

Form **990** 

### **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public

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

Open to Public Inspection

A		2018 calendar year, or tax year beginning , 2018, and	t ending	_		, 20	
<u></u>		71 00 00 4 4 5			D Employ	er identification nui	mber
			<u>-</u>		,	66-0823462	
	Address	The state of the s	Room/suite		E Telephor		
	Name ch	ange			E relepitor		
	Initial reti		Ste 2	101		787-626-6500	
닏	Final return	n/terminated City or town, state or province, country, and ZIP or foreign postal code					
Ш	Amended				<b>G</b> Gross re	ceipts \$	
Ш	Application	on pending F Name and address of principal officer Robb Rill		H(a) Is this a gro	oup return for	subordinates? Yes	Ľ No
		875 Carr 693 Galeria de Artes y Ciencias, Dorado, Puerto Rico 00646	1	H(b) Are all s	ubordinates	s included? 🗌 Yes	☐ No
<u></u>	Tax-exen	npt status	(527)	If "No	o," attach a	list (see instruction	s)
J	Website:	https://www.the2022actsociety.org/		H(c) Group	exemption	number >	
K	Form of o	organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ►	f formation	2014	M State	of legal domicile	PR
P	art I	Summary					
	1	Briefly describe the organization's mission or most significant activities:	The orgar	nization all	ocates m	onetary contribu	tions
ø	ł	to charities dealing with different causes like children, animal cruelty, human v	well being	, and soci	al develo	pment, among o	thers
Activities & Governance		The organization also provides free guidance about Puerto Rico Acts 20 and 23	2 of 2012	, as amend	led		
eru		Check this box ▶☐ if the organization discontinued its operations or dispo				its net assets.	
Š		Number of voting members of the governing body (Part VI, line 1a)			3		2
ಶ	l .	Number of independent voting members of the governing body (Part VI, lin	•		4		
es	1	Total number of individuals employed in calendar year 2018 (Part V, line 2a		• • •	5		
ΞĒ	i	Total number of volunteers (estimate if necessary)	-		6	<del></del>	4
ic t	1				7a		
٩		Total unrelated business revenue from Part VIII, column (C), line 12			<u> </u>		
	b	Net unrelated business taxable income from Form 990-T, line 38 .	<u> </u>	Pnor Yea	7b	Current Yea	
		Ocadula stance and curedo (Dout Mill lane de)	-				
Revenue	1	Contributions and grants (Part VIII, line 1h)	- '├—	<u>'</u>	,323,064	<del></del>	867,150
	fi .	Program service revenue (Part VIII, line 2g)	• —				0
Rè		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	·		0		1
_	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0		0	
	12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line	,323,064		867,151		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	684,804		459,909		
	14	Benefits paid to or for members (Part IX, column (A), line 4)	·		0		0
Ś	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-1		50,443		51,449	
J.S	16a	Professional fundraising fees (Part IX, column (A), line 11e)	· [		0		0
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	0				برشرا
ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	· .		132,136		120,391
	18	Total expenses. Add lines 13-17 (must equal Part IXPORTAL ADDITION OF THE PROPERTY OF THE PROP	¬ [		867,383		631,749
	19	Revenue less expenses. Subtract line 18 from line 12		455,681		235,402	
- Se			Beg	inning of Cur	rent Year	End of Yea	r
sets or	20	Total assets (Part X, line 16)	٥١ 🗀		752,375	1,	004,492
& S	21	Total liabilities (Part X, line 26)	21		7,977		851
Net Ass Fund Ba	22	Net assets or fund balances. Subtract line 21 from (in e.20) In 117	£   -		744,398	1.	003,641
	art II	Signature Block					
		ties of perjury, I declare that I have examined this return, including accompanying schedules an	nd statemen	ts and to th	e hest of n	ny knowledge, and h	————
tru	e, correct	, and complete Declaration of preparer (other than officer) is based on all information of which p	preparer ha	s any knowle	edge	ny wowicoge and t	iciici, it is
_		1 A A			11101	10	
Sig	n	Signature of officer		Date	<del>//3/</del>	7	
He		Dall Pill President			_		
	16	Type or print name and title					
			, Date		<del></del>	PTIN	
Pa	iid	Print/Type preparer's name Preparer's signature	Date		Check [	_  ₫	
Pr	epare	r <u> </u>			self-emp	oloyed	
	e Only	y Firm's name ▶			's EIN ▶		
		Firm's address ▶		Phor	ne no	<del></del>	
_	_	S discuss this return with the preparer shown above? (see instructions)	<u> </u>		<u> </u>	<u> </u> Yes	No
For	Paperw	ork Reduction Act Notice, see the separate instructions.	Cat No 1	1282Y		Form <b>9</b> 9	<b>90</b> (2018)

Part I	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	~	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	~	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		,
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		,
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		,
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		,
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		,
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		,
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		v
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		v
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			21.5
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		,
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		,
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		,
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	~	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	~	
f	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		~
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		~
b	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		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a	<u> </u>	~
14a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	140		<u> </u>
b	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		~
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		,
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		,
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 (see instructions)	17		,
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		,
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		,
20.0	If "Yes," complete Schedule G, Part III	19 20a		~
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		Ť
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 12 if "Yes," complete Schedule I. Parts I and II.	21	,	

Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		<b>V</b>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		<b>&gt;</b>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<b>&gt;</b>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		<u>,                                     </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		~
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		•
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		~
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		V
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<b>&gt;</b>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		~
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		~
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		~
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		<u>v</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<b>-</b>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		,
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		•
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34 35a		v v
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	33a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36_		<u></u>
37	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	37		~
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note</b> . All Form 990 filers are required to complete Schedule O.	38	V	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	• •	Yes	No
19	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
1a b c	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
	reportable gaming (gambling) winnings to prize winners?	1c	1	
		For	n <b>99</b> 0	(2018)

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
	E. B. J. C. J. S. J. S. W. O. Torrowskill of Many and Tou. J.	coursings.	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
L	Statements, filed for the calendar year ending with or within the year covered by this return  If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	~	
b	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20		Side
3a '	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<del></del>	· ·
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		~
b	If "Yes," enter the name of the foreign country.		4.12	2.07
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		ŶĂĸ	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<del></del>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	60		_
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<del>-</del>
b	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	161-014-1 2074	13.0078	LHA
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		قرر الرواد معالمة الما	
_	and services provided to the payor?	7a	•	~
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		. 512-528
d	If "Yes," indicate the number of Forms 8282 filed during the year		15	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		~
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		~
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		~
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		10.4	
Ū	sponsoring organization have excess business holdings at any time during the year?	8	140011100011	~
9	Sponsoring organizations maintaining donor advised funds.		** - 44	1.49
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		~
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	1. 1 1.09	<b>√</b>
10	Section 501(c)(7) organizations. Enter		建模	
a	Initiation fees and capital contributions included on Part VIII, line 12		اخراد الدانات	7.5%
_ b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]		1 (1) 1 (1) (2)	
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
a b	Gross income from other sources (Do not net amounts due or paid to other sources			
J	against amounts due or received from them.)		وروم ایک میں	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		~
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	X		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	14.4	1917654
	Note. See the instructions for additional information the organization must report on Schedule O.		1 1 3 2	
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			100
_			TH.	
с 14а	Enter the amount of reserves on hand	14a	¥ 17 F1	∠necessal
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		~
	If "Yes," see instructions and file Form 4720, Schedule N		##\.## 2017 II	化原料 化在基件
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	10.2 0	1
	If "Yes," complete Form 4720, Schedule O		Cur San	
	,	Fom	n <b>99</b> 0	(2018)

Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Check if Schedule O contains a response or note to any line in this Part VI			ions.
Secti	on A. Governing Body and Management	<u>···</u>	<u> </u>	
0000	on A. doverning Dody and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year   1a	2	沙縣	71:42:
	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			
b	Enter the number of voting members included in line 1a, above, who are independent	2 7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	-	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3 /		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		~
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		~
6	Did the organization have members or stockholders?	6	~	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	,	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	l		
	stockholders, or persons other than the governing body?	7b	was per	र्जा वस्तुत्वस्याः र वस्तुत्वस्याः
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		· K	11.2
_	the year by the following:	80	,	300
a b	The governing body?	8a 8b	7	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	00		
J	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		~
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	nue C	ode.)	
			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, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	~	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1	, j.	: 'df
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		~
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	100		
40	describe in Schedule O how this was done	12c		<b>V</b>
13 14	Did the organization have a written whistleblower policy?	14	<u> </u>	~
	Did the process for determining compensation of the following persons include a review and approval by		41 4 4 16	in and it is
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	1	<b>✓</b>
b	Other officers or key employees of the organization	15b		~
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	THE REAL PROPERTY.	1.75	2
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	ika		11.5
	with a taxable entity during the year?	16a		~
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			200
<u> </u>	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► None	 T (^		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply  Own website  Another's website  Upon request  Other (explain in Schedule O)	ı (Sec	tion 5	oU1(c)
40		toroct	neli-	,
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.		. •	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	coras	<b>P</b>	

Form	gan	(2018)	,

## 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.

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.

☐ Check this box if neither the organization no	r any relate	d org	anız	atic	n c	ompe	nsa	ted any curren	t officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office Individua	unles er and	Pos neck ss pe	rson	than of the state	ee) Forme	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Jorge Kuilan - Secretary and Treasurer	32			,				46,832	0	
(2) Robb Rill - President	8			~				0	0	(
(3) Robert Bunn - Member of Board of Directors	0			~				0	0	(
(4) Susan J Blasberg - Member of Board of Directors	5			,				0	0	(
(5) Tara Rill - Vice President	0			,				o	0	
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)	1						_			
(13)										
(14)										

	(A) Name and title	(B) Average hours per	box, ι	Position do not check more than ox, unless person is bo officer and a director/true				an	(D) Reportable compensation	(E)  Reportable compensation from related		(F) Estimate amount other	
		week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organization: (W-2/1099-MIS		compensa from th organizat and relat organizati	e tion ted
(15)				1	,								
(16)													
(17)													
(18)											$\top$		
(19)													
(20)													
(21)			-										
(22)						٠	!						
(23)													
(24)													
(25)													
				•	•			<b>&gt;</b>	46,832		0		0
с d	Total from continuation sheets to Part Total (add lines 1b and 1c)				•	•	•	>	46,832		0		0
2	Total number of individuals (including bureportable compensation from the organization)		to th	nose	e list	ted	abov	e) w	vho received m 0	ore than \$10	0,000	of Ye	a Na
3	Did the organization list any <b>former</b> of employee on line 1a? If "Yes," complete										sated		s No
4	For any individual listed on line 1a, is the organization and related organizations individual	e sum of re greater th	portal an \$	ble 150,	con ,000	npe )? <i>I</i>	nsatio	on a	and other comp	ensation fro	m the suct	4	
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or indi	vidua	5	~
Section	on B. Independent Contractors									<del></del>			
1	Complete this table for your five highest compensation from the organization Repyear.	compensat compe	ed inc ensatio	dep	end or tl	ent he c	contralence	act lar y	ors that receive year ending wit	ed more than th or within th	\$100 ne org	0,000 of ganization's	s tax
	(A) Name and business add	iress					· ·		(B) Description of s	ervices		(C) Compensatio	n
None								No	one	_			0
								$\vdash$		-			
2	Total number of independent contractor	ors (includii	ng bu	ut n	ot	lımı	ted to	o th		ove) who			
	received more than \$100,000 of compens	ation from	the or	rgar	nizat	ion	<u> </u>		0			Form 9	90 (2018

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(C)

