(Rev January 2020)

OMB No 1545-0047

Return of Organization Exempt From Income Tax OMB No. 1545

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

2019

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

Open to Public

Inte	rnal Reve	enue Service	► Go to www.irs.gov/Form990 f	or instructions and the late	est information. 🖊	1	Inspection	
A	For the	e 2019 calen	ar year, or tax year beginning Janua	ry 1 , 2019, and en	ding Decembe	≨r′31	, 20 19	
В	Check I	f applicable	C Name of organization Patronato Benefico Orie	ntal of the United States		D Employ	er identification number	
<u></u>		s change	Doing business as				52-1273588	
	Name o	=	Room/suite	E Telepho	one number			
H	Initial re	•	Number and street (or P O box if mail is not delived C/O*Edwin Alcantara, 2600 SW 3rd Avenue	,	500		305-856-4234	
님			City or town, state or province, country, and ZIP of	r foreign postal code			······································	
님		urn/terminated	Miami, FL 33129	r foreign postar code		G Gross re	eceipts \$ 1,290,818	
님		ed return	F Name and address of principal officer Xiomara I	/enendez			subordinates? Yes No	
Ш	Applica	tion pending	C/O AmericasExport @ 2600 SW 3rd Avenue,				s included? Yes Vo	
	Tay-aya	empt status	√ 501(c)(3)				(see instructions)	
÷	Websit			1	H(c) Group exc			
<u>у</u>		organization 🗸	Corporation ☐ Trust ☐ Association ☐ Other ▶	L Year of fo			f legal domicile FL	
	art I	Summa	····	12 100 0110	manon 1000	0.0.0 0	- Togal dollinono	
	1		ribe the organization's mission or most s	ignificant activities Patri	onato Benefico Oner	ntal of the	- United	
۵	1 '	•	-					
Governance				-				
rug	_	Chook this	establishment and administration of a fund for box if the organization discontinued voting members of the governing body (F	tte operations or dispos	nal Revenue So	Ø62 6 € 1	te nat accate	
ove.	2	Mussbar of	box P I i the organization discontinued	ort VI. line 1e)	ived US Bank -	USBI	9	
	3				700	4	9	
SS	4	Number of	independent voting members of the gove	eming body (Part VI, line	,			
Activities &	5		er of individuals employed in calendar ye	ar 2019 (Part V, line 2a)	257 Z 3 ZUZU	6	0	
ŧ	6		er of volunteers (estimate if necessary)				0	
⋖	7a		ted business revenue from Part VIII, colu		· · · · · · · · · · · · · · · · · · ·	7a	0	
	<u>b</u>	Net unrela	ed business taxable income from Form 9	90-1, line 39 K	ansas City, MO	7b	·	
		0	(Dart) (III to a 11)		Prior Year	2,760	Current Year	
e	8		ns and grants (Part VIII, line 1h)		1,01	2,760	1,140,569	
Revenue	9	_	rvice revenue (Part VIII, line 2g)		10	5 001	150 240	
è	10		income (Part VIII, column (A), lines 3, 4, a		10	5,901	150,249	
_	11		ue (Part VIII, column (A), lines 5, 6d, 8c, 9		444	0.004	4 200 040	
	12		ue-add lines 8 through 11 (must equal Pa			8,661	1,290,818	
	13		similar amounts paid (Part IX, column (A)		1,99	00,101	2,420,301	
	14	•	id to or for members (Part IX, column (A),		-			
es	15		er compensation, employee benefits (Part		1			
Sue	16a		I fundraising fees (Part IX, column (A), Iir					
Expenses	b		aising expenses (Part IX, column (D), line					
ш	17		nses (Part IX, column (A), lines 11a-11d,			25,469	11,309	
	18	-	ses Add lines 13-17 (must equal Part IX			5,570	2,431,610	
	19	Revenue le	ss expenses. Subtract line 18 from line 1	<u> </u>		6,909)	(1,140,791)	
s or					Beginning of Curre		End of Year	
Net Assets Fund Balanc	20		s (Part X, line 16)		6,09	2,287	4,951,495	
at As	21		ies (Part X, line 26)	•	<u></u>			
			or fund balances. Subtract line 21 from li	ne 20	6,09	2,287	4,951,495	
	art II	Signatu						
			I declare that I have examined this return, including Declaration of preparar (other than officer) is based				knowledge and belief, it is	
	e, correc	T. T.	Declaration of preparation of their trial officery is based	on an information of which prep	The state of the s			
ο:								
Si	-	Signati	é o l'officé l'		Date	8/15/	6020	
He	ere	-F	Edwin Alcantara/Contro	ller		<u> </u>	2020	
		T∯peo	print name and title		,			
Pa	id	Print/Type	preparer's name Preparer's sign	ature		Check _	- 1	
	Preparer self-employed							
	e On	L Curreta more	e -		Firm's I	EIN ►		
		Firm's add			Phone	no		
_			nis return with the preparer shown above		<u> </u>		Yes No	
For	Paper	work Reduct	on Act Notice, see the separate instruction	s. M°	at No. 11282Y	ノイ	Form 990 (2019)	

