions.		······································				
	Total annual distributions. Add lines 1 through 6.	h					
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	n the organization is res	ponsive				
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		679	· · · · · · · · · · · · · · · · · · ·			
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						
	From 2015			, 			
	From 2016						
f	Total of lines 3a through e		· · · · ·				
g	Applied to underdistributions of prior years						
	Applied to 2018 distributable amount						
<u>;</u> ;	Carryover from 2013 not applied (see instructions)						
- i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2018 from						
-	Section D, line 7:						
а	Applied to underdistributions of prior years						
	Applied to 2018 distributable amount			-			
С	Remainder. Subtract lines 4a and 4b from 4.						
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 3j and 4c.						
8	Breakdown of line 7:						
а	Excess from 2014						
b	Excess from 2015						
С	Excess from 2016						
d	Excess from 2017						
е	Excess from 2018						

Part VI

Page 8

III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information, (See instructions.) The amounts on line 10 Part II represents our gross receipts from fund raising activities. There are two main activities that we conduct during the year a golf tournament to open public and a fashion show (pasarella). We are also including additional information to help to clarify our funds source and use of these funds. Income (receipts) 2014 2015 2016 2017 2018 Total Contributions \$44,183 \$37,425 \$45,409 \$68,900 \$49,099 \$245,016 Fund Raising 46,770 45,035 217,004 57,891 24,731 42,577 TOTAL 90,953 82,460 103,300 93,631 91,676 462,020 Expenses (disbursements) Cost of Fund Raisings 20,960 22,065 15,904 14,906 13,275 87,110 61,269 43,018 238,526 Donations to Public 49,667 32,340 52,232 Operational. 10,683 23,857 26,021 25,348 30,638 116,547 Salaries General (Office) 3,760 5,667 4,503 5,615 8,405 27,950 **Total Expenses** \$79,016 \$75,139 \$103,716 \$99,600 \$97,965 \$455,436 \$6,584 Change \$11,937 \$7,321 \$(416.) \$(5,969) \$(6,289)

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part