## SCANNED JUN 0 7 2021

Form 990-EZ

Department of the Treasury

## Short Form

Return of Organization Exempt From Income Tax

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

 $\,\blacktriangleright\,\,$  Do not enter social security numbers on this form as it may be made public.

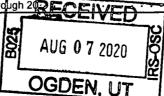
Open to Public Inspection

2019

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<u>A</u>	For the	2019 calenda	r year, or tax year beginning 01-01 , 2019, and en	ding		-31 ,2019		
В	Check if ap	plicable	C Name of organization	İ		identification number		
╚	Address ch	nange	AMIGOS DE MEXICO			84-2188190		
=	Name chan	nge	Number and street (or PO box, if mail is not delivered to street address)	om/suite	E Telephone	number		
X	Initial return	n						
	Final return	n/terminated						
_	Amended r	eturn	F Group Ex	emption				
X	Application	pending	Aurora, CO 80012	<u> </u>	Number	<u> </u>		
G	Account	ing Method	X Cash	. Н	Check ► 📙	if the organization is <b>not</b>		
	Website			_	required to att	ach Schedule B		
J	Tax-exe	mpt status (c	heck only one) - 🗶 501(c)(3) 🔲 501(c)( ) ◀ (insert no ) 🔲 4947(a)(1) or	527	(Form 990, 99	0-EZ, or 990-PF)		
K	Form of	organization	Corporation Trust X Association Other					
L	Add lines	s 5b, 6c, and 1	b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more,	or if total as	sets			
(Pa	ırt II, colu		500,000 or more, file Form 990 instead of Form 990-EZ					
P	art 🎼		e, Expenses, and Changes in Net Assets or Fund Balance					
_			he organization used Schedule O to respond to any question in this			<u> </u>		
	1	Contributions	s, gifts, grants, and similar amounts received			1		
	2	Program ser	vice revenue including government fees and contracts · · · · · · · · · · · · · ·		[_	2		
	3	Membership	dues and assessments			3		
	4		ncome			4 105		
	5a		nt from sale of assets other than inventory		7	ku///		
			other basis and sales expenses · · · · · · · · · · · · · · · 5b		.ac			
			) from sale of assets other than inventory (Subtract line 5b from line 5a)	1 .	oc l			
	6	Gaming and	1	<b>%</b> \				
		Gross incom	1					
ne		\$15,000) -	12					
Revenue	Ь	Gross incom						
Š		from fundrais						
			gross income and contributions exceeds \$15,000) 6b		<u> </u>			
	c		expenses from gaming and fundraising events 6c			e e		
			or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract		I	6d		
	7a		of inventory, less returns and allowances		35	4933		
			goods sold · · · · · · · · · · · · · · · · · · ·		3,			
			or (loss) from sales of inventory (Subtract line 7b from line 7a) · · · · · · ·			'C		
	8		ie (describe in Schedule O)			8		
	9		ie. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 · · · · · · · · · · · · · · · · · ·			9 105		
_	10		imilar amounts paid (list in Schedule O)· · · · · · · · · · · · · · · · · · ·			10		
	11		to or for members			11		
	12		er compensation, and employee benefits			12		
ses	13		fees and other payments to independent contractors		13			
eü	14		rent, utilities, and maintenance			14		
Expenses	15			15 28				
	16		lications, postage, and shipping			16		
	17		ses. Add lines 10 through 16			17 28		
_	18		eficit) for the year (Subtract line 17 from line 9)			18 77		
ষ্ট	19		r fund balances at beginning of year (from line 27, column (A)) (must agree with					
SSe	'3		igure reported on prior year's return) · · · · · · · · · · · · · · · · · · ·			19		
Net Assets	20		es in net assets or fund balances (explain in Schedul <u>e Q) </u>			20		
Š	ł		r fund balances at end of year Combine lines 18 through 2		_			
_	21	inci asseis 0	i luno parances at enu or year. Combine illies to through zweet	<b>\</b>	• • • • •	21   77		

For Paperwork Reduction Act Notice, see the separate instructions.