Form 990 (2019)

21

MAKE

drm 99	0 (2019)	\cup		Page
Part				
~			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	ļ
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		✓
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? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		√
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		√
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		√
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV </i>	9		√
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		√
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		>
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		\
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		✓
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		√
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		√
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	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		√
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	V	_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		√
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		√
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		√
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		√
202	Pud the organization operate one or more hospital facilities? If "Ves." complete Schedule H	202		./

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

20b

21

Part	Checklist of Required Schedules (continued)			,
		г	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		✓
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		/
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			
L	through 24d and complete Schedule K. If "No," go to line 25a	24a 24b	+	 ✓
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
·	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		√
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		√
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		√
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV .	28b		√
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	 	✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31	 	1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			_
350	or IV, and Part V, line 1	34 35a	<u> </u>	1
35a b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
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		1
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		1
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	1	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	· ·	
10	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . 1a 0	طقوا	Yes	No
1a b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . 1b 0	-{		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
-	reportable gaming (gambling) winnings to prize winners?	1c	✓	

art	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		-	
			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 2a 0	1		
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)	,		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
70	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓
b	If "Yes," enter the name of the foreign country ▶			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u></u>		>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		\
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		\
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
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).			
а	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		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		√
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
С	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		√
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		√
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		1
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		$\overline{\checkmark}$
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			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities]	
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources		ĺ	
	against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
l4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		√
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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		✓
	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]	✓
	If "Yes," complete Form 4720, Schedule O			

19

20

Form 990 (2019) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year. . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . 3 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during R the year by the following a The governing body? Each committee with authority to act on behalf of the governing body? 8b 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 on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Nο 10a Did the organization have local chapters, branches, or affiliates? . 10a b If "Yes." did the organization have written policies and procedures governing the activities of such chapters. affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a ✓ b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . 12c 13 13 Did the organization have a written whistleblower policy? . 14 14 Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official 15a 15b 1 Other officers or key employees of the organization 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 16a J with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► Florida Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

✓ Upon request

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,

Other (explain on Schedule O)

☐ Another's website

and financial statements available to the public during the tax year.

Jeanette G De Martinez-Lima, Central Romana, La Romana, Dominican Republic 809-556-3682

State the name, address, and telephone number of the person who possesses the organization's books and records ▶

Form 990 (2019)

Form	990 (201	9)

	_
Page	

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, trustoes (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. See instructions for the order in which to list the persons above

Check this box if neither the organization no	r any relate	d org	aniz	atic	n c	ompe	ensa	ited any current	officer, director,	or trustee
(A) Name and title	(B) Average hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					one n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Exhibit "B"								0	0	(
(2)		•								
(3)										
(4)										
(5)								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
(6)								-		
(7)			-					i		
(8)										
(9)										
(10)										
(11)										
(12)										
(13)							-			
(14)					_					

