TROPICAL STORM IMELDA

Return of Organization Exempt From Income Tax

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

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

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

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2018 calendar year, or tax year beginning and ending Check if applicable C Name of organization D Employer identification number Address DYNAMO CHARITIES, INC. 87-0768361 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final 713-276-7575 1001 AVENIDA DE LAS AMERICAS 200 410. 386. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amend HOUSTON, TX 77010 H(a) Is this a group return Applica-tion pending F Name and address of principal officer JOHN WALKER Yes X No for subordinates? SAME AS C ABOVE H(b) Are all subordinates included? Yes Tax-exempt status X 501(c)(3) 4947(a)(1) 501(c) () (insert no.) If "No," attach a list (see instructions) J Website: ► N/A H(c) Group exemption number Form of organization: X Corporation Trust Other > Year of formation: 2006 M State of legal domicile: TX Association Part I Summary TO PROMOTE EDUCATIONAL AND Briefly describe the organization's mission or most significant activities Governance RECREATIONAL OPPORTUNITIES FOR YOUTHS. if the organization discontinued its operations or disposed of more than 25% of its net assets Check this box 3 Number of voting members of the governing body (Part VI, line 1a) 5 Number of independent voting members of the governing body (Part VI, line 1b) Activities & 0 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 390 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12RECE 0. 0. b Net unrelated business taxable income from Form 990-T, li **Prior Year Current Year** 139.974. 215,340. Contributions and grants (Part VIII, line 1h) 161,169. 150,285. 9 Program service revenue (Part VIII, line 2g) 111 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) О. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -93,503. -82,157. 207,640. 283,468. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 62,779. 83,683. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ο. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 98,741 110,658. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 182,424. 173,437. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 25,216. 110,031. 19 Revenue less expenses Subtract line 18 from line 12 **Beginning of Current Year End of Year** 109,500. 219,531 20 Total assets (Part X, line 16) 0. Ο. 21 Total liabilities (Part X, line 26) 109,500. 219 531 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other that officer) is based on all information of which preparer has any knowledge. Signature of officer Sign JOHN WALKER PRESIDENT Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature P00643036 Paid CRAIG REFFNER 01/12/2020 Firm's name PRICEWATERHOUSECOOPERS LLP 13-4008324 Preparer Firm's EIN Firm's address 1000 LOUISIANA STREET, SUITE 5800 **Use Only** HOUSTON, TX 77002 Phone no. (713) 356 4000

X Yes Form 990 (2018)

Forn	n 990 <u>(</u> 2018)	DYNAMO	CHARITIES,	INC.		87-0768361	Page 2
			vice Accomplis				
	Check if Schedu	ule O contains a res	ponse or note to any	line in this Part III			
1	Briefly describe the or	ganization's missio	n		PPORTUNITIES FOI	R YOUTHS.	
						· · · · · · · · · · · · · · · · · · ·	
2	Did the organization uprior Form 990 or 990- If "Yes," describe thes	-EZ?		es during the year wh	nich were not listed on the	☐ Yes [X No
3				anges in how it cond	lucts, any program services?	□V _{ac} [X No
•	If "Yes," describe thes	-		anges in now it conc	deta, any program services:		
4	Describe the organizat	tion's program serv	ice accomplishment	s for each of its three	largest program services, as r	neasured by expenses.	
		=	·	eport the amount of g	grants and allocations to others	s, the total expenses, and	i
	revenue, if any, for eac				7 524	1 6	07
4a		enses \$	7,534. mol		7,534.) (Revenu DS TO SUPPORT CA	HANCED DECEADO	87.
	AND CANCER			KAISE FUN	DS TO SUPPORT CA	TANGGAN NADWA	п
	MID CANCER	BUNVIVORS.					
	· · · · · · · · · · · · · · · · · · ·				,		
			•				
				·			
4b		enses \$	55,245. incl	uding grants of \$	55,245.) (Revenu		
	TO SUPPORT	COMMUNITY	EVENTS AND	PROGRAMS,	RECOGNIZE COMMU	MITY MEMBERS	•
		1					
		•					
					-		
-							
							
			···				
4c	(Code) (Expe	enses \$	ınclı	ıdıng grants of \$) (Revenue	e \$	
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		 		``			
				· · · · · · · · · · · · · · · · · · ·			
							