Form 990-EZ (2019)

Form 990-EZ (2019) AMIGOS DE MEXICO			84-21	188190	Page 2
Part II Balance Sheets (see the instructions for Pa	•				
Check if the organization used Schedule O	to respond to any qu	<u>iestion in this Part II</u>		· · · · ·	· · · · <u> </u>
•		<u>(</u>	A) Beginning of year	(B) E	nd of year
22 Cash, savings, and investments · · · · · · · · · · · · · · · · · · ·		<u> </u>	0	22	<u>77</u>
23 Land and buildings			0	23	0
24 Other assets (describe in Schedule O) · · · · · · · ·			0	24	0
25 Total assets			0	25	77
26 Total liabilities (describe in Schedule O) · · · · · · · ·			. 0	26	0
27 Net assets or fund balances (line 27 of column (B) must ag	ree with line 21) · · ·		_0	27	77
Part III Statement of Program Service Accompli	shments (see the in	structions for Part II	1)	Ev.	oenses
Check if the organization used Schedule O	to respond to any q	uestion in this Part		•	
What is the organization's primary exempt purpose? GENERAL	L SUPPORT ON ED	UCATION.		(Required fo	
		<del></del>		501(c)(3) an	
Describe the organization's program service accomplishments fo as measured by expenses. In a clear and concise manner, descripersons benefited, and other relevant information for each program.	be the services provide		i	others)	s, optional for
28 GENERAL SUPPORT ON EDUCATION IMPROVING		TE AND			
PERSONAL GROWTH	Address of Hit				
zastosta ottowa.	<u>.</u>				
(Grants \$ ) If this amo	unt includes foreign gra	ints, check here	<del> ▶</del> □ │	28a	0
29	and more dead foreign gre				
		<del></del>			
(Create \$ ) If this amo	unt includes foreign gra	nate shock here		29a	
	unt includes foreign gra	ints, check here		294	
30			<del></del>		
		<u> </u>	i		
10 10					
<del></del>	unt includes foreign gra		· · · · · · • • U	30a	
care program contract (account a concease c)					
<del></del>	unt includes foreign gra			31a	
32 Total program service expenses (add lines 28a through 31				32	0
Part IV List of Officers, Directors, Trustees, and Key Er	· ·				
Check if the organization used Schedule O to resp	ond to any question in t	this Part IV · · ·		· · · · · ·	· · · · <u> </u>
	(b) Average	(c) Reportable compensation	(d) Health benefits, contributions to employee	(e) Estim	nated amount of
(a) Name and title	hours per week	(Forms W-2/1099-MISC)	benefit plans, and		compensation
<del></del>	devoted to position	(if not paid, enter -0-)	deferred compensation		
SUSANA MARTINEZ TREVIZO					
DIRECTOR	1.00	0	0	ļ	0
EVA LEON ESCAMILLA					
EVENTS AND COMMUNICATION	1.00	0	0		0
EVA BORJA ESPINOZA					
EVENTS AND COMMUNICATIONS	1.00	0	0		0
ORALIA ESCALERA PAREDES					
SECRETARY	1.00	0	0		0
MARIA I ZAMORA DEMEDA					<del></del>
TREASURER	1.00	. 0	0		_ 0_
MYRNA C MENDOZA HERNANDEZ					
PRESIDENT	1.00	0	0		0
BIANCA A GARDIE		_			_
MARKETING	1.00	o	0		0
				_	
				+	
				+	
				+	
			ļ <u> </u>	+	
500	<u> </u>			Form	<b>990-EZ</b> (2019)
EEA				roim	33U-E4 (4U 19)