Par	VII Section A. Officers, Directors,	Trustees,	Key	Em	plo	yee	s, ar	ıd F	lighest Compe	nsated En	nplo	yees (continued)
						C)						
	(A)	(B)	Position (do not check more than			D		(E) Reportable	(F)			
	Name and title	Average hours					is both or/trus		Reportable compensation	compensati		Estimated amount of other
		per week (list any	-		_		-		from the organization	from relate organizatio		compensation from the
	•	hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	ghes	Former	(W-2/1099-MISC)	(W-2/1099-M		organization and
		related organizations	호를	iona		plo	ee t con	`				related organizations
	·	below dotted line)	uste	trus		99	lpen					
		Contou IIIIO)	Ф	tee			Highest compensated employee					
(15)							<u> </u>	+			-	
31				<u> </u>								
(16)								Ì				
(47)		ļ				ļ						
(17)			1									
(18)		1			-							
(19)												
(00)				<u> </u>				-				
(20)			-									
(21)							<u> </u>					
(22)												
(22)						<u> </u>		 		_		
(23)												
(24)					<u> </u>							
												cerement et
(25)		 										
1b	Subtotal	L	l	l	L	<u> </u>	l	<u> </u>	0		0	
C	Total from continuation sheets to Part	VII. Sectio	n A			•	•	•	ō		0	
ď	Total (add lines 1b and 1c)	-						•	0		0	0
2	Total number of individuals (including but	not limited				ed	above	e) w	ho received more	e than \$100	,000	of
	reportable compensation from the organi	zation 🟲										Iv. Iv.
^	Did the every term but any favorence	. 				_ 1						Yes No
3	Did the organization list any former of employee on line 1a? <i>If "Yes," complete</i> 3							mpi	oyee, or nignes	t compens	ateo	3 🗸
4	For any individual listed on line 1a, is the							n a	nd other comper	nsation from	the	
	organization and related organizations											
	ındıvıdual			•			•	•				4 /
5	Did any person listed on line 1a receive of for services rendered to the organization?									ion or indivi	dual	5 ✓
Secti	on B. Independent Contractors	11 163, 6	John		OCI :	icut	110 0 1	01 3	uen person :	· · · · · · · · · · · · · · · · · · ·	<u> </u>	13114
1	Complete this table for your five high	est comp	ensate	ed	inde	per	ndent	co	ntractors that r	eceived mo	ore t	han \$100,000 of
	compensation from the organization. Repo	ort compen	satioi	ı for	the	ca	lenda	ı ye	ar ending with or	within the d	ngan	ızatıon's tax year.
	(A) Name and business add	rocc							(B) Description of serv	11000	,	(C) Compensation
	ivalie and business add								- Description of serv	ices		Dompensation
								-				
		,						<u> </u>				1000
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abov	e) wno		11.0

	90 (201								Page \$
Par	VIII	Statement of Revenue							
		Check if Schedule O con	itains a re	spor	nse or note to an	•	T		· · · · _
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns .	[1a					
Grants	b	Membership dues		1b					
Å, Ğ	С	Fundraising events		<u>1c</u>					
ä	d	Related organizations .		1d					
imil	e	Government grants (contri		1e					
bution ther S	f	All other contributions, gifts and similar amounts not include the second similar amounts are second similar and similar amounts and similar amounts are second similar and similar amounts are second similar and similar amounts are second similar amounts.	ded above	1f	1,140,569 00				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions inclines 1a–1f	iuaea in	1g	\$	1 140 560 00			
- "	h	Total. Add lines 1a-1f	· · ·		Business Code	1,140,569 00			
ė	2a				business code				
ه ڲٙ	b								
S	С								
gram Sen Revenue	d								
Program Service Revenue	е								
4	f	All other program service	revenue .						
	g	Total. Add lines 2a–2f		اممما					
	3	Investment income (inclu other similar amounts)	airig aivia	ena	s, interest, and	150,249	150,249		•
	4	Income from investment of	tax-exem	pt bo	nd proceeds -	·		 	
	5	Royalties			▶		•		
			(i) Real		(iı) Personal				
	6a	Gross rents 6a							
	b	Less rental expenses 6b							}
	d d	Rental income or (loss) 6c Net rental income or (loss)			. •	-			
	7a	Gross amount from	(i) Securitie	es	(ii) Other				
	'a	sales of assets							
		other than inventory 7a			ı				
re	b	Less cost or other basis			}				
evenue		and sales expenses 7b							•
	C	Gain or (loss) . 7c							
Other R	l	Net gain or (loss) Gross income from fund	 dravavna [· · · · · · · · · · · · · · · · · · ·	
ō	Oa	events (not including \$	uraising						
		of contributions reported	on line						
		1c) See Part IV, line 18		8a					
	b	Less direct expenses	L	8b	L				
	С	Net income or (loss) from f	Г	eve	nts . ▶				
	9a	Gross income from activities See Part IV, line	gaming	9a					
	b	Less direct expenses	' ³ .	9b					
		Net income or (loss) from g	aming act		es >				
		Gross sales of inventor							
		returns and allowances	<u>-</u>	10a					
		Less cost of goods sold	<u>_</u>	10b					
	С	Net income or (loss) from s	sales of inv	/entc		<u>.</u>			
snc	11^				Business Code				
nec Jue	11a b								
Miscellaneous Revenue	c								
lsc R	d	All other revenue							
Σ	е	Total. Add lines 11a-11d			. ▶				