				•			
4.4	Other	o (Donowh O -)	dula O)				
4d	Other program services	•	•		\	,	
40	(Expenses \$ Total program service 6		including grants of \$ 62,7	79.) (Revenue \$		
<u>4e</u>	Total program service (evhenses	02,7			Form 99 0	0 (2018)
						1 01111 501	,— J . J,

Form 990 (2018) DYNAMO CHARITIES, INC. Part IV Checklist of Required Schedules

			- 63	140
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	-	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		🚚
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			 ₩
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		х
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	┡		
9	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	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 167 If "Yes," complete Schedule D, Part VIII	11c		<u> X</u>
đ	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			7.7
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		х
L	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b		X
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		$\frac{\mathbf{x}}{\mathbf{x}}$
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
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	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? # "Yes,"			32
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		x	
20000	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	Eorm		2018)
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Part IV 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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete			
	Schedule J	23		Х
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		ĺ	Ì
	Schedule K If "No," go to line 25a	24a	l	х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
•	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 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		х
h	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			
	· · ·	25b		х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? // "Yes."			
		26		х
07	complete Schedule L, Part II	20		
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	0.7		X
	of any of these persons? If "Yes," complete Schedule L, Part III	27		^
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			ĺ
	instructions for applicable filing thresholds, conditions, and exceptions)			$\overline{\mathbf{x}}$
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			7.7
	If "Yes," complete Schedule N, Part I	31	-	<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		Ì	
	Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	ŀ	ĺ	
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	_	<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	,	ŀ	
	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>X</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		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		_	
_	Note. All Form 990 filers are required to complete Schedule O	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 37		ł	- 1
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 16		Ì	J
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			لــــا
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X_
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		<u> </u>
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		X,
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			لبيدا
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b_		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	_		7.7
_	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		х
	If "Yes," indicate the number of Forms 8282 filed during the year	-/-		 -
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<u>—</u>		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
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			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
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		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			1
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			1
11	Section 501(c)(12) organizations. Enter			l
a	Gross income from members or shareholders			l
ь	Gross income from other sources (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them.) Section 4047/cV41 per experts the ritable trusts let the organization filing Form 990 in liquid Form 10412	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		—
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			l
_	organization is licensed to issue qualified health plans		ļ	
С	Enter the amount of reserves on hand			- 1
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
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		X
	If "Yes," see instructions and file Form 4720, Schedule N	[[
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		<u> </u>
	If "Yes," complete Form 4720, Schedule O.			
		Form	990 ((2018)

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 6a, 6b, or 10b below, describe the circumstances, processes, or changes in schedule O. See instructions			
Sec	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management			X
360	tion A. Governing Body and Management		Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year 1a 5		162	NO
ıa	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	l	ĺ	
b				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
_	officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	<u> </u>		
•	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		х
	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		х
ь				
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		ļ	
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	L	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	<u> </u>	X
b	Other officers or key employees of the organization	15b	-	<u> </u>
40:	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)]		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		—	X
	taxable entity during the year?	16a		
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	-	
Sec	tion C. Disclosure	IOD		
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s	only) :	availah	
.5	for public inspection Indicate how you made these available. Check all that apply	J.119) 6	a valial	
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ıal	
	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	VANESSA SCOTT - 713-276-7533			
	1001 AVENIDA DE LAS AMERICAS, NO. 200, HOUSTON, TX 77010			
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

X Check this box if neither the organiza (A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average		(do not check more than one					Reportable	Reportable	Estimated
	hours per week	box	box, unless person is both an officer and a director/trustee				n an tee)	compensation from	compensation from related	amount of other
	(list any	ē						the	organizations	compensation
	hours for	Individual trustee or director				Ļ		organization	(W-2/1099-MISC)	from the
	related	ee or	stee			nsate		(W-2/1099-MISC)	,	organization
	organizations	trust	Institutional trustee		oyee	E .				and related
	below	ndual	te le	ا و	Key employee	esto	ē			organizations
	line)	혈	lst T	Officer	Key	Highest compensated employee	Former			
(1) JOHN WALKER	5.00									
PRESIDENT		X	$ldsymbol{ldsymbol{ldsymbol{ldsymbol{eta}}}$	X		<u> </u>		0.	0.	0.
(2) LAWRENCE POPE	1.50]								
MEMBER		X				L		0.	0.	0.
(3) BRIAN CHING	1.50						ĺ			
MEMBER		X						0.	0.	0.
(4) ELIZABETH TILNEY	1.50									
MEMBER		X		Ш				0.	0.	0.
(5) KEN OWENS	1.50					İ				
MEMBER		X						0.	0.	0.
		╚		Ш						
]							•	
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			$ldsymbol{ld}}}}}}$	Ш		<u> </u>	L			
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Form 990 (2018)