T EI	VIII	Check if Schedule O	contains a r	esponse or note t	o any line in this	s Part VIII		🗆
				And the second s	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
nts	1a	Federated campaigns	<u>1</u>	a (				
is a	b	Membership dues .	<u>  1</u>	b (		Part of Sales		
ξŝ, (	C	Fundraising events .	<del>-</del>	c (				
ia i	d	Related organizations						
ns,	e	Government grants (con		e (				
er S	f	All other contributions, gi			at the factor of the	THE STATE OF THE S		
章	\	and similar amounts not incl	<u> </u>	f 867,150				Males and the
Contributions, Gifts, Grants and Other Similar Amounts	, g	Noncash contributions includ		\$	867,150			
	h	Total. Add lines 1a-11	<u> </u>	Business Code	867,130			DO TO TOUR PROPERTY OF THE PARTY OF THE PART
ž	2a	None		None	INSTRUCTION OF STREET	U Santanian (Santanian )		O
Şe ve	Za b	140116		None	<del>                                     </del>	) 0	0	0
Se.					- C		0	0
Ž	4			•-			0	0
Š	e e					0	0	0
Program Service Revenue	f	All other program sen	vice revenue	1	C	o	0	0
S.	g	Total. Add lines 2a-2		▶	C			ALLENGER WELLER
	3	Investment income	(including di	vidends, interest,				
		and other similar amo	unts) .		1	0	0	0
	4	Income from investment	t of tax-exemp	t bond proceeds ►		0	0	0
	5	Royalties	<u> </u>	<u> </u>	0	O managamanananananananananananananananana	0	O
		_	(i) Real	(ii) Personal				
	6a	Gross rents		0 0				
	b	Less. rental expenses		0 0				
	C	Rental income or (loss)	(1000)	0 0			234887.345.27.27.2849.2	Branch Canada San San San San San San San San San Sa
	d	Net rental income or (	(i) Securities	(n) Other	Beer Harrison Committee Co			
	/a	Gross amount from sales of assets other than inventory	(7 = = = = + + + + + + + + + + + + + + +	0 .0				
	ь	Less cost or other basis		<u> </u>				្រុកស្រីប្រាស់ ប្រជាព្រះបានប្រជាព្រះបានប្រជាព្រះបានប្រជាព្រះបានប្រជាព្រះបានប្រជាព្រះបានប្រជាព្រះបានប្រជាព្រះបា ស្រីបានប្រជាព្រះបានប្រជាព្រះបានប្រជាព្រះបានប្រជាព្រះបានប្រជាព្រះបានប្រជាព្រះបានប្រជាព្រះបានប្រជាព្រះបានប្រជាព្
i		and sales expenses		0				
	С	Gain or (loss)		^ O (		# 15 E		
	d	Net gain or (loss)		▶		C	0	0
/enne	8a	Gross income from fu events (not including \$	indraising 0	(	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	March 1977 1-25 (1-70)		
Other Rev		of contributions reported See Part IV. line 18	ed on line 1c).	a(				Augustus augustus Lugustus augustus Kannon augustus
₹	b	Less: direct expenses		b		New Transport Williams		
	C	Net income or (loss) for			. 22 (25 a) 45 - 198 (2 + 2 , 100 5 a) 45		U Valvate see see see see see see see see see s	U tie (In. to Mouta modeling street
	9a	Gross income from ga See Part IV, line 19	iming activities			Linear and the statement		heratikanske
				a (	J Commence of the commence of			
	1	Less direct expenses  Net income or (loss) fi		b		j <u>1999) na na nazvyjemnami i i</u> N		0
	10a	Gross sales of in			21122012401200000000000		10000000000000000000000000000000000000	
	'00	returns and allowance				#6.000 (1986)		e de la la companya de la companya d
	Ь	Less: cost of goods s	,		D 3440	100000000000000000000000000000000000000		
	C	Net income or (loss) fi			(		O	0
	Ť	Miscollaneous R		Business Code			543663365555578636	
	11a	None		None	(	) (	O	0
	b			•	- (	) (	0	0
	С				(		0	0
	d	All other revenue .			(	) (	0	0
	e	Total. Add lines 11a-	11d	<del>. '</del>		ea. meant, captage patient anulthung		
	140	Takal Oaa			047 151		v	· · · · · · · · · · · · · · · · · · ·

Part IX Statement of Functional Expenses 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 **V** (B) Program service expenses , (A) Total expenses Do not include amounts reported on lines 6b, 7b, Management and general expenses Fundraising 8b. 9b. and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . 459.909 2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . . Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 . . . Benefits paid to or for members . . . . 4 Compensation of current officers, directors, trustees, and key employees . . . 46,832 46,832 Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 0 0 9 Other employee benefits . . . Payroll taxes . . . . . 3,804 3,804 0 10 Fees for services (non-employees): 11 O Management . . . . 0 O Legal b 2,475 0 2,475 Accounting 0 Lobbying OF LEGIS 0 Professional fundraising services. See Part IV, line 17 0 Investment management fees . . . Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 0 389 389 0 12 Advertising and promotion . 196 196 0 Office expenses . . 13 2,611 2,611 0 14 Information technology 0 Royalties . . . . 15 0 16 Occupancy . Λ 0 17 Travel . 18 Payments of travel or entertainment expenses 0 for any federal, state, or local public officials Conferences, conventions, and meetings. 0 19 0 20 Interest . . 0 21 Payments to affiliates . . . 21,242 21,242 22 Depreciation, depletion, and amortization . 23 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e 'If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 7,800 0 0 0 d 85,678 85,678 0 All other expenses 459,909 Total functional expenses. Add lines 1 through 24e 631,749 171,840 25 Joint costs. Complete this line only if the

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 591,194 850,801 Cash-non-interest-bearing . 1 223 2 2,551 2 Savings and temporary cash investments . . . . o 3 0 3 Pledges and grants receivable, net O 0 4 4 Accounts receivable, net . 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . . . 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Assets 0 7 O Notes and loans receivable, net . . 0 R Inventories for sale or use 0 8 0 9 0 Prepaid expenses and deferred charges 9 Land, buildings, and equipment, cost or other basis Complete Part VI of Schedule D 10a 0 10c 10b 0 Less, accumulated depreciation 0 Investments—publicly traded securities 11 0 11 Investments-other securities. See Part IV, line 11 . 0 12 O 12 0 0 13 13 Investments - program-related See Part IV, line 11. 0 Intangible assets . . . . . 0 14 14 160,958 **15** 151,140 Other assets. See Part IV, line 11. 15 752,375 **16** 1,004,492 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 0 17 Accounts payable and accrued expenses . . . . 0 0 18 18 0 19 0 19 Deferred revenue . . . . 0 20 0 20 Tax-exempt bond liabilities . . . 0 ol 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 0 0 0 Secured mortgages and notes payable to unrelated third parties 23 23 0 Unsecured notes and loans payable to unrelated third parties 0 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 7,977 851 7.977 26 851 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets . . . 27 0 0 Temporarily restricted net assets . . . 28 28 ol 29 0 Permanently restricted net assets . . . . Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds . 0 31 0 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 0 0 32 Retained earnings, endowment, accumulated income, or other funds 32 744,398 1,003,641 33 33 752,375 **34** 1,004,492 Total liabilities and net assets/fund balances . Form **990** (2018)

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Form 99	0 (2018)		Page <b>12</b>					
Part	XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI		<u>v</u>					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	867,151					
2	Total expenses (must equal Part IX, column (A), line 25)	2	631,749					
3	Revenue less expenses. Subtract line 2 from line 1	3	235,402					
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	744,398					
5	Net unrealized gains (losses) on investments	5	0					
6	Donated services and use of facilities	6	0					
7	Investment expenses	7	0					
8	Prior period adjustments	8	25,000					
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1,159					
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line							
	33, column (B))	10	1,003,641					
Part	XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>					
1 2a	Accounting method used to prepare the Form 990							
<b>b</b>	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  Were the organization's financial statements audited by an independent accountant?  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:  Separate basis  Consolidated basis  Both consolidated and separate basis	`						
С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?.		3a 🗸					
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b					
		,	Form <b>990</b> (2018)					

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#### SCHEDULE A (Form 990 or 990-EZ)

#### **Public Charity Status and Public Support**

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

• Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2018

Open to Public Department of the Treasury Internal Revenue Service ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization Employer identification number The 20 22 Act Foundation Inc 66-0823462 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 331/a% 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 331/2% 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. ☐ Typo 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) 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 I, Type III, functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations . . . . . . . . . . . . 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 above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

**Total** 

Schedule A (Form 990 or 990-EZ) 2018 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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 **(e)** 2018 (f) Total Calendar year (or fiscal year beginning in) ▶ (a) 2014 (c) 2016 (d) 2017 **(b)** 2015 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants").