1,290,818

150,249

Total revenue. See instructions

12

0

Form 990 (2019)

Part IX Statement of Functional Expenses

Section	n 501(c)(3) and 501(c)(4) organizations must comp			must complete coll	umn (A)			
Check if Schedule O contains a response or note to any line in this Part IX								
	t include amounts reported on lines 6b, 7b, , 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							
2	Grants and other assistance to domestic individuals See Part IV, line 22	2,420,301	2,420,301					
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16							
4 5	Benefits paid to or for members . 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 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 (nonemployees).							
а	Management .							
b	Legal							
С	Accounting							
d	Lobbying							
е	Professional fundraising services See Part IV, line 17	1						
f	Investment management fees							
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) .							
12	Advertising and promotion							
13	Office expenses	•						
14	Information technology			·				
15	Royalties							
16	Occupancy							
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							
22	Depreciation, depletion, and amortization							
23	Insurance							
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	-	-					
а	Bank Charges	11,309	11,309					
b								
С								
d								
е	All other expenses							
25	Total functional expenses. Add lines 1 through 24e	2,431,610	2,431,610	0	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 Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).							

Part X	Bala	nce Sheet
Form 990 (20	, 19)	

	art A	Check if Schedule O contains a response or note to any line in this Par			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		1	·
	2	Savings and temporary cash investments	4,048,918	2	2,835,122
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
ts		controlled entity or family member of any of these persons	<u>,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	5	······································
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a			
	b	Less accumulated depreciation 10b		10c	
	11	Investments – publicly traded securities	2,043,369	11	2,116,373
	12	Investments – other securities See Part IV, line 11 .		12	
	13	Investments-program-related. See Part IV, line 11 .		13	-
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33) .	6,092,287	16	4,951,495
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons		22	
בׂ	23	Secured mortgages and notes payable to unrelated third parties .		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third 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	0
ces		Organizations that follow FASB ASC 958, check here ▶ ☐ and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions	6,092,287	27	4,951,495
ĕ	28	Net assets with donor restrictions		28	
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	······································
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SSI	31	Retained earnings, endowment, accumulated income, or other funds		31	
ĭt A	32	Total net assets or fund balances	6,092,287	32	4,951,495
ž	33	Total liabilities and net assets/fund balances	6,092,287	33	4,951,495
				- '	Form 990 (2019)

	90 (2019) t XI Reconciliation of Net Assets				Pa	age 12
î aı	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			1,29	0,818
2	Total expenses (must equal Part IX, column (A), line 25)	2			2,43	31,610
3	Revenue less expenses Subtract line 2 from line 1	3			(1,14	0,791)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			6,09	2,286
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 on Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10			4,95	51,495
		-			Yes	No
1	Accounting method used to prepare the Form 990	explain	ın		Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," Schedule O		in [2a	Yes	No V
1 2a	If the organization changed its method of accounting from a prior year or checked "Other," Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were co reviewed on a separate basis, consolidated basis, or both:			2a	Yes	
2a	If the organization changed its method of accounting from a prior year or checked "Other," Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were co reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis			2a 2b	Yes	
2a	If the organization changed its method of accounting from a prior year or checked "Other," Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were coreviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited by an independent accountant?	mpiled	or		Yes	\
2a	If the organization changed its method of accounting from a prior year or checked "Other," Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were co reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?	mpiled	or		Yes	✓ ————————————————————————————————————
2a b	If the organization changed its method of accounting from a prior year or checked "Other," Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were coreviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for one	mpiled lited or versight	or a		Yes	✓ ————————————————————————————————————
2a b	If the organization changed its method of accounting from a prior year or checked "Other," Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were coreviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis	mpiled lited or versight ant?	or a	2b	Yes	\ \ \
2a b	If the organization changed its method of accounting from a prior year or checked "Other," Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were conviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for on the audit, review, or compilation of its financial statements and selection of an independent account of the organization changed either its oversight process or selection process during the tax year, expenditures the process of the process o	mpiled lited or versight ant? explain	on a	2b	Yes	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

Form **990** (2019)