832007 12-31-18

<u>orn</u>	n 990 (2	(018) DYNAMO CI	IARTITES	1	ΤV	C.					0/-0/00	720T	Page o	
Pa	rt VII	Section A. Officers, Directors, Trus	tees, Key Emp	loy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
		(A)	(B)				C)			(D)	(E)	(F))	
		Name and title	Average	Position (do not check more than one						Reportable	Reportable	Estimated		
			hours per	box, unless person is both an						compensation	compensation	amour	nt of	
			week	officer and a director/trustee)					tee)	from	from related	othe	er	
			(list any	ector				l		the	organizations	compen		
			hours for	or dii	, e			ated		organization	(W-2/1099-MISC)	from		
			related organizations	ıstee	truste			Ē		(W-2/1099-MISC)		organiz		
			below	aal tro	onal		ploye	[and rel		
			line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organiza	auons	
				Ė	=	10	- X	= =	Fe			+		
					Щ			\vdash						
												1		
												 		
							$oxed{oxed}$					↓		
												<u> </u>		
											(1		
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												1		
			·									,		
												1		
										1				
1b	Sub-t	otal							<u> </u>	0.	0.		0.	
		from continuation sheets to Part VII	Section A							0.	0.		0.	
		(add lines 1b and 1c)	,							0.	0.		0.	
2		number of individuals (including but no	nt limited to the	ose	liste	d ab	OVE) wh	o re	/		٠		
_		ensation from the organization	or million to the					,			oo o, roportable		0	
	осиль	oncounter the organization.								•		Yes		
3	Did th	e organization list any former officer,	director or tru	ctee	k k	v en	ndo	VAA	or h	nighest compensated em	nnlovee on		1	
Ŭ		²⁷ If "Yes," complete Schedule J for st			,	,	,p.o.	,00,	O	ngnest compensated en	ipioyee on	3	<u> </u>	
4		y individual listed on line 1a, is the su			mpa	neat	hon	and	oth	or companeation from th	o organization		+	
•		elated organizations greater than \$150	•							•	ie organization	4	- - -	
_											ual for convece		+	
5		ny person listed on line 1a receive or a							iale	d organization or individ	ual for services	 	- 	
Sac		red to the organization? If "Yes." com Independent Contractors	olete Schedule	JIC	or su	cn c	erso	on				5	<u> </u>	
		lete this table for your five highest cor	nnanantad ind		a dar				a +h	est recovered more than &	100 000 of company	ation from		
1	•	ganization Report compensation for t	•	•							•	MON NOM		
	tite or		ne calendar ye	ai e	num	y w	uio	or with	<u> </u>	•	ar.			
		(A) Name and business	address	NC	NE	,				(B) Description of se	ervices	(C) Compensati	on	
				TAC	ME	<u> </u>			\dashv	200011121101101101		-		
									- 1					
		•							+					
									- 1					
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		•								•				
									\dashv					
_	Total -	number of independent contraction for	oludina but	4 l·		+c +	hes			abaya) who recover	-o than		 1	
2		number of independent contractors (in	•	t IIII	iitea	ιοτ	nos 0		ea a	above) who received mo	re man		ľ	
	⊅ 100,0	000 of compensation from the organiz	ation								L	Form 990	(2012)	

832008 12-31-18

Form 990 (201	B) DYNAMO	CHARITIES,	INC.			87-0768	361	Page 9
Part VIII	Statement of Revenue	•						
	Check if Schedule O contains	s a response or note t	o any line in this Part VIII					
			(A)	-	(B)	(C)	. (D)