	include any unusual grants.)	U	348,227	326,483	1,323,064	867,150	2,864,924			
2	Tax revenues levied for the organization's benefit and either paid					•	•			
	to or expended on its behalf	o	0	0	0	0	0			
3	The value of services or facilities									
	furnished by a governmental unit to the organization without charge	0	٠ 0	0	0	o	0			
4	Total. Add lines 1 through 3	0	348,227	326,483	1,323,064	867,150	2,864,924			
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	STATES								
	shown on line 11, column (f)	745597.54 A			8125 <b>- 1</b>		315,000			
6	Public support. Subtract line 5 from line 4	1347年,共產黨	1. "為國家的基本的	Pres de Sa			2,549,924			
	on B. Total Support	(=) 0014	(h) 2015	(=) 2016	(4) 2017	(a) 2019	(9 Total			
_	dar year (or fiscal year beginning in)  Amounts from line 4	(a) 2014 0	(b) 2015 348,227	(c) 2016 326,483	(d) 2017 1,323,064	(e) 2018 867,150	(f) Total 2,864,924			
7 8	Gross income from interest, dividends,	ļ	340,227	320,403	1,323,004	307,130	2,004,721			
8	payments received on securities loans, rents, royalties, and income from	,					• •			
	sımılar sources	0	1	' 1	0	1	3			
· 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.)	o	0	1	0	o	1			
11	Total support. Add lines 7 through 10		Catalina vii	MATERIAL PARTY	おいる機能能力	STATE OF THE STATE	2,864,928			
12	Gross receipts from related activities, etc.					12	0			
13	First five years. If the Form 990 is for the	-								
	organization, check this box and stop he			· · ·		· · · · ·	· · • •			
	on C. Computation of Public Suppor			1 001:000 (6)		14	<del></del> %			
14	Public support percentage for 2018 (line Public support percentage from 2017 Sci					15				
15 16a	33 <sup>1</sup> / <sub>3</sub> % support test—2018. If the organ	ization did not	check the ho	con line 13 ar	 nd line 14 is 33					
IVa	box and <b>stop here</b> . The organization qua						. ▶ □			
b	331/3% support test - 2017. If the organi						ore, check			
	this box and stop here. The organization									
17a	47 480 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4									
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization in Part VI how the organization in	ation meets th meets the "fac	e "facts-and-d ts-and-circum:	circumstances stances" test.	" test, check The organizati	this box and s	a publicly			
40	supported organization									
18	instructions									
	mod donor.		<u> </u>			nedule A (Form 990				

50, 10 dá.							
Part							
	(Complete only if you checked the						der Paft II.
	If the organization fails to qualify	under the te	sts listed belo	ow, please co	mplete Part	II.)	
	on A. Public Support				<u> </u>		
Calen	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</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	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					<i>y</i>	
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities				<i>[</i> '		
	furnished by a governmental unit to the						
	organization without charge	1			/		
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						•
	received from disqualified persons .						
b	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		<i>f</i>		,	ĺ	
		-					
_	Add lines 7a and 7b	4 101 117 227 7 1884	diger or 1 Zoro 5	Jan 1965 11 14 199 1	. 6% + C 1966. In Te	4 at 2017 that a 1 1 1 1	
8	Public support. (Subtract line 7c from						
Saati	on B. Total Support	High tract Miles -		Sair real Berines Brech	ingeliet in ding beter le diet fe	<b>高点の観光とお信めのよれ線</b>	
	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
9	Amounts from line 6	(a) 2014	(6) 2013	(0) 2010	(d) 2017	(0) 2010	(i) Total
10a	Gross income from interest, dividends,						
iva	payments received on securities loans, rents,						
	royalties, and income from similar sources						
ь	Unrelated business taxable income (less		_				
-	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	f					
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					, ,	
	loss from the sale of capital assets	,					
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)						
14	First five years. If the Form 990 is for the						
	organization, check this box and stop he			<u></u> .		<u> </u>	▶ □
Secti	on C. Computation of Public Suppo					<del></del>	
15	Public support percentage for 2018 (line						%
16	Public support percentage from 2017 Sci			<u> </u>	<u> </u>	16	%
	on D. Computation of Investment In			<del></del>		T	<del></del>
17	Investment income percentage for 2018					17	<u>%</u>
18	Investment income percentage from 201	<b>7</b> Schedule A, I	Part III, line 17			18	<u>%</u>
19a	33//3% support tests - 2018. If the organ	nization did not	check the box	k on line 14, ai	nd line 15 is m	nore than 331/39	6, and line
	17 is not more than 331/3%, check this box						
<b>b/</b>	331/3% support tests—2017. If the organiz						
	line 18 is not more than 331/3%, check this	•	-				<del></del>
<i>į</i> 20_	Private foundation. If the organization d	id not check a	box on line 14	, 19a, or 19b, o	check this box	and see instruc	tions 🕨 📙

#### 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.)

	Se	ction	A. A	l Su	pporting	Orgai	nizations
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- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.)

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Part	V 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)	
	below, the governing body of a supported organization?	11a
	A family member of a person described in (a) above?	11b
	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.	FIC
Secu	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	with the light
	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	
L	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b> 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	<u> </u>
OCOLI	or type in outporting 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	
	the supported organization(s).	1
Section	on D. All Type III Supporting Organizations	156 1 51
` .	The second secon	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	-174
	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	100 Oct.
	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	10 to
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	
<u> </u>		3 1
	on E. Type III Functionally Integrated Supporting Organizations  Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instructions)
1 a	The organization satisfied the Activities Test. Complete line 2 below	1131140110113)
b	The organization satisfied the victivities rest complete line 2 below.	
Ů	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see instructions)
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
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 <b>Part VI</b> 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
3	Parent of Supported Organizations Answer (a) and (b) below.	
ა a	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? Provide details in <b>Part VI</b> .	3a
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	S. 499
5	of its supported organizations? If "Yes," describe in <b>Part VI</b> 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 Part V Type III Non	jani	zations				
1 Check here if the organization satisfied the Integral Part Test as a qualifying	tru	st on Nov. 20, 1970 (explain	n ın Part VI). <b>See</b>			
instructions. All other Type III non-functionally integrated supporting organ	ıızat	ions must complete Sectio	ns A through E.			
Section A—Adjusted Net Income  (A) Prior 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	Ì					
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	42	and the second s	a district a section of the			
instructions for short tax year or assets held for part of year).		are and proceedings on each or highligh				
a Average monthly value of securities	1a					
<b>b</b> Average monthly cash balances	1b					
c Fair market value of other non-exempt-use assets	1c		1			
d Total (add lines 1a, 1b, and 1c)	1d					
e Discount claimed for blockage or other	談					
factors (explain in detail in Part VI):	25 G	Train things Training and Assault and Assa				
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		MANUAL MANUAL PROPERTY.	Current Year			
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	The control of the co				
2 Enter 85% of line 1	2	<b>秦元素尼黎。[秦八章]</b> 。				
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	Control design of the star Life's				
5 Income tax imposed in prior year	5	BOART TRANSPORTER				
6 Distributable Amount. Subtract line 5 from line 4, unless subject to						
emergency temporary reduction (see instructions).						
7 Check here if the current year is the organization's first as a non-functional	ly ın	tegrated Type III supporting	g organization (see			
instructions)						