'n

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2019

Open to Public Inspection

Employer identification number

atro	onato Benefico Oriental of the United Sta	ates				52-12	73588
Pa	rt I Reason for Public Cha	rity Status (All	organizations must	comple	te this p	oart.) See instruction	ons.
he	organization is not a private founda	ition because it i	s (For lines 1 through	12, ched	ck only o	ne box)	
1	A church, convention of church						RCI
2	A school described in section	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990	or 990-E	Z).)	\cup 1
3	A hospital or a cooperative hos	spital service org	ganization described i	n sectior	170(b)([.]	1)(A)(iii).	
4	A medical research organization hospital's name, city, and state		onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the
5	An organization operated for t section 170(b)(1)(A)(iv). (Comp		college or university	owned o	or operate	ed by a governmen	tal unit described in
6 7	☐ A federal, state, or local govern☐ An organization that normally described in section 170(b)(1).	receives a subs	tantial part of its sup				n the general public
8	☐ A community trust described in	n section 170(b)	(1)(A)(vi). (Complete	Part II)			
9	An agricultural research organi or university or a non-land-grai university						
10	An organization that normally r receipts from activities related support from gross investment acquired by the organization at	to its exempt fur income and uni	nctions—subject to c related business taxal	ertain exc ble incom	ceptions, ne (less s	and (2) no more tha ection 511 tax) from	n 331/3% of its
11	☐ An organization organized and	operated exclus	sively to test for public	safety :	See sect	ion 509(a)(4).	
12	☐ An organization organized and of one or more publicly supported the box in lines 12a through through the box in lines 12a through through through the box in l	orted organizatio	ns described in sect i	on 509(a)(1) or se	ection 509(a)(2). Se	e section 509(a)(3).
ā	Type I. A supporting organ the supported organization supporting organization Yo	(s) the power to	regularly appoint or e	lect a ma	yority of t	•	
t	Type II. A supporting organ control or management of to organization(s). You must o	the supporting o	rganization vested in	the same			
c	Type III functionally integrits supported organization(s						ally integrated with,
c	that is not functionally in the requirement (see instruction	grated The orga	nization generally mu:	st satisfy	a distribi	ution requirement an	•
e	Check this box if the organ functionally integrated, or T						e II, Type III
f		_					. [
ç	Provide the following information						
	(i) Name of supported organization	(iı) EIN	(III) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
		İ	1	Yes	No		
A)							
B)							
C)							
D)							
E)							

Schedule A (Form 990 or 990-EZ) 2019

Part	II Support Schedule for Organiza						
-	(Complete only if you checked the						alifý under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	<u></u>
	on A. Public Support	(-) 0045	(1-) 0040	(-) 0047	(-1) 0040	(-) 0010	/O T-1-1
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3.				/		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6	Public support. Subtract line 5 from line 4			/			
	on B. Total Support	() 0045	<u> </u>	(-) 0017	4.0.004.0	(-) 0040	(0 T-1-1
	dar year (or fiscal year beginning in) Amounts from line 4	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				:		
9	Net income from unrelated business activities, whether or not the business is regularly carried on .						
10	Other income. Do not include gain 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, etc				.	12	
13	First five years. If the Form 990 is for the		i's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he		•			·	· P [
	on C. Computation of Public Suppor			d (0)		44	
14	Public support percentage for 2019 fine 6 Public support percentage from 2018 Sch			i, column (t))	•	15	<u>%</u>
15 16a	331/3% support test—2019. If the organi			on line 13 ar	ا 33 nd line 14 is		
104	box and stop here . The organization qua					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	▶ □
b	331/3% support test—2018. If the organithis box and stop here. The organization	zation did not	check a box o	n line 13 or 16		ıs 33¹/₃% or m	
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "organization".	ets the "facts-	-and-circumsta	ances" test, ch	neck this box a	ind <mark>stop here.</mark>	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	tion meets the neets the "fact	e "facts-and-c s-and-circums 	ircumstances' stances" test.	" test, check t The organization	this box and son qualifies as	stop here. a publicly ▶ []
18	Private foundation. If the organization di	d not check a l	box on line 13,	16a, 16b, 17a	a, or 17b, checl	k this box and	see
	instructions				•		. ▶ 🗆

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.)