			Crieck ii Scriedule O Corto	amis a 105ponse	or note to any iiii	(A) Total revenue	Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
र र	1	a	Federated campaigns	1a					
an			Membership dues	1b					
رة <u>و</u>			Fundraising events	1c	90,340.				
Contributions, Gifts, Grants and Other Similar Amounts			Related organizations	1d					
is is			•						
Sir			Government grants (contributi						
e ti		T	All other contributions, gifts, gran	1 1	125 000				'
ĘĘ			similar amounts not included above		125,000.				
a de		g	Noncash contributions included in lines	1a-1f \$		015 240			
<u>0</u> #	_	h	Total. Add lines 1a-1f			215,340.			
				_	Business Code				
9	2	a			711300	145,598.	145,598.		
Ž.		b	CANCER AWARENES	<u>s</u>	711300	4,687.	4,687.		
Program Service Revenue		c							
am		d							
ogr B		е							
Pr		f	All other program service reve	nue					
		q	Total. Add lines 2a-2f		•	150,285.			
	3		Investment income (including	dıvıdends, ıntere	est, and	•			
			other similar amounts)	•	· •				
	4		Income from investment of tax	exempt bond p	roceeds				
	5	;	Royalties		•				
				(i) Real	(iı) Personal				i
	6	а	Gross rents						
		_	Less rental expenses						
			Rental income or (loss)						
			Net rental income or (loss)		<u> </u>				
	7		Gross amount from sales of	(i) Securities	(ii) Other				
	•	_	assets other than inventory	W 0000	1 1/4/ 0 1/1.01				
		h	Less cost or other basis						
		_	and sales expenses						
			Gain or (loss)		†				
			Net gain or (loss)		<u> </u>				
	Ω		Gross income from fundraising	a events (not					
E E	٠	_		40. of					
Revenue			contributions reported on line						
æ			Part IV, line 18	10, 000	0.				
Other		_	Less direct expenses	b	00 00				
ō			Net income or (loss) from fund		00,,000	-88,706.			-88,706.
	۵		Gross income from gaming ac			00,7001			00,7001
	9	а	Part IV, line 19	a a	44,761.				
		_		b	20 010				
			Less direct expenses Net income or (loss) from game		30,212.	6,549.			6,549.
	10		Gross sales of inventory, less i	=		0,545.			0,343.
	10	a	and allowances						
		h	Less cost of goods sold	a b	-				
			Net income or (loss) from sales						
		Ť	Miscellaneous Revenue		Business Code				1
	11	2		•	20111633 0000	· · · · · · · · · · · · · · · · · ·		` 	
	• •	b							
		c			 				
		d	All other revenue						
			Total. Add lines 11a-11d						
	12		Total revenue. See instructions			283,468.	150,285.	0.	-82,157.
	12		I STEEL LEAGURE. DEC HISTI OCHUMS			200,4001		.	5 000

832009 12-31-18

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	r organizations must cor	nplete column (A)	
	Check if Schedule O contains a respon			(0)	(5)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	62,779.	62,779.		
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	ındıvıduals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	•			
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and			İ	
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)	Ì			
а	Management				
þ	Legal	2 710		2 510	
C	Accounting	3,718.		3,718.	
d	, ,				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				•
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	İ			
17	Travel				
18	Payments of travel or entertainment expenses	·			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	İ		•	-
22	Depreciation, depletion, and amortization	87.		87.	
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	GENERAL & ADMINISTRATIV	106,853.		106,853.	
b					
С					,
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	173,437.	62,779.	110,658.	0.
26	Joint costs. Complete this line only if the organization		,		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	ļ			
	Check here ff following SOP 98-2 (ASC 958-720)				**************************************
	•				000