Amounts paid to supported organizations to accomplish exempt purposes  Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity  Administrative expenses paid to accomplish exempt purposes of supported organizations.  Amounts paid to acquire exempt-use assets  Qualified set-aside amounts (prior IRS approval required)  Other distributions (accomplish exempt purposes of supported organizations)  Total annual distributions. Add lines 1 through 6.  Bistributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.  Total annual distributions. Add lines 1 through 6.  Bistributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.  Bistributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.  City organization is responsive (provide details in Part VI). See instructions.  Distributions are provided in the first organization is responsive (provide details in Part VI). See instructions.  Distributions (each organization (ii))  Line 8 amount divided by line 9 amount.  Line 8 amount divided by line 9 amount.  Line 8 amount divided by line 9 amount.  Line 9 amount for 2018 from Section C, line 6.  Line 8 amount divided by line 9 amount.  Line 8 amount for 2018 from Section C, line 6.  Line 8 amount divided by line 9 amount.  Line 9 amount for 2018 from Section C, line 6.  Line 8 amount divided by line 9 amount.  Line 9 amount for 2018 from Section C, line 6.  Line 9 amount for 2018 from Section C, line 6.  Line 9 amount for 2018 from Section C, line 6.  Line 9 amount for 2018 from Section C, line 6.  Line 9 amount for 2018 from Section C, line 6.  Line 9 amount for 2018 from Section C, line 6.  Line 9 amount for 2018 from Section C, line 6.  Line 9 amount for 2018 from Section C, line 6.  Line 9 amount for 2018 from Section C,	Part	Type III Non-Functionally integrated 509(a)(3	) Supporting Organ	zations (continued)	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity  3 Administrative expenses paid to accomplish exempt purposes of supported organizations  4 Amounts paid to acquire exempt—use assets  5 Qualified set-aside amounts (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 organization is responsive (provide detals in Part VI). See instructions.  9 Distributable amount for 2018 from Section C, line 6.  10 Line 8 amount divided by line 9 amount  Section E—Distribution Allocations (see instructions)  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  3 Excess distributions carryover, if any, to 2018  5 From 2013  6 From 2017  7 Total of lines 3a through e  9 Applied to underdistributions of prior years  h Applied to 2018 distributable amount  1 Carryover from 2013 not applied (see instructions)  9 Applied to 2018 distributable amount  1 Carryover from 2013 not applied (see instructions)  9 Remainder Subtract lines 3g, 3h, and 3i from 3f.  1 Distributions for 2018 from section S, and 4b from 1 section S, and 4c.  8 Breakdown of line 7:  a Excess first bibutions carryover to 2019, Add lines 3j and 4c.  8 Excess from 2017  6 Excess from 2017  6 Excess from 2017	Secti	on D—Distributions			Current Year
a Administrative expenses paid to accomplish exempt purposes of supported organizations.  4. Amounts paid to acquire exempt-use assets.  5. Qualified set-aside amounts (prior IRS approval required).  6. Other distributions (accombe in Part VI). See instructions.  7. Total annual distributions. Add lines 1 through 6.  8. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.  9. Distributable amount for 2018 from Section C, line 6.  10. Line 8 amount divided by line 9 amount.  8. Excess Distributions.  9. Distributable amount for 2018 from Section C, line 6.  10. Line 8 amount divided by line 9 amount.  10. Excess Distributions.  11. Distributable amount for 2018 from Section C, line 6.  12. 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.  13. From 2014.  14. From 2014.  15. From 2014.  16. From 2016.  17. Total of lines 3a through e.  19. Applied to 2018 distributable amount.  10. Carryover from 2013 not applied (see instructions).  19. Remainder Subtract lines 3g, 3h, and 3i from 3f.  19. Applied to underdistributions of prior years.  19. Applied to 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.  19. Remaining underdistributions for 2018, Subtract lines 3h, and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.  19. Remaining underdistributions for years prior to 2018, subtract lines 3g, and 4a.  19. Excess from 2014.  20. Excess from 2015.  21. Excess from 2016.  22. Excess from 2017.	1	Amounts paid to supported organizations to accomplish e	exempt purposes		
3 Administrative expenses paid to accomplish exempt purposes of supported organizations 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 amount distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide detals in Part VI). See instructions. 9 Distributable amount for 2018 from Section C, line 6. 10 Line 8 amount divided by line 9 amount 8 Section E — Distribution Allocations (see instructions) 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 1 From 2013 2 From 2014 3 From 2016 4 From 2017 7 Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2018 distributable amount (2018) 4 Distributions for 2018 distributable amount (2018) 5 Remainder Subtract lines 3g, 3h, and 3i from 3f. 6 Remainder Subtract lines 3g, 3h, and 3i from 3f. 7 Remainder Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2019. Add lines 3j and 4c. Office in Part VI. See instructions. 8 Reakdown of line 7: 8 Excess from 2014 9 Excess from 2015 6 Excess from 2016 8 Excess from 2017 9 Excess from 2016 8 Excess from 2016 8 Excess from 2017 9 Excess from 2016 9 Excess from 2017	2		empt purposes of suppo	orted	
4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (pror 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 organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2018 from Section C, line 6. 10 Line 8 amount divided by line 9 amount  Section E — Distribution Allocations (see instructions) 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 (removed in Part VI). See instructions. 4 From 2014 (removed in Part VI). See instructions. 5 From 2016 (removed in Part VI). See instructions. 6 From 2017 (removed in Part VI). See instructions. 7 Total of lines 3a through e gaphed to underdistributions of prior years happied to 2018 distributable amount cracked in Part VII. See instructions of prior years section D, line 7: \$ Applied to underdistributions for 2018. Subtract lines 3g, 3h, and 3h from 3f. 6 Remaining underdistributions for proyears section D, line 7: \$ Applied to 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. of line 7: see instructions. 8 Excess from 2015 (removed in Part VI). See instructions. 9 Excess from 2016 (removed in Part VI). See instructions. 1 Excess from 2017 (removed in Part VI). See instructions. 1 Excess from 2017 (removed in Part VI). See instructions. 9 Excess from 2017 (removed in Part VI). See instructions. 9 Excess from 2017 (removed in Part VI). See instructions. 1 Excess from 2017 (removed in Part VI). See instructions. 1 Excess from 2017 (removed in Part VI). See instructions. 1 Excess from 2017 (removed in Part VI). See instructions.					<u> </u>
5 Qualified set-asirde amounts (pror 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 organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2018 from Section C, line 6. 10 Line B amount divided by line 9 amount Section E – Distribution Allocations (see instructions) 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 9 From 2014 9 From 2014 9 From 2016 9 From 2017 1 Total of lines 3a through e 9 Applied to underdistributions of prior years h Applied to 2018 distributable amount i Carryover from 2013 not applied (see instructions) 1 Remainder Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions of 2018 distributable amount 5 Remainder Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 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 7 Excess firm 2017 1 Excess from 2017 2 Excess from 2015 3 Excess from 2015 5 Excess from 2015 6 Excess from 2015 7 Excess from 2015 7 Excess from 2017	3		oses of supported orga	nizations	<del> </del>
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Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
The \$1 amo	unt shown in Part II, line 10, Other Income, relates to a refund we received in tax year 2016 after testing a credit card processing
terminal tha	it was setup to receive donations from the general public
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#### **SCHEDULE D** (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