	in the organization rails to quality	411441 1114 144	to noted bore	m, produce oc	mpiete i ait i	,	
	on A. Public Support				······	· · ·	
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants")	1,204,827	1,204,636	1,173,794	1,012,760	1,140,569	5,736,586
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
_	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
·	furnished by a governmental unit to the			ŀ			
	organization without charge						
6	Total. Add lines 1 through 5	1,204,87	1,204,636	1,173,794	1,012,760	1,140,569	5,736,586
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .	318,367	368,689	391,716	308,014	401,961	1,788,747
b	Amounts included on lines 2 and 3						
	received from other than disqualified				ŀ		
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year				İ		
	•	318,367	368,689	391,716	308,014	401,961	1,788,747
с 8	Add lines 7a and 7b Public support. (Subtract line 7c from	310,307	300,009	391,710	306,014	401,901	1,700,747
0	line 6)					1	3,948,109
Secti	on B. Total Support						
	dar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	1,204,827	1,204,636	1,173,794	1,012,760	1,140,569	5,736,586
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources	24,937	28,505	78,966	105,901	150,249	388,558
b	Unrelated business taxable income (less			İ			
	section 511 taxes) from businesses acquired after June 30, 1975						
	•	24,397	28,505	78,966	105,901	150,249	388,558
_	Add lines 10a and 10b	24,397	26,505	70,900	105,901	150,249	360,336
11	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	1,229,764	1,233,141	1,252,760	1,118,661	1,290,818	6,125,144
14	First five years. If the Form 990 is for the	-	s first, second	d, third, fourth,	or fifth tax ye	ar as a section	1 501(c)(3)
04:	organization, check this box and stop her		•	• • •	· · · ·		
	on C. Computation of Public Suppor Public support percentage for 2019 (line 8			2 column (f)		15	64 46 %
15 16	Public support percentage for 2019 (line of Public support percentage from 2018 Sch	• • •	-	S, COIGITITI (I))		16	67 38 %
16 Secti	on D. Computation of Investment Inc			 .		<u> </u>	0, 00 /0
17	Investment income percentage for 2019 (I			v line 13. colur	nn (fl)	17	6 344 %
18	Investment income percentage from 2018					18	4 213 %
19a	33 ¹ / ₃ % support tests—2019. If the organi				d line 15 is m		
	17 is not more than 331/3%, check this box						
b	331/3% support tests—2018. If the organiz						
	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization die	d not check a b	ox on line 14,	19a, or 19b, c	heck this box a	and see instruc	tions 🕨 🔲

Part IV Supporting Organizations

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

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete F	art V	′ .)	
Secti	ion A. All Supporting Organizations			
		_	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain.			
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	1		
3a	organization was described in section 509(a)(1) or (2) Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	2		
b	(b) and (c) below 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.	3a 3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
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?	5b		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

determine whether the organization had excess business holdings)

10b

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	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		
Secti	on B. Type I Supporting Organizations			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	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,	ľ		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
	organizations and what conditions of restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	<u></u>		
	supervised, or controlled the supporting organization	2		
Secti	on C. Type II Supporting Organizations		_	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			ļ
	the supported organization(s)	1		
Secti	on D. All Type III Supporting Organizations		_	
		r	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	1		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			!
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.			
		3		
	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nstru	ctions	s)
a	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	·	- 4 4	\
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see m		
2	Activities Test Answer (a) and (b) below.		Yes	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities			
h	·	-24	-	- :
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	25		
^	-	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? <i>Provide details in Part VI.</i>	-		
	· · · · · · · · · · · · · · · · · · ·	3a_		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Ves." describe in Part VI the role played by the organization in this regard	3h		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gan	izations	
• 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year).			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
	10		
e Discount claimed for blockage or other	1		
factors (explain in detail in Part VI)	2	T	
2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d	3		
	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	4		
see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	6		
6 Multiply line 5 by .035 7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C—Distributable Amount	10		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionall	y int	tegrated Type III supporti	ng organization (see
instructions)			

Par	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continued)	
Sect	ion D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers excorganizations, in excess of income from activity	empt purposes of suppo	orted	
3	Administrative expenses paid to accomplish exempt purp	ooses of supported orga	nızatıons	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions	···································		
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whice (provide details in Part VI) See instructions	th the organization is res	sponsive	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			-
Sect	ion E-Distribution Allocations (see instructions)	(ı) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2019			· · · · · · · · · · · · · · · · · · ·
a	From 2014			
b	From 2015			
C	From 2016 .			
d	From 2017			
e	From 2018 .			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2019 from Section D, line 7:			
а	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2019, 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 2019 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7	Excess distributions carryover to 2020. Add lines 3j and 4c			
8	Breakdown of line 7 [.]			
a	Excess from 2015			
b	Excess from 2016 .			
c	Excess from 2017			
d	Excess from 2018			
<u>e</u>	Excess from 2019 .			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information. (See instructions.)