Part X	Balance Sheet					
	Check if Schedule O contains a response or not	e to ar	y line in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			109,413.	1	219,531
2	Savings and temporary cash investments		<u>_</u>		2	
3	Pledges and grants receivable, net				3	
4	Accounts receivable, net				4	
5	Loans and other receivables from current and fo	rmer o	fficers, directors,			
	trustees, key employees, and highest compensa	ited en	ployees Complete			
	Part II of Schedule L		5			
6	Loans and other receivables from other disquali	fied pe	rsons (as defined under			
	section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of sect	ion 50	(c)(9) voluntary			
2	employees' beneficiary organizations (see instr).	Comp	lete Part II of Sch L		6	
7 8	Notes and loans receivable, net				7	
⁽ 8	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges				9	
10a	Land, buildings, and equipment cost or other					
1	basis Complete Part VI of Schedule D	10a	2,380.			
b	Less accumulated depreciation	10b	2,380.	87.	10c	(
11	Investments - publicly traded securities				11	
12	Investments - other securities See Part IV, line 1		12			
13	Investments - program-related See Part IV, line	L		13		
14	Intangible assets	_		14		
15	Other assets. See Part IV, line 11	<u>_</u>		15		
16	Total assets. Add lines 1 through 15 (must equa	al line 3	34)	109,500.	16	219,531
17	Accounts payable and accrued expenses		L		17	
18	Grants payable		18			
19	Deferred revenue	L		19		
20	Tax-exempt bond liabilities		L		20	
21	Escrow or custodial account liability Complete I	Part IV	of Schedule D		21	· · · · · · · · · · · · · · · · · · ·
, 22	Loans and other payables to current and former	officer	s, directors, trustees,			
	key employees, highest compensated employee	s, and	disqualified persons			
22	Complete Part II of Schedule L		Ĺ		22	
¹ 23	Secured mortgages and notes payable to unrela	ted the	rd parties		23	
24	Unsecured notes and loans payable to unrelated				24	
25	Other liabilities (including federal income tax, pa					
	parties, and other liabilities not included on lines	17-24)	. Complete Part X of			
	Schedule D		-		25	
26	Total liabilities. Add lines 17 through 25		. (==)	0.	26	(
	Organizations that follow SFAS 117 (ASC 958		k here ▶ X and			
g	complete lines 27 through 29, and lines 33 an	d 34.	-	100 500		010 534
27	Unrestricted net assets		<u> </u>	109,500.	27	219,531
28	Temporarily restricted net assets		-		28	
29	Permanently restricted net assets				29	
!	Organizations that do not follow SFAS 117 (A	SC 958	i), check here 🕨 📖			
5	and complete lines 30 through 34.		-			
30	Capital stock or trust principal, or current funds		<u> </u>		30	
31	Paid-in or capital surplus, or land, building, or eq	•			31	_
27 28 29 30 31 32 33	Retained earnings, endowment, accumulated in	come,	or other funds	100 500	32	010 501
~	Total net assets or fund balances		ļ .	109,500.	33	219,531
34	Total liabilities and net assets/fund balances			109,500.	34	219,531

Form **990** (2018)

Form	1990 (2018) DYNAMO CHARITIES, INC.	<u>87</u>	<u>-076836</u>	<u>1</u> F	e _{age} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		•		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>468.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			437.
3	Revenue less expenses Subtract line 2 from line 1	3			<u>031.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	<u>09,</u>	<u>500.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses ·	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	2	<u>19,</u>	<u>531.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Ye	s No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		_ _	_
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		İ	1 1
	separate basis, consolidated basis, or both		- 1		
	Separate basis Consolidated basis Both consolidated and separate basis			_	_
b	Were the organization's financial statements audited by an independent accountant?		2	ь	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			1
	consolidated basis, or both			•	
	Separate basis Consolidated basis Both consolidated and separate basis			_	اــــاــ
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2	<u> </u>	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.		_	_
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	gle Auc	lit		
	Act and OMB Circular A-133?		3	a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	ıt		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		31		
			For	m 996	(2018)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

2018
Open to Public Inspection

Name of the organization

DYNAMO CHARITIES, INC.

Employer identification number 87-0768361

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii), Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. _____ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization listed (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other (ii) EIN (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

Total

Calen 1	tion A. Public Support						,
1	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018 /	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	(a) 25 ()	10, 20.0	10, 20.0	(4) 2017	(9,20.0)	(iy rotar
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions by each person (other than a governmental unit or publicly						
:	supported organization) included on line 1 that exceeds 2% of the amount shown on line 11.			/			
	column (f)						
	Public support. Subtract line 5 from line 4						
	tion B. Total Support		1 "10015	1 / 2242	1	1 110010	45.5
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(6) 2016 X	(d) 2017	(e) 2018	(f) Total
8	Gross income from interest,						
,	dividends, payments received on		/				
!	securities loans, rents, royalties,		/				
;	and income from similar sources		1	\			
	Net income from unrelated business			l \		,	
	activities, whether or not the business is regularly carried on			\			
	Other income. Do not include gain		/		Ť\		
•	or loss from the sale of capital assets (Explain in Part VI.)						
11 '	Total support. Add lines 7 through 10		/		\		
12	Gross receipts from related activities, of	etc. (see instructio	ons)		\	12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	501(c)(3)	_
	organization, check this box and stop tion C. Computation of Public		centage				
	Public support percentage for 2018 (lir			olumn (fl)		14	
	Public support percentage from 2017	/			,	15	
16a (33 1/3% support test - 2018. If the or	ganization did no	ot check the box or	n line 13, and line	14 is 33 1/3% or m	ore, check this box a	ind
	stop here. The organization qualifies a 33 1/3% support test - 2017. If the or	4			line 15 is 33 1/3%	or more, check this	box
	and stop here. The organization qualit		•		40.46		▶∟
	10% -facts-and-circumstances test - and if the organization meets the "fact	-				\	-
r	meets the "facts-and-circumstances" to	est. The organizat	tion qualifies as a p	oublicly supported	organization		▶□
	10% -facts-and-circumstances test						% or
	more, and if the organization meets the organization meets the "facts and circu					\ \	. ▶□
	Private foundation. If the organization				o, check this box ai	nd see instructions	\
					Sche	dule A (Form 990 or	r 990-EZ) 201
							\
332022	10-11-18						/

