As Filed Data efile GRAPHIC print - DO NOT PROCESS DLN: 93492044012070 OMB No 1545-1150 Short Form Form 990EZ Return of Organization Exempt From Income Tax 2019 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Open to ▶ Do not enter social security numbers on this form as it may be made public. Department of the Public Treasury Go to <u>www.irs.gov/Form990EZ</u> for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019 B Check if applicable C Name of organization D Employer identification number AMIGOS EYECARE ☐ Address change PACIFIC UNIVERSITY COLLEGE OF OPTOMETRY 93-1166961 ☐ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return 2043 COLLEGE WAY ☐ Final return/terminated (530) 906-4800 City or town, state or province, country, and ZIP or foreign postal code ☐ Amended return FOREST GROVE, OR 97116 F Group Exemption ☐ Application pending Number ☑ If the organization is **not** G Accounting Method □ Cash ☑ Accrual Other (specify) ► required to attach Schedule B (Form 990, 990-EZ, or 990-PF) I Website: ▶www pacificu edu/optometry/student/clubs/amig J Tax-exempt status (check only one) - ☑ 501(c)(3) ☑ □ 501(c)( ) ◀ (insert no ) □ 4947(a)(1) or □ 527 K Form of organization □ Corporation □ Trust □ Association ☑ Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, gifts, grants, and similar amounts received . . . . . . . . 21,302 2 Program service revenue including government fees and contracts . . . . . 2 3 3 Membership dues and assessments . . . . 4 Investment income . . . . . . . . . . . . . . . . 4 5a Gross amount from sale of assets other than inventory b 0 Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5c C 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) of contributions from Gross income from fundraising events (not including \$ fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 🕏 🕟 6b 24,514 Less direct expenses from gaming and fundraising events 60 17,672 d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 6,842 7a Gross sales of inventory, less returns and allowances . b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . 7c C 8 Other revenue (describe in Schedule O) . . . 8 70,128 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . 9 98,272 10 10 Grants and similar amounts paid (list in Schedule O) . 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits . 12 Expenses 13 13 1,306 Professional fees and other payments to independent contractors 14 14 Occupancy, rent, utilities, and maintenance . 15 Printing, publications, postage, and shipping. 15 17 16 16 106,859 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 17 108,182 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -9,910 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . . . . . . . . . . . . 19 136,492 20 20 8.056 Other changes in net assets or fund balances (explain in Schedule O) . 21 Net assets or fund balances at end of year Combine lines 18 through 20 . . . . . 134,638 For Paperwork Reduction Act Notice, see the separate instructions. Cat No 10642I Form **990-EZ** (2019)

-orm 990-EZ (2019)						Page 2
Part II Balance Sheets (see the instructions Check if the organization used Schedule	for Part II)	wastian in this	Dart II			П
Check if the organization used Schedule	O to respond to any q	uestion in this		eginning of year	• •	( <b>B</b> ) End of year
22 Cash, savings, and investments		1	(A) D	88,570	22	89,823
23 Land and buildings		[		·	23	· · · · · · · · · · · · · · · · · · ·
24 Other assets (describe in Schedule O)		[		47,922	24	44,815
25 Total assets		[		136,492		134,638
<b>26 Total liabilities</b> (describe in Schedule O)		:			26	
27 Net assets or fund balances (line 27 of column	• •			136,492	27   T	134,638
Statement of Program Service A Check if the organization used Schedule	•	•		· . □	(R	Expenses equired for section 501(c)
What is the organization's primary exempt purpose?		1			,	) and 501(c)(4) ganizations, optional for
PROVIDE MEDICAL EYECARE AND DISTRIBUTE DONA' Describe the organization's program service accomplis measured by expenses In a clear and concise manne benefited, and other relevant information for each pro	shments for each of its r, describe the service					hers )
28 See Additional Data Table	<u> </u>					
·	t includes foreign gran	its, check here	• •	. ▶ ⊔	28a	
29 See Additional Data Table					29a	
(Grants \$ ) If this amoun	t includes foreign gran	ts sheek here		. ▶ □		
<u> </u>	includes foreign gran	its, check here	• •	. <b>,</b> <u> </u>	20-	
30 See Additional Data Table					30a	
(Grants \$ ) If this amoun	t includes foreign gran	te chack hara		▶ □		
31 Other program services (describe in Schedule O)			• •	. <i>P</i> 🗆		
	• • • • • • • t ıncludes foreign gran				31a	
32 Total program service expenses (add lines 28a				<u>. , , _ </u>	_	
Part IV List of Officers, Directors, Trustees,	and Key Employees	(list each one eve	en if not co	ompensated — see the	ınstrı	ictions for Part IV)
Check if the organization used Schedule	O to respond to any q	uestion in this	Part IV.			
(a) Name and title	(b) Average hours per week devoted to position	(c) Report compensa (Forms W-2, MISC) (if no enter -0	ition /1099- i <b>t paid,</b>	(d) Health ben contributions to er benefit plans, deferred compen	nploy and	(e) Estimated amount of other compensation
PATTY BEATSON	7 00		0			
President						
RACHEL BUSH	9 00		0			
Vice President						
MEGAN SCHUMAUDER	1 00		0			
Secretary						
CHRISTINA GOODRICH	6 00		0			
Treasurer						
reasurer						