The 20	22 Act Foundation Inc		66-0823462
Par			
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.	<del></del>
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year .		
5	Did the organization inform all donors and donor		
	funds are the organization's property, subject to the	ne organization's exclusive legal contr	ol? 🔲 Yes 🗌 No
6	Did the organization inform all grantees, donors, a	and donor advisors in writing that gra	nt funds can be used
	only for charitable purposes and not for the bene	efit of the donor or donor advisor, or t	for any other purpose
	conferring impermissible private benefit?		· · · · · Yes 🗌 No
Par	Conservation Easements.		
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the	organization (check all that apply)	
	☐ Preservation of land for public use (e.g., recrea	ation or education)   Preservation of	of a historically important land area
	☐ Protection of natural habitat	☐ Preservation o	of a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contribution	on in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		. 2a
b	Total acreage restricted by conservation easemen	ts	. 2b
С	Number of conservation easements on a certified	historic structure included in (a) .	2c
d	Number of conservation easements included in	(c) acquired after 7/25/06, and not	on a
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, trans	sferred, released, extinguished, or ter	minated by the organization during the
	tax year ▶		
4	Number of states where property subject to conse	ervation easement is located >	
5	Does the organization have a written policy re	egarding the periodic monitoring, ins	spection, handling of
	violations, and enforcement of the conservation ea	asements it holds?	· · · · · □ Yes □ No
6	Staff and volunteer hours devoted to monitoring, inspec	ecting, handling of violations, and enforcing	ng conservation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspectii	ng, handling of violations, and enforcing	conservation easements during the year
	<b>▶</b> \$		•
8	Does each conservation easement reported on line	e 2(d) above satisfy the requirements o	f section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(II)?		· · · · 🗌 Yes 🗌 No
9	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text	of the footnote to the organization's fir	nancial statements that describes the
	organization's accounting for conservation easem		
Part			
	Complete if the organization answered		
1a	If the organization elected, as permitted under SF		
	works of art, historical treasures, or other simila		
	public service, provide, in Part XIII, the text of the		
b	If the organization elected, as permitted under S		
	works of art, historical treasures, or other similar		ducation, or research in furtherance o
	public service, provide the following amounts related	•	
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		. <b>&gt;</b> \$
2	If the organization received or held works of art		
	following amounts required to be reported under S	SFAS 116 (ASC 958) relating to these i	tems:
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
h	Assets included in Form 990, Part X		<b>&gt; \$</b>

Part	III Organizations Maintaining	Collections of	Art, His	torical 1	reasures	, or Ot	her Similar A	ssets (continued)
. 3	Using the organization's acquisition,	accession, and o	ther reco	rds, chec	k any of th	ne follov	ving that are a	significant use of its
	collection items (check all that apply):							
а	☐ Public exhibition		d	☐ Loan	or exchang	ge prog	rams	
b	☐ Scholarly research							
	☐ Preservation for future generation	s	_					
4	Provide a description of the organiza		and expla	ain how t	hev further	the oro	ianization's exe	mpt purpose in Part
•	XIII.		una onpi			0. 9	,	
5	During the year, did the organization	solicit or receive	donation	s of art	historical t	reasure	s or other simi	lar
3	assets to be sold to raise funds rather							□ Yes □ No
Dort					gaa.			
Part	Complete if the organization		" on For	m aan I	Part IV Jun	4 9 or	renorted an a	mount on Form
	990, Part X, line 21.	Tanswered Tes	. 011101	111 550, 1	art iv, iii	C 3, 0i	reported arra	inount on roun
	Is the organization an agent, trustee	oustodian ar at	hor intorn	andiany fo	or contribut	tions or	other accete r	not .
1a	included on Form 990, Part X?					tions of	Other assets i	
						• •		☐ Yes ☐ No
b	If "Yes," explain the arrangement in P	art XIII and comp	iete the to	niowing ta	able:		·····	Amount
						_		
С	Beginning balance					10	<del></del>	
d	, talification during the year					1d	<del></del>	
е						1e		
f	Ending balance					<u>1f</u>		
2a	Did the organization include an amou							
<u>b</u>	If "Yes," explain the arrangement in P	art XIII. Check he	re if the e	xplanatio	n has been	provide	ed on Part XIII	<u>.                                    </u>
Part								
	Complete if the organization						_	
		(a) Current year	(b) Pri	or year	(c) Two yea	rs back	(d) Three years ba	ck (e) Four years back
1a	Beginning of year balance .							
b	Contributions							
C	Net investment earnings, gains, and		İ		,		•	
	losses							
d	Grants or scholarships							
е	Other expenditures for facilities and							
	programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of	the current year e	nd baland	e (line 1c	, column (a	a)) held	as:	
а	Board designated or quasi-endowme		%	` .	,			
b	Permanent endowment ▶	%						
c	Temporarily restricted endowment ▶	%						
•	The percentages on lines 2a, 2b, and		100%.					
За	Are there endowment funds not in the			zation the	at are held	and ad	ministered for t	the
	organization by:	•	·					Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
b	If "Yes" on line 3a(ii), are the related of				chedule R?			3b
4	Describe in Part XIII the intended use							<u> </u>
Part							-	
rart	Complete if the organization		s" on For	m 990 I	Part IV lin	e 11a	See Form 990	Part X line 10
	Description of property	(a) Cost or o		1	or other basis	7	Accumulated	(d) Book value
	Description of property	(investr			other)		epreciation	(4) 200
	Lond	<del></del>		<u> </u>		220022		<del></del> _
1a	Land		-			-900 SASSESSEE		
b	Buildings	<u> </u>		-	<u> </u>	+		
C	Leasehold improvements	•						
d	Equipment	•						
<u>e</u>	Other	<u>· .                                   </u>	200 5	<u> </u>	- (0)	<u> </u>		
Tatal	Add upoe 1a through 16 // 'Olumn (d)	must eaual Form (	uuli Part	x collimi	suks line Ti	ur i	<b>₽</b> !	