Page 3

्राट्रब	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			. 🗆
	Instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Fart V	<u> </u>	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O See instructions	34		x
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		_x_
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O · · · · · ·	35b		
С				
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36	A-Wester	X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions   37a			<b>383</b>
	Did the organization file Form 1120-POL for this year?	37b	t Xlac	X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	200		ZA Z
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	<b>我/,顿</b> 们	X
	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations Enter  Initiation fees and capital contributions included on line 9		24 - 18 C	
a			T. W.	25.4
	Cross reserve, medical strainers, respectively.			78/200
40 a	Section 501(c)(3) organizations  Enter amount of tax imposed on the organization during the year under section 4911    section 4911    section 4912    section 4955    sectio	神经神		
h	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
Ü	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year	مستشفت	<u> </u>	استنشد
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		x
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	1785 J. A.	S - 27	1382
·	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958 · · · · · · · · · · · · · · · · · · ·			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line	e de la companya de l	\$1.7 Kg.	1
	40c reimbursed by the organization · · · · · · · · · · · · · · · · · · ·			) A
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter	332.2	*****	
	transaction? If "Yes," complete Form 8886-T	40e		_ x
41	List the states with which a copy of this return is filed			
42 a	The organization's books are in care of ► SUSANA MARTINEZ TREVIZO Telephone no ► 720-4	<u> 36-0</u>	067	
	Located at ▶ 14470 E 13TH AVE LOT F37, Aurora, CO ZIP+4 ▶ 80011	L		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	V 10 10 700.1	X
	If "Yes," enter the name of the foreign country	1304	\$ 1.00 miles	(()) (/, 3) (/, 3)
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and	748993 1365		
	Financial Accounts (FBAR)		322	are significant
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c	L	<u> </u>
	If "Yes," enter the name of the foreign country		_	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here			· L
	and enter the amount of tax-exempt interest received or accrued during the tax year · · · · · · · · · · · · · • 43		Yes	No
44.5	Did the exposuration mointain any depart advised funds during the year? If "Yes " Form 900 must be	2	\$2.29	. No. 2003
+++ d	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ · · · · · · · · · · · · · · · · · · ·	44a	35.353	X
h	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	200	% 7億	
J	completed instead of Form 990-EZ · · · · · · · · · · · · · · · · · · ·	44b	10.24.3	X
r	Did the organization receive any payments for indoor tanning services during the year?	44c	<b>-</b>	X
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	uŽÝ0	Si.S	400
u	explanation in Schedule O · · · · · · · · · · · · · · · · · ·	44d		KAN SHIP
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		х
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	3,0000.4	<b>%</b> 73	
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			1
	Form 990-EZ See instructions	45b	3	X