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Inspection

OMB No 1545-0047

	of the organization nato Benefico Oriental of the Unite	d States				1	dentification number 2-1273588
Par	General Information Form 990, Part IV, line		ties Outside	the United States. Con	nplete if the orga	anization a	inswered "Yes" or
1	For grantmakers. Does the other assistance, the grante award the grants or assistant	ees' eligibility	on maintain re y for the gran	cords to substantiate the atts or assistance, and the s	selection criteria	ants and used to	X Yes □ No
2	For grantmakers. Describe outside the United States.	ın Part V th	e organization	's procedures for monitorir	ng the use of its	grants an	d other assistance
3	Activities per Region (The fo	ollowing Part	I, line 3 table	can be duplicated if additior	nal space is need	ded)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity liste a program se describe specifi service(s) in the	ervice, c type of	(f) Total expenditures for and investments in the region
(1)							
(2)							
(3)	<u> </u>						
(4)							
(5)							
(6)							
(7)						·	
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
3a	Subtotal .						
b	Total from continuation sheets to Part I						

c Totals (add lines 3a and 3b)

Page 2 Schedule F (Form 990) 2019 Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000 Part II can be duplicated if additional space is needed (b) IRS code section and EIN (if applicable) (f) Manner of cash disbursement (g) Amount of noncash assistance (c) Region (d) Purpose of grant (e) Amount of cash grant (h) Description of noncash assistance valuation (book, FMV, appraisal, other) Patronato Benefico (1) Tac. of Doninion Cent America/Canbb General Support 2,420,301 Check 00 (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16)

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exem	pt	
	by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	▶	1
3	Enter total number of other organizations or entities	>	0

Schedule F (Form 990) 2019

Page 3

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash	(f) Amount of noncash	(g) Description of noncash assistance	(h) Method of valuation
				disbursement	assistance		(book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
0)							
11)							
2)							
13)							
4)							
15)							
6)							
7)							
18)							

Instructions for Form 5713, don't file with Form 990).

Part	V Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)	☐ Yes	√ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐ Yes	✓ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	☐ Yes	✓ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		[7] ··

Schedule F (Form 990) 2019

☑ No

☐ Yes

Part V

Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method, amounts of investments vs expenditures per region); Part II, line 1 (accounting method), Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable Also complete this part to provide any additional information. See instructions

Part I-Statement 2- Patronato Benefico Oriental of the US is in constant communication with its sole recipient of the grants they receive
They have procedures in place to track and monitor grants and projects that are funded Patronato Benefico of the US constantly monitors
such procedures and evaluates the tracking of grants
Part II- Additional Information - Question 2 Column (C)
Central American and the Caribbean-The country where the foreign recipient is registered is the Dominican Republic
Part II- Additional Information - Question 2
Patronato Benefico Inc of Dominican Republic was incorporated and registered May 31st, 1979 by the Civil and Commercial Chamber of First
Instance of the Judicial District of La Romana, Dominican Republic under the status of Non-for Profit
Part II - Additional Information - Column (D)
Patronato Benefico of the US is an American 501 (c) (3) not for profit organization created to sponsor the Dominican Foundation
'

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2019

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Patronato Benefico Oriental of the United States	52-1273588			
Part VI, Section A Question 2				
Did any officer, director, trustee or key employee have family relationship or a business relation with any other officer.	er			
director, trustee, or key employee?				
Yes, Family Relationship Between Leonardo Matos and Xiomara Menendez				
Part VI, Section B Question 11a & B				
Describe in Schedule O the process, if any, used by the organization to review this Form 990				
Final Version of Copy of Form 990 is provided to Board Members before it is filed. There is no formal review process after filing				
Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interesting the second seco	st policy,			
and financial statements available to the public during the tax year				
Form 990 for the previous three years shall be available for Inspection by the public during normal office hours				
The names and addresses of contributors of Schedule B Shall be crossed off in that is available for viewing				
Other Non for Profit Documents, such as bylaws, financial and policy procedures are maintained as internal documents				
and shall not be available to the general public, unless they are required by law				