Pai	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements	ın the	9	
	instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V		🗆	
			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		No
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		No
35a	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		No
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		
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		No No
36		36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	50		
Ь	Did the organization file Form 1120-POL for this year?	37b		No
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved .   38b			
39	Section 501(c)(7) organizations Enter	1		
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities 39b	-		
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	1		
	section 4911 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶ 0			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		No
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958	)		
d	Section $501(c)(3)$ , $501(c)(4)$ , and $501(c)(29)$ organizations. Enter amount of tax on line 40c reimbursed by the organization.			
	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No
41	List the states with military copy of this recurring med a	<b>A</b> /F:	20) 005	1000
42a	The organization's books are in care of ► CHRISTINA GOODRICH  Telephone r	0 🖊 (5.	30) 906-2	+800
	Located at ▶ 2729 WILLAMINA AVE FOREST GROVE , OR ZIP + 4 ▶	97116		
			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		No 
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	4.5		N
С	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No
	If "Yes," enter the name of the foreign country			
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	•	▶ □	
	and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No
c	Did the organization receive any payments for indoor tanning services during the year?	44c		No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
45b	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," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45b		No

	(2019)							Page
I6 Did th	e organization ongago dispethy on in the	actly in political came	an activities on bet-	f of or in opposition	to		Yes	No
	e organization engage, directly or indire lates for public office? If "Yes," complet				to	46		No
	Section 501(c)(3) Organization		47 401 15				<b></b>	
	All section 501(c)(3) organizations Check if the organization used Schedul	s must answer question of the respondite any question of the respondite any question of the respondite and t	ons 4/- 49b and 5 uestion in this Part V	2, and complete t	he tables	for lir	nes 50	and 5
							Yes	No
	e organization engage in lobbying activ 5," complete Schedule C, Part II	ities or have a section 5	01(h) election in effe	ct during the tax yea	ar?	47		No
	organization a school as described in si	ection 170(b)(1)(A)(ii)?	If "Yes " complete So	chedule F		48		No
	e organization make any transfers to a	. , , , , , , ,	, ,			49a		No
	s," was the related organization a section	•				49b		
	ete this table for the organization's five					ınd key	employ	ees)
	ach received more than \$100,000 of co Name and title of each employee	mpensation from the org	ganization If there is (c) Reportable	none, enter "None ' (d) Health be		(e) Es	tımated	amou
		hours per week devoted to position	compensation (Forms W-2/1099 MISC)	contributions to	employee , and			
ONE								
ONE	ensation from the organization If there  (a) Name and business address of		actor	(b) Type of servi	ce (c)	Compe	ensation	_
<b>d</b> Tota	I number of other independent contract	ors each receiving over	\$100,000		<b>•</b>			_
	•	-			<b>&gt;</b> _			_
<b>2</b> Did	I number of other independent contract the organization complete Schedule A? pleted Schedule A	NOTE. All section 501(c	c)(3) organizations n	nust attach a	• _	` <b>☑</b> Ye	s □ 1	  
2 Did com der penalt	the organization complete Schedule A? pleted Schedule A	NOTE. All section 501(	c)(3) organizations n	chedules and statem	nents, and	to the	best of	my
2 Did com ider penalt owledge a	the organization complete Schedule A? pleted Schedule A	NOTE. All section 501(	c)(3) organizations n	chedules and statem	nents, and	to the	best of	my
2 Did com	the organization complete Schedule A? pleted Schedule A	NOTE. All section 501(	c)(3) organizations n	schedules and statemer) is based on all inf	nents, and	to the	best of	my
2 Did com	the organization complete Schedule A? pleted Schedule A	NOTE. All section 501(	c)(3) organizations n	schedules and statemer) is based on all inf	nents, and	to the	best of	my
2 Did com	the organization complete Schedule A? pleted Schedule A	NOTE. All section 501(	c)(3) organizations n	schedules and statemer) is based on all inf	PTIN If P01218	to the of which	best of	my
2 Did com oder penalt owledge a sany know gn ere	the organization complete Schedule A?  pleted Schedule A	NOTE. All section 501(control of the control of the	c)(3) organizations n	cchedules and statemer) is based on all inf	PTIN P01218	to the of which	best of	my
<b>2</b> Did com	the organization complete Schedule A?  pleted Schedule A	Preparer's signature c Svcs	c)(3) organizations n	cchedules and statemer) is based on all inf	PTIN P01218	to the of which	best of	my