Form 9	990-EZ (20	19) AMIGOS DE MEXICO	)	<del></del>		84-2	188190	- 1	Page 4
								Yes	No
46		e organization engage, directly or indirectly, in i	·	-					
		didates for public office? If "Yes," complete So	·	• • • • • • • • • • •		<u> </u>	40	5	Х
Par		Section 501(c)(3) Organizations (			<b>50</b>		4-61 6		_
		All section 501(c)(3) organizations	must answer quest	ions 47 - 49b and	52, and co	ompiete the	tables t	or line	S
		50 and 51							_
	_	Check if the organization used Sch	iedule O to respond	to any question i	n this Part	<u>VI</u>	<u></u>		
								Yes	No
47	Did the	e organization engage in lobbying activities or l	have a section 501(h) ele	ection in effect during th	ne tax				
	year? If	f "Yes," complete Schedule C, Part II					47	7	х
48	Is the o	organization a school as described in section	170(b)(1)(A)(แ)? If "Yes," เ	complete Schedule E			48	3	х
49a	Did the	organization make any transfers to an exemp	ot non-chantable related of	organization?			49	а	х
b	If "Yes,	" was the related organization a section 527 of	organization?				49	b	
50	Comple	ete this table for the organization's five highes	t compensated employee	es (other than officers,	directors, trus	tees and key			
		vees) who each received more than \$100,000							
		·				th benefits,	Ī		_
		(a) Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	contribution	ns to employee	1 ''	ated amou	
		(a) Name and the or cast employee	devoted to position	(Forms W-2/1099-MISC)		s, and deferred pensation	otner	compensa	ition
				,					
MONT	c								
NON	<u> </u>	· · · · · · · · · · · · · · · · · · ·			<del>-</del>		<del>                                     </del>		
					_		1		
		<del></del>					-		
f	Total nu	umber of other employees paid over \$100,000	) · · · · · . ▶						
51	Comple	ete this table for the organization's five highes	t compensated independ	ent contractors who ea	ich received r	nore than			
	\$100,0	00 of compensation from the organization. If	there is none, enter "Non	e "					
	(2)	) Name and business address of each independent contrac	dor.	(b) Type of ser		1 .	c) Compensa	tton	
	(4)	y realite and business address of each independent contrac	201	(b) Type of Ser		, ,	C) Compense	шоп	
NON	E								
d	Total ni	umber of other independent contractors each	receiving over \$100 000		· · ·	_1			
52		organization complete Schedule A? <b>Note:</b> All						-	
-		eted Schedule A					<b>■</b>	es 🗌	No
Llada									140
		s of perjury, I declare that I have examined this return					ge and belle	t, it is	
irue, c	correct, an	nd complete Declaration of preparer (other than off	icer) is based on all informat	ion of which preparer has	any knowledge				
, Ci~-	_	SUSANA MARTINEZ							
Sigi	L	Signature of officer	O. Mc	<del></del>	Date	07/14	1/20	90	
Her	e	SUSANA MARTINEZ, DIRECTOR	, JB " °			0711	700		
		Type or print name and title							
_	_	Print/Type preparer's name	reparer's signature	Date		Check I If	PTIN		
Paid	1	Karıme Lopez Ka	arıme Lopez	07-13-	2020	self-employed	P0164	1699	
Pre	parer	Firm's name Rapido y Mas Tax	& Accounting Ll	rc	Firm's	EIN -			
Use	Only	Firm's address > 16426 E Layton A							
	-	Aurora CO 80015			Phon	e no 720-	436-00	57	
Mav t	the IRS	discuss this return with the preparer shown at	oove? See instructions		1	1	$\neg$	es X	No
EEA								990-EZ	
									/

## **SCHEDULE A**

**Public Charity Status and Public Support** 

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Serviçe

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.

2019 Open to Public

OMB No 1545-0047

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Employer identification number

Name of the organization AMIGOS DE MEXICO 84-2188190 Reason for Public Charity Status (All organizations must complete this part ) See instructions Part I 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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 5 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) 6 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) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 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) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. 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. 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. d U 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 Enter the number of supported organizations Provide the following information about the supported organization(s) (III) Type of organization (v) Amount of monetary (i) Name of supported organization (ii) EIN (iv) is the organization (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) No (A) (B) (C) (D) (E)