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.  (a) Description of security indicating name of security)  (ii) Financial derivatives  (2) Closely-held equity interests  (3) Other  (A)  (6)  (7)  (8)  (9)  (9)  (9)  (9)  (10)  (	Part VII	Complete if the organization ansi	vered "Yes" on For	m 990	) Part IV lin	e 11b. See Form	990 Part X line 12
(1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (3) Other (A) (4) (5) (6) (7) (7) (7) (8) (8) (9) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1		(a) Description of security or category				(c) Met	hod of valuation
2) Closely-held equity interests						Cost or end	-or-year market value
(3) Other   (A)   (B)   (B)   (C)		•					<del>-</del>
Signature   Sign						<u>-</u>	<del>-</del>
G    G    G    G    G    G    G    G	(3) Other						<del>_</del>
Ci							
(C)	(C)		***************************************			<del> </del>	
(5) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9							
(F) (G) (F) Total. (Column (b) must equal Form \$90, Part X, cot (B) line 12.) ▶  Part VIII Investments — Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Mistroid of vasuation Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, cot (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (b) Book value (c)							
(G) (F) Total. (Column (b) must equal Form 990, Part X, cot (B) line 12) ▶    Part XIII   Investments — Program Related.							
(Final Column (8) must equal Form 990, Part X col (8) line 12)   Part VIII   Investments — Program Related.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.							
Total (Column (ii) must equal Form 990, Part X, col (iii) line 12)   Part VIII   Investments — Program Related.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.		1					
Investments							
Complete if the organization answered "Yes" on Form 990, Part IV, Inne 11c. See Form 990, Part X, Inne 13.						Indoors On Warrant Start a Australia	months of the state of the stat
(a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g				m 990	D. Part IV. lin	e 11c. See Form	990. Part X. line 13.
(1) (2) (3) (4) (5) (6) (7) (7) (8) (9) (7) (8) (9) (1) (1) (2) (1) (2) (1) (2) (1) (2) (1) (2) (2) (3) (4) (4) (5) (6) (7) (7) (7) (8) (9) (7) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1							
(2)   (3)   (4)   (5)   (6)   (7)   (8)   (9)   (9)   (10)   (1				'	•		
(2)   (3)   (4)   (5)   (6)   (7)   (8)   (9)   (9)   (10)   (1	(1)						
(4)   (5)   (6)   (7)   (8)   (9)   (9)   (1)							
4    (5)   (6)   (7)   (8)   (9)	`						
(6) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (9) (1) (1) (2) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (1) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (7) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9							
6		· -					
(7)   (8)   (8)   (9)   (10					·		
9	•						
Part IX	(8)						
Other Assets.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.							
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) Leasehold Improvements (10) Book value (12) Furniture and Fixtures (13) 42.27 (3) 42.27 (3) 44 (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (10) Form 990, Part X, col (B) line 15.) ▶ 151,14  Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (1) (2) Payroll Inabilities (3) Credit cards (3) Credit cards (4) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1						<b>学生人物的心态</b>	
(a) Description (b) Book value 108,86 (2) Furniture and Fixtures 42,27 (3) (4) (5) (6) (6) (7) (8) (9) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Part IX		_				
(1) Leasehold Improvements				m 990	0, Part IV, lin	e 11d. See Form	
22 Furniture and Fixtures   42,27			) Description				ļ · · · ·
(3) (4) (5) (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" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes 0 (2) Payroll liabilities 763 (3) Credit cards 888 (4) 0 (5) 0 (6) 0 (7) 0 (8) 0 (9)			<del></del>				
(4) (5) (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" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes 0 (2) Payroll liabilities 7/33 (3) Credit cards 88 (4) 0 (5) (5) (6) 0 (6) (7) (8) 0 (9)		e and Fixtures					42,21
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶ 151,14  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes 0 0 (2) Payroll liabilities 7763 (3) Credit cards 888 (4) 0 (5) 0 (6) 0 (7) 0 (8) 0 (9)							
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶ 151,14  Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes 0 (2) Payroll liabilities 763 (3) Credit cards 88 (4) (5) (6) (7) (6) (7) (8) (9)							
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶ 151,14  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes 0 (2) Payroll liabilities 763 (3) Credit cards 88 (4) (5) 0 (6) (7) (6) (7) (7) (8) (9) (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" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes 0 (2) Payroll liabilities 763 (3) Credit cards 88 (4) (5) (6) (6) (7) (6) (6) (7) (7) (8) (9)		·					
(9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)  ▶ 151,14  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes 0 (2) Payroll liabilities 7/63 (3) Credit cards 88 (4) (4) (5) (6) (7) (6) (7) (6) (7) (7) (7) (7) (8) (9) (9)		·					
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)         ▶         151,14           Part X         Other Liabilities.           Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.           1. (a) Description of liability         (b) Book value           (1) Federal income taxes         0           (2) Payroll liabilities         763           (3) Credit cards         88           (4)         0           (5)         0           (6)         0           (7)         0           (8)         0           (9)         0		<del></del>			_		
Part X   Other Liabilities.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.		mn (h) must equal Form 990 Part Y co	ol (R) line 15.)				151 14
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.    1.			л (D) IIIIC 10.)	• •	<del></del>		101,114
Inne 25.   (a) Description of liability   (b) Book value   (1) Federal income taxes   0 (2) Payroll liabilities   763 (3) Credit cards   88 (4)   0 (5)   0 (6)   (7)   0 (8)   0 (9)   0 (7)   (9)	raitA		wered "Yes" on For	m 990	n Part IV lin	e 11e or 11f. See	e Form 990. Part X
1.         (a) Description of liability         (b) Book value           (1) Federal income taxes         0           (2) Payroll liabilities         763           (3) Credit cards         88           (4)         0           (5)         0           (6)         0           (7)         0           (8)         0           (9)         0			Wered 165 Office	111 000	o, r are rv, iii	0 110 01 111. 00	5 1 51111 555, 1 alt 71,
(1) Federal income taxes (2) Payroll liabilities (3) Credit cards (8) (4) (0) (5) (0) (6) (7) (0) (8) (9)	1.		(b) Book value		an ar comment		
(2) Payroll liabilities 763 (3) Credit cards 88 (4) 0 (5) 0 (6) 0 (7) 0 (8) 0 (9)			· · ·				
(3) Credit cards     88       (4)     0       (5)     0       (6)     0       (7)     0       (8)     0       (9)     0						mandan panganan da	ne mondessampulge prede 17800
(4) 0 0 (5) (6) 0 (7) (8) (9) 0 0 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			,				
(5) 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
(6) 0 (7) 0 (8) 0 (9) 0							
(7) (8) (9)				0			
(8) (9)				0			
(9)							
180% As 3 was a control of the contr				0			
		(b) must equal Form 990, Part X, col (B) line 25 ) ▶		851			

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.