Schedule A (Form 990 or 990-EZ) 2018 DYNAMO CHARITIES, INC. Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						I '
	membership fees received. (Do not						
	ınclude any "unusual grants.")	303,946.	198,877.	131,761.	111,071.	174,043	. 919,698.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	132,859.	97,264.	20,248.	35,696.	45,984	. 332,051.
3	Gross receipts from activities that		•	•	ĺ	,	1
Ī	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-					_	1
	ization's benefit and either paid to or expended on its behalf	,					
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	436,805.	296,141.	152,009.	146,767.	220,027	. 1251749.
7 a	Amounts included on lines 1, 2, and		•	·	,	,	
	3 received from disqualified persons						0.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			,			0.
	: Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6)		_				1251749.
	ction B. Total Support						,
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	436,805.	296,141.	152,009.	146,767.	220,027	1251749.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses	`					
	acquired after June 30, 1975						
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned 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)	436,805.	296,141.	152,009.	146,767.	220,027	1251749.
	First five years. If the Form 990 is for		first, second, third		•		*
	check this box and stop here	5	•		,	(//)	▶□
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2018 (I	ine 8, column (f), dr	vided by line 13, c	olumn (f))		15	100.00 %
	Public support percentage from 2017		•	ν,,		16	100.00 %
	ction D. Computation of Inves				-		
17	Investment income percentage for 20	18 (line 10c, colum	nn (f), divided by lir	ne 13, column (f))		17	.00 %
	Investment income percentage from		**	,		18	%
	33 1/3% support tests - 2018. If the			n line 14, and line	15 is more than 33		
	more than 33 1/3%, check this box ar						▶ X
b	33 1/3% support tests - 2017. If the	•	•	•			
-	line 18 is not more than 33 1/3%, che	-				•	
20	Private foundation. If the organizatio		-			-	
	73 10-11-18						0 or 990-FZ\ 2018

Yes No

Part IV | Supporting Organizations

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

Section A.	All Supp	orting O	rganizations
------------	----------	----------	--------------

- 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.)

1		
2		
3a		
3b		_
 3c	 	
4a		<u> </u>
<u> </u>		
4b		<u> </u>
4c		<u> </u>
5a		
5b		
5c		
6		—-i
7		
		
9a		
	—	
9b		
9c		
10a		
10b		
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	edule A (Form 990 or 990 EZ) 2018 DYNAMO CHARITIES, INC.	<u>87-076836</u>	<u>1 р</u>	age 5
Pa	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		<u> </u>
b	A family member of a person described in (a) above?	11b		<u>L</u>
<u>C</u>	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		
Sec	tion 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			
	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			<u> </u>
	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			1
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	1		
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,	<u> </u> [
	supervised, or controlled the supporting organization.	2		1.
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		L
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			i
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructions).		
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity	y (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,			İ
	how the organization was responsive to those supported organizations, and how the organization determined			İ
	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	1		
	of the organization's supported organization(s) would have been engaged in? If "Yes, " explain in Part VI the		Ì	
	reasons for the organization's position that its supported organization(s) would have engaged in these	<u> </u>		
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

•	'			
Sch	edule A (Form 990 or 990-EZ) 2018 DYNAMO CHARITIES, INC.			87-0768361 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	lov 20, 1970 (explain ii	n Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	_		
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5_	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
<u>b</u>	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
<u>d</u>	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			_
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		

