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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 06-01-2018 , and ending 05-31-2019

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Hogar Infantil Inc

Doing business as

Number and street (or P O box if mail is not delivered to street address) 3180 University Ave

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
San Diego, CA 92104

D Employer identification number
33-0867982

E Telephone number
(323) 472-1281

G Gross receipts $ 249,032

F Name and address of principal officer
Rev John D Keller OSA
3180 University Ave 255
San Diego, CA 92104

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☑ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www hogar-infantil org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1999

M State of legal domicile CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
Our mission is to help at-risk youth in the city of Tijuana, Mexico by supporting Casa Hogar La Gloria, an orphanage where children receive quality education, psychological attention, as well as a safe and secure environment in which to develop and grow

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	7
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	7
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	30
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	151,607	234,580
9	Program service revenue (Part VIII, line 2g)		0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	18,853	14,452
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	170,460	249,032
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	221,563	184,471
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	29,585	22,159
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	251,148	206,630
19	Revenue less expenses Subtract line 18 from line 12	-80,688	42,402

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	790,915	833,317
21	Total liabilities (Part X, line 26)		0
22	Net assets or fund balances Subtract line 21 from line 20	790,915	833,317

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

****** 2020-02-23
Signature of officer Date

Rev Kirk Davis OSA CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
				P00617251

Firm's name ▶ Fortunate Fields Inc — Firm's EIN ▶ 26-1134535

Firm's address ▶ PO Box 33052 San Diego, CA 92163 — Phone no (619) 220-0375

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No