## **Additional Data**

**Software ID:** 19009920

**Software Version:** 2019v5.0 **EIN:** 93-1166961

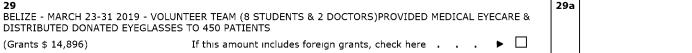
Name: AMIGOS EYECARE

PACIFIC UNIVERSITY COLLEGE OF OPTOMETRY

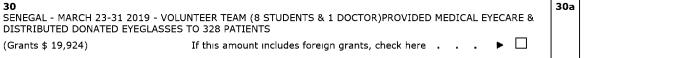
Form 990EZ, Part III - Statement of Program Service Accomplishments

services, as measured by ex	program service accomplishments for each of its three largest program penses. In a clear and concise manner, describe the services provided, the I, and other relevant information for each program title.	ribe the services provided, the organ			
28 COSTA RICA - MARCH 23-30 20 & DISTRIBUTED DONATED EYE	019 - VOLUNTEER TEAM (8 STUDENTS & 3 DOCTORS)PROVIDED MEDICAL EYECARE GLASSES TO 653 PATIENTS	28a			
(Grants \$ 12,106)	If this amount includes foreign grants, check here $\ldots$ . $lacktriangle$				

Form 990EZ, Part III - Statement of Program Service Accomplishments Expenses (Required for section 501 Describe the organization's program service accomplishments for each of its three largest program (c)(3) and 501(c)(4) services, as measured by expenses. In a clear and concise manner, describe the services provided, the organizations; optional number of persons benefited, and other relevant information for each program title. for others.) 29a



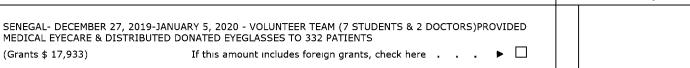
Form 990EZ, Part III - Statement of Program Service Accomplishments Expenses (Required for section 501 Describe the organization's program service accomplishments for each of its three largest program (c)(3) and 501(c)(4) services, as measured by expenses. In a clear and concise manner, describe the services provided, the organizations; optional number of persons benefited, and other relevant information for each program title. for others.) 30a



Form 990EZ, Part III - Statement of Program Service Accomplishments Expenses (Required for section Describe the organization's program service accomplishments for each of its three largest program 501(c)(3) and 501(c)(4) services, as measured by expenses. In a clear and concise manner, describe the services provided, the organizations; optional number of persons benefited, and other relevant information for each program title. for others.)



Form 990EZ, Part III - Statement of Program Service Accomplishments Expenses (Required for section Describe the organization's program service accomplishments for each of its three largest program 501(c)(3) and 501(c)(4) services, as measured by expenses. In a clear and concise manner, describe the services provided, the organizations; optional number of persons benefited, and other relevant information for each program title. for others.)