Schedule A (Form 990 or 990-EZ) 2018

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

5 Income tax imposed in prior year

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

Schedule A (Form 990 or 990-EZ) 2018 DYNAMO CHARITIES, INC. 87-0768361 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 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 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) Other distributions (describe in Part VI) See instructions. Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2018 from Section C, line 6 Line 8 amount divided by line 9 amount (ii) (iii) **Underdistributions** Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2018 Amount for 2018 1 Distributable amount for 2018 from Section C, line 6 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI) See instructions. Excess distributions carryover, if any, to 2018 a From 2013 **b** From 2014 c From 2015 d From 2016 e From 2017 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2018 distributable amount i Carryover from 2013 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2018 from Section D. a Applied to underdistributions of prior years **b** Applied to 2018 distributable amount c Remainder Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2019. Add lines 3j 8 Breakdown of line 7 a Excess from 2014 b Excess from 2015 c Excess from 2016 d Excess from 2017

Schedule A (Form 990 or 990-EZ) 2018

e Excess from 2018

Schedule A	(Form 990 or 990-EZ) 2018 DYNAMC	CHARITIES,	INC.	87-0768361 Page 8
Part VI	Supplemental Information. Pr Part IV, Section A, lines 1, 2, 3b, 3c, 4b	ovide the explanations o, 4c, 5a, 6, 9a, 9b, 9c,	required by Part II, line 10, I 11a, 11b, and 11c, Part IV,	Part II, line 17a or 17b, Part III, line 12, Section B, lines 1 and 2, Part IV, Section C, irt V, line 1, Part V, Section B, line 1e, Part V,
	Section D, lines 5, 6, and 8, and Part V (See instructions.)	, Section E, lines 2, 5, a	ind 6. Also complete this pa	irt v, line 1, Part v, Section B, line 1e, Part v, lirt for any additional information.
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

2018
Open to Public Inspection

Name of the organization **Employer identification number** DYNAMO CHARITIES, INC. 87-0768361 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds Yes □No are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes Part II | Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) No and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2018

832051 10-29-18

		CHARITIES,							68361	
Pai	t III Organizations Maintaining C	collections of Ar	t, Hist	orical Tre	asures, o	r Other S	<u>Simila</u>	r Assets	(continu	ed)
3	Using the organization's acquisition, accessi	on, and other record	ls, checl	k any of the f	following that	are a sign	ificant u	ise of its c	ollection it	ems
	(check all that apply)									
а	Public exhibition	c	<u> </u>	Loan or exc	hange progra	ams				
b	Scholarly research	•	• 🔲	Other						
C	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how th	ney further th	ne organizatio	n's exemp	t purpo	se in Part	XIII.	
5	During the year, did the organization solicit of	or receive donations	of art, hi	storical treas	sures, or othe	r sımılar as	ssets			
	to be sold to raise funds rather than to be ma	aintained as part of t	he orgar	nization's co	llection?			. [Yes	No No
Pai	t IV Escrow and Custodial Arran	gements. Comple	ete if the	e organizatio	n answered "	'Yes" on F	orm 990), Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21								
1a	Is the organization an agent, trustee, custod	an or other intermed	lary for	contributions	s or other ass	ets not inc	luded		_	
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing t	table						
									Amount	
c	Beginning balance						1c			
d	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or cu	istodial accoi	unt liability	?		Yes	No No
b	If "Yes," explain the arrangement in Part XIII									
Pai	t V Endowment Funds. Complete	f the organization an	swered	"Yes" on Fo	rm 990, Part	IV, line 10				
		(a) Current year	(b) F	Prior year	(c) Two year	s back (d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions		<u> </u>							
C	Net investment earnings, gains, and 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 curr	rent year end balance	e (line 1ç	g, column (a)) held as					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
C	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%								
За	Are there endowment funds not in the posse	ssion of the organiza	ation tha	t are held an	d administer	ed for the	organiza	ation		
	by								Y	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	itions listed as requir	ed on S	chedule R?					3b	
4	Describe in Part XIII the intended uses of the		wment f	unds						
Par	t VI Land, Buildings, and Equipm		_			_				
	Complete if the organization answere	d "Yes" on Form 990), Part IV	/, line 11a S	ee Form 990,	Part X, lin	e 10			
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Acc	umulate	ed	(d) Book v	/alue
		basis (investr	nent)	basis ((other)	depre	ciation	ļ		
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment	2,	380.				2,38	30.		0.
<u>e</u>	Other									
Total	. Add lines 1a through 1e (Column (d) must e	gual Form 990. Part	X. colun	nn (B), line 10	Oc.) .					0.