Part		Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
а	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities	
С	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	2e
3	Subtract line <b>2e</b> from line <b>1</b>	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	Programme and the second
а	Investment expenses not included on Form 990, Part VIII, line 7b	
b	Other (Describe in Part XIII )	
С	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Part		r Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	784
a	Donated services and use of facilities 2a	चेहिपेरी -
b	Prior year adjustments	
c	Other losses	: 2.4 : 2.4
d	Other (Describe in Part XIII )	(1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
	Investment expenses not included on Form 990, Part VIII, line 7b 4a	Curidos.
a b	Other (Describe in Part XIII.)	Standary Clade Less Less
C	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
Part		<u> </u>
2; Par	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b, t XI, lines 2d and 4b; Also complete this part to provide any additional inf	ormation
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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Schedulę D (For		Page 5
Part XIII	Supplemental Information (continued)	
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# SCHEDULE I (Form 990)

of the Tr

Deg T

Department of the Treasury Internal Revenue Service	Name of the organization

The 20 22 Act Foundation Inc

General Information on Grants and Assistance

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

► Attach to Form 990. ► Go to www.irs.gov/Form990 for the latest information.

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OMB No 1545-0047

Employer identification number	66-0823462

Part I General Information on Grants and Assistance	on Grants and	Assistance					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	un records to sub:	stantiate the amou	int of the grants or	assistance, the g	rantees' eligibility i	or the grants or assistance	, and Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	zation's procedur	es for monitoring t	he use of grant fur	nds in the United	States.		
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	ssistance to Do	mestic Organizate control of the con	ations and Dom an \$5,000. Part II	estic Governm I can be duplica	ents. Complete ited if additional	<b>Grants and Other Assistance to Domestic Organizations and Domestic Governments.</b> Complete if the organization answered "Yes" on Form 990 Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	ered "Yes" on Form 990
1 (a) Name and address of organization or government	(a)	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Centros Sor Isolina Ferre Inc PO BOX 7313, Ponce, PR 00732-7313	66-0277396	501(c)(3)	100,000	0	0 N/A	N/A	See Part IV
(2) PR Alliance for Companion Animals Inc See address in Part IV	66-0751044	501(c)(3)	92,409	0	0 N/A	N/A	See Part IV
(3) Kinesis, Inc - 2000 Carr 877 PMB 208, Guaynabo, PR 00966	66-0727042	501(c)(3)	70,000	0	0 N/A	N/A	See Part IV
(4) Fondos Unidos de PR - PO Box 191914, San Juan, PR 00919-1914	66-0269222	501(c)(3)	20,000	0	0 N/A	N/A	See Part IV
(5) Humane Society of US - 1255 23rd St Nw Ste 450, Wash, DC 20037	53-0225390	501(c)(3)	40,000		0 N/A	N/A	See Part IV
(6) VIDAS - PO Box 20246 Boulder, CO 80308	58-2683682	501(c)(3)	40,000	0	0 N/A	N/A	See Part IV
(7) Putnam LAC Holding LLC · See address in Part IV	46-0823327	, N/A	25,000	0	0 N/A	N/A	See Part IV
(8) FUNDESCO - P O Box 6300 Caguas, PR 00725-6300	66-0264286	501(c)(3)	15,000	0	0 N/A	N/A	See Part IV
(6)							
(10)							
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(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	501(c)(3) and gov	rernment organiza	tions listed in the li	ne 1 table			7
3 Enter total number of other organizations listed in the	rganizations listed	d in the line 1 table					<b>▲</b>

Schedule I (Form 990) (2018)

Cat No 50055P

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

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8)	and
(Form 990) (2018)	Grants and
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o Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	
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(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
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Part IV Supplemental Information. Provide the infor	the information r	equired in Part I, lin	e 2; Part III, columr	mation required in Part I, line 2; Part III, column (b); and any other additional information.	onal information.
On Part II, Line 1(a)(2), the full address of Puerto Rico Alliance for Companion Animals, Inc. is 130 Winston Churchill Avenue, Suite 1, PMB 208, San Juan, PR 00926-6018	liance for Companio	n Animals, Inc. is 130 \	Winston Churchill Aver	nue, Suite 1, PMB 208, San Ju	an, PR 00926-6018
On Part II, Line 1(a)(7), the full address of Putnam LAC Holding, L.L.		itro Internacional de M	ercadeo - Torre 2, Suite	C is Centro Internacional de Mercadeo - Torre 2, Suite 407, #90 Carretera 165, Guaynabo, PR 00968	/nabo, PR 00968
On Part II, Line 1(a)(1)(h), the purpose of the grant is for social, eco	social, economic, ar	nomic, and educational development of disadvantaged communities	ment of disadvantaged	Communities	
On Part II, Line 1(a)(2)(h), the purpose of the grant is for the care ar	the care and adoptic	nd adoption of rescued dogs			
On Part II, Line 1(a)(3)(h), the purpose is for grants to attend top un	end top universities				
On Part II, Line 1(a)(4)(h), the purpose is for grants towards social and health organizations	ds social and health	n organizations			
On Part II, Line 1(a)(5)(h), the purpose of the grant is for the care and adoption of rescued dogs	the care and adoptic	on of rescued dogs			
On Part II, Line 1(a)(6)(h), the purpose of the grant is for the care and adoption of rescued dogs	the care and adoptic	on of rescued dogs			
On Part II, Line 1(a)(7)(h), the purpose of the grant is to provide computers to a local public school	provide computers to	o a local public school			
On Part II, Line 1(a)(8)(h), the purpose of the grant is for the shelter		and care of the homeless and of the elderly	f the elderly		

#### 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 Inspection

Employer identification number

66-0823462

Department of the Treasury Internal Revenue Service Name of the organization

The 20 22 Act Foundation Inc

► Attach to Form 990 or 990-EZ.

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

\* Part VI, Section A, Line 2 - Mr. Robb Rill, President of the organization's Board of Directors, is married to Mrs. Tara Rill, Vice President of the organization's Board of Directors \* Part V, Section A, Line 6 - The organization does have members \* Part VI, Section A, Line 7a - The organization does have members with the power of electing or appointing one or more members of its governing body \* Part VI, Section B, Line 11b - The organization's return is prepared by Mr. Jorge Kuilan, Secretary and Treasurer of the organization, and reviewed by Ms Susan Blasberg, Member of the organization's Board of Directors \* Part VI, Section C, Line 19 - The organization did not make its governing documents, conflict of interest policy, and financial statements available to the public during the tax year \* Part IX, Line 24e - Miscellaneous Expenses. Bank Service Charges \$385 Credit Card Fees \$14,298 Events \$70,646 Filing Fees \$185 Meals and Entertainment (50%) \$152 Parking and Tolls \$12 Total \$85,678 \* Part XI, Line 9 - The negative \$1,159 change in fund balance represents the following nondeductible expenses for tax purposes Meals and Entertainment (50%) \$151 Penalties \$1,008 Total \$1,159

Schedule, O (Form 990 or 990-EZ) (2018)	Page 4
Name of the organization The 20 22 Act Foundation Inc	Employer Identification number 66-0823462
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