Sched	dule A (Form 990 or 990-EZ) 2019 AMIGOS DE					84-218819	
Ra	rtill Support Schedule for Organiz	ations Desci	ribed in Sect	ions 170(b)(	1)(A)(iv) and	170(b)(1)(A)(v	/i)
	(Complete only if you checked the	ne box on line	5, 7, or 8 of	Part I or if the	e organizatior	n failed to quali	fy under
	Part III If the organization fails to	o qualify unde	er the tests lis	ted below, pl	ease complet	te Part III)	
Sec	ction A. Public Support						
	endar year (or fiscal year beginning in)▶	(a) 2015	<b>(b)</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	7 MARIN	K 2001 2004 100	(1.89) 5.800 and (1.8	30 44 2 56	2000 C 00 00 00 00 00 00 00 00 00 00 00 0	
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						
	ction B. Total Support	1 1 2015	/ / / / / / / / / / / / / / / / / / / /		4.0.0040		(D. T-4-1
Cal	endar year (or fiscal year beginning in)▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4 · · · · · · · · · · · · · · · · · ·					-	
8	Gross income from interest, dividends,		/				
	payments received on securities loans,		/				
	rents, royalties and income from	/	ĺ.			]	•
_	sımılar sources		*				
9	Net income from unrelated business						
	activities, whether or not the business	/					
40	is regularly carried on	<del></del>				<del>                                     </del>	
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 /		0.000 MARK 1989				
	Gross receipts from related activities, etc./(s						
	First five years. If the Form 990 is for the or		•				(3)
	organization, check this box and stop/here						
Sec	ction C. Computation of Public Suppo				•		
14	Public support percentage for 2019 (line 6,	column (f) divid	led by line 11.	column (f))		14	%
15	Public support percentage from 2018 Sched	dule A, Part II, I	ine 14 · · · ·			15	%
16a	33 1/3% support test - 2019. If the organiza	ation did not ch	eck the box on	line 13, and li	ne 14 is 33 1/3	% or more, ched	ck this
	box and stop here. The organization qualifie	es as a publicly	supported.org	anization			▶ □
b	33 1/3% support test - 2018. If the organiza	ation did not ch	eck a box on li	ne 13 or 16a, a	and line 15 is 3	3 1/3% or more	, check
	this box and stop here. The organization qu						
17a	10%-facts-and-circumstances test - 2019.	_					
	10% or more, and if the organization meets					-	
	Part VI how the organization meets the "fact	ts-and-circums	tances" test T	he organizatio	n qualifies as a	a publicly suppor	ted
	organization /						▶ ∐
b	10%-facts-and-circumstances test - 2018.	=					ne
	15 is 10% or more, and if the organization m					-	
	Explain in Part VI how the organization mee				•		
40	supported organization						▶ ⊔
18	· · · · · · · · · · · · · · · · · · ·						<b>,</b> $\Box$
	instructions	· · · · · · · ·	· · · · · · · · ·	· · · · · · · ·		<u> </u>	· · · • <u> </u>

90 or 990-EZ) 2019

AMIGOS DE MEXICO

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						
Cal	endar 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		<u> </u>	, ,			
	received (Do not include any "unusual grants ")					80	80
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						
	organization without charge						
6	Total. Add lines 1 through 5					80	80
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from	200 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Ser Star S	S. S	20 TO TO THE ROOM OF THE R	
	line 6)						80
Se	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6					80	80
10a	Gross income from interest, dividends,					]	
	payments received on secunties loans, rents,					]	
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether		•		İ		
	or not the business is regularly carried on						
12	Other income Do not include gain or						
	loss from the sale of capital assets				1	ĺ	,
	(Explain in Part VI)	<u> </u>	<u> </u>				
13	Total support. (Add lines 9, 10c, 11,				1		
	and 12)	<u> </u>		·		80	80
14	First five years. If the Form 990 is for the or	_			-		
	organization, check this box and stop here				<u> </u>		<u></u>
	ction C. Computation of Public Suppo					1.5	
	Public support percentage for 2019 (line 8, o	• • •	-			15	100.00 %
	Public support percentage from 2018 Sched			· · · · · · · ·	· · · · · · · · ·	16	0.00 %
	ction D. Computation of Investment In				(0)	T 4= 1	
	Investment income percentage for 2019 (line					17	0.00 %
	Investment income percentage from 2018 S					18	0.00 %
19a	33 1/3% support tests - 2019. If the organiz						
	17 is not more than 33 1/3%, check this box	-	_				
b	33 1/3% support tests - 2018. If the organiz						_
••	line 18 is not more than 33 1/3%, check this	-	_	-			_
20	Private foundation. If the organization did r	ot check a bo	x on line 14. 19	a. or 19b. che	ck this box and	i see instructions	3 ▶   ]

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 Supporting Organizations

- 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
- 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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 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)
- B 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)