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization DYNAMO	CHARITIES, INC.				87-0768	361
	Complete if the organization answer	red "Y	es" or	n Form 990, Part IV, I	•	
required to complete this par						
 Indicate whether the organization rais Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations Did the organization have a written of key employees listed in Form 990, P If "Yes," list the 10 highest paid individendments 	e Solicita f Solicita g Special or oral agreement with any individual fart VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (includerofess	non-g gover alsing ding of ional fi	overnment grants mment grants events fficers, directors, trus undraising services?	Ye:	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have o	Did raiser sustody ntrol of eutions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
			-			
		ļ				
•						
				:		
						,
Total 3 List all states in which the organization or licensing.	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is exempt from re	Igistration
						.,
						-
LHA For Paperwork Reduction Act Noti	 ice, see the Instructions for Form 9	90 or	990-E		Schedule G (Form 9	90 or 990-EZ) 2018

832081 10-03-18

** SEE PART IV FOR COMPLETE EXPLANATIONS

Schedule G (Form 990 or 990-EZ) 2018

832082 10-03-18

Schedule G (Form 990 or 990-EZ) 2018 DYNAMO CHARITIES, INC.	87-0768361 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes X No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes X No
13 Indicate the percentage of gaming activity conducted in	13a 100.00 %
a The organization's facility	
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and record	os
Name ► VANESSA SCOTT	
Address ► 1001 AVENIDA DE LAS AMERICAS, NO. 200 - HOUSTON, TX	77010
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes X No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount	ount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party	
, , , , , , , , , , , , , , , , , , ,	
Name	
Address ►	
Address >	
16 Gaming manager information	
16 Gaming manager information	
Name ▶	
Name	
0	
Gaming manager compensation > \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes X No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent i	in the
organization's own exempt activities during the tax year > \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (V).	, and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	
832083 10-03-18 Schedule	G (Form 990 or 990-EZ) 2018

chedule G (Form 990 or 990-EZ) DYNAMO CHARITIES, INC.	87-0768361 Page
Part IV Supplemental Information (continued)	
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	1815 81-5
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Schedule G (Form 990 or 990-EZ)

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

Open to Public Inspection

OMB No 1545-0047

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

			GO TO WWW.II S.GOV/FOR MISSO TO THE LATEST INTOFMATION		ation.			- Consoder
Name of the organization DYNAMO CHARITIES	١,	INC.			:		Employer i	Employer identification number 87-0768361
Part I General Information on Grants and Assistance	nd Assistance							
1 Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection	to substantiate the	amount of the grants	or assistance, the g	grantees' eligibility	for the grants or assis	stance, and the selection		:
criteria used to award the grants or assistance? 9 Describe in Dart IV the organization's propositions for monthains the use of grant funds in the United States.	stance?	to the sum of	September 1	0440			_	X Yes No
들	Domestic Organiz	ations and Domestic	and Domestic Governments. C	omplete if the orga	nization answered "Y	complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	IV, line 21, f	or any
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000. Part II can	be duplicated if addition	onal space is neede	þ				
1 (a) Name and address of organization or government	(b) EIN	(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	E .	(h) Purpose of grant or assistance
GREATER HOUSTON COMMUNITY FOUNDATION - 5120 WOODWAY DR, STE 6000 - HOUSTON, TX 77056	23-7160400		35,980.	0.			COMMUNITY SUPPORT	SUPPORT
PRIDE HOUSTON P.O. BOX 541713 HOUSTON, IX 77254	76-0360374		5,000.	0.			COMMUNITY SUPPORT	SUPPORT
	:							
	nd government org	janizations listed in the	line 1 table				•	
-1	s listed in the line 1	table	:					
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instructi	ons for Form 990.					Schedu	Schedule I (Form 990) (2018)

87-0768361 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed DYNAMO CHARITIES, INC. Schedule I (Form 990) (2018) Part **≡**

Page 2

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients ANNUAL INSPECTION OF FORM 990. (a) Type of grant or assistance PART I, LINE 2:

Schedule I (Form 990) (2018)

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Open to Public Inspection

Employer identification number

DYNAMO CHARITIES, INC.	87-0768361
FORM 990, PART VI, SECTION B, LINE 11B:	
THE DIRECTORS ARE PROVIDED THE TAX RETURN AND ASKED FOR CO	OMMENTS.
· · · · · · · · · · · · · · · · · · ·	
FORM 990, PART VI, SECTION B, LINE 12C:	
ANNUAL REVIEWS.	
FORM 990, PART VI, SECTION C, LINE 19:	
IN PERSON.	
· · · · · · · · · · · · · · · · · · ·	
	
	
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