		Yes	No				
	1						
	2						
	- За						
	3b 3c	XX.	<u> </u>				
	4a						
	4b						
	4c						
	5a 5b	****					
	5c						
	6	教心療ご					
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	8	23	1.SÍ				
	9a						
	9b						
	9c		\$ 100 mg				
	10a						
_	10b	Ši.	<u>ئ</u> ۆكىدى				

Pa	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		
C	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			
_	Did the directors, trustees, or membership of one or more supported erganizations have the power to		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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or	25 (4)		
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	<b>\$20,5</b> 5		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		SALES.	2000
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,		20 At a	1000
	supervised, or controlled the supporting organization	2		
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	\$4000 PM	變淡	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	\$25.0k		
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		
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	<b>**</b>		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior ta	x 🐉 🖫		100 m
	year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the	Ì		ŽŽ
	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	· 82.72	\$ 18.18	
	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	2 2 3	80.70° ×	
	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 mothod that the organization used to satisfy the Integral Part Test during the year (see	instruc	tions	<del></del>
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	ty (see ıı	<u>ıstruc</u>	ctions,
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	• \$407,62 \$300,68	2022.00 2022.00 2022.00	100
	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,		1. C.	
	how the organization was responsive to those supported organizations, and how the organization determined	<u> </u>		
	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			79
	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		1060	
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	#11 (A)		
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	) <b>*</b>		10
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

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Part Mar Type III Non-Functionally Integrated 509(a)(3) Supporting Or			
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting organization	zatioi	ns must complete Sections	
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		ļ·	i
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	300		
instructions for short tax year or assets held for part of year)	8.2		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c	1	
d Total (add lines 1a, 1b, and 1c)	1d	-	
e Discount claimed for blockage or other	2 6		(*************************************
factors (explain in detail in Part VI)	- 3		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount		That is a second of the second	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 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
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-functionally	/ inte	grated Type III supporting of	organization (see
instructions)	^	· · · · · · · · · · · · · · · · · · ·	
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:Kai	Type III Non-Functionally integrated 509(a)(3)	Supporting Organiz	ations (continued)	<del>, – –</del>
Sec	tion D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exer	npt purposes		
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organiza	tions	
4	Amounts paid to acquire exempt-use assets	_		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions	•		
7	Total annual distributions. Add lines 1 through 6	·		
8	Distributions to attentive supported organizations to which the	e organization is respon	sive	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
S	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
		LXCess Distributions	Pre-2019	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			Section (1) and the sectio
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015		36/24:3E/E/3E/3	
С	From 2016			
d	From 2017			V 8 4 50 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	From 2018			and the second
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)			in all of the second second
j	Remainder Subtract lines 3g, 3h, and 3i from 3f	<u></u>		
4	Distributions for 2019 from			
	Section D, line 7 \$			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			2,200 At 000000000000000000000000000000000
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		and the second s	
6	Remaining underdistributions for 2019 Subtract lines 3h			,
	and 4b from line 1 For result greater than zero, explain in	Land to the state of the state		
	Part VI See instructions			Joy , MARRING WEST AND CO. T
7	Excess distributions carryover to 2020 Add lines 3j			and all of the particles and the contract of t
	and 4c	The state of the s	Sugar Sugar A Sugar Suga	
8	Breakdown of line 7		AND THE RESERVE OF THE PARTY OF	
	Excess from 2015		Francisco (Service Constitution of Constitutio of Constitution of Constitution of Constitution of Constitution	
	Excess from 2016	Zu cellula i cellula della in questi di se		L shorties, C. Caldinalor, Chart.
	Excess from 2017	AND CONTRACT OF THE PARTY OF TH	N. / P. M. / O. / O. / D. / D	PACIFICATION AND ADMINISTRATION OF THE PACIFIC AND ADMINISTRATION OF THE P
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е	Excess from 2019			Bearing to the Control of the Contro

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