Form 990EZ, Part III - Statement of Program Service Accomplishments Expenses (Required for section Describe the organization's program service accomplishments for each of its three largest program 501(c)(3) and 501(c)(4) services, as measured by expenses. In a clear and concise manner, describe the services provided, the organizations; optional number of persons benefited, and other relevant information for each program title. for others.) COSTA RICA - AUGUST 9-21 2019 - VOLUNTEER TEAM (11 STUDENTS & 7 DOCTORS)PROVIDED MEDICAL EYECARE & DISTRIBUTED DONATED EYEGLASSES TO 832 PATIENTS

If this amount includes foreign grants, check here  $\cdot$   $\cdot$   $\cdot$   $\bullet$   $\Box$ 

(Grants \$ 8,954)

efil	e GR	APHIC prii	<u>1t - DO N</u> O	T PROCESS	As Filed Data -			DLN: 93	3492044012070
SC	HED	ULE A		Public (	Charity Statu rganization is a sect 4947(a)(1) nonexe	ion 501(c)(3) o empt charitable	organization or trust.	ort	2019
Depar	ment of	f the Treasury	▶ (	Go to <u>www.irs</u>	gov/Form990 for i			ormation.	Open to Public
Nam	e of tl	<sub>nue Service</sub> he organiza	tion					Employer identific	Inspection ation number
	DS EYEO IC UNI\	CARE VERSITY COLLE	GE OF OPTOME	TRY				93-1166961	
	rt I				<b>us</b> (All organization				
_	rganız —		•		it is (For lines 1 thro	•			
1		•		,	sociation of churches				
2		A school de	scribed in <b>se</b>	ction 170(b)(	1)(A)(ii). (Attach Scl	nedule E (Form 9	90 or 990-EZ))		
3		·	·	•	vice organization desc			•	
4		A medical r name, city,		nization operat	ed in conjunction with	a hospital descri	bed in <b>section</b> :	170(b)(1)(A)(iii). E	nter the hospital's
5			ation operated ( <b>iv).</b> (Comple		t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	ped in <b>section 170</b>
6		A federal, s	tate, or local	government or	governmental unit de	escribed in <b>sectio</b>	on 170(b)(1)(A	()(v).	
7		section 17	O(b)(1)(A)	vi). (Complete	•			init or from the genera	al public described in
8			•		170(b)(1)(A)(vi)	, ,	•		
9		non-land gi	ant college o	f agrıculture S	escribed in 170(b)(1) ee instructions Enter	the name, city, a	and state of the	college or university	
10	✓	from activit	ies related to income and	its exempt fur unrelated busin	(1) more than 331/39 ctions—subject to cer ess taxable income (le implete Part III)	taın exceptions, a	and (2) no more	than 331/3% of its su	pport from gross
11		An organiza	ition organize	d and operated	l exclusively to test fo	r public safety S	ee section 509	(a)(4).	
12		more public	ly supported	organizations of	l exclusively for the be described in <b>section 5</b> the type of supporting	<b>i09(a)(1)</b> or <b>se</b> d	ction 509(a)(2	). See <b>section 509(a</b>	e purposes of one or )(3). Check the box
а		organizatio	n(s) the powe		ated, supervised, or c appoint or elect a mage				
b		Type II. A manageme	supporting o nt of the sup	rganızatıon sup	ervised or controlled i ation vested in the sar				
С		Type III f	unctionally i	ntegrated. A s	supporting organizatio ons) You must com				ted with, its
d		Type III n functionally	on-function integrated	ally integrate	d. A supporting organ n generally must satis t IV, Sections A and	Ization operated fy a distribution i	ın connection wi requirement and	th its supported orgar	` '
e		Check this	box if the org	anızatıon recei	ved a written determin integrated supporting	nation from the II		pe I, Type II, Type II	I functionally
f	Enter			organizations	mregrated supporting	organization			
g	Provi	ide the follow	ıng ınformatı	on about the su	ipported organization(	s)			
	(i) N	Name of supp organization		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the orgain your govern	anızatıon listed ıng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
Tota		l. B. '	Li A . N	ice, see the Iı		Cat No 11285		 Schedule A (Form 9	

Sch	edule A (Form 990 or 990-EZ) 2019						Page <b>2</b>
Р	art II Support Schedule for (	Organizations	Described in S	ections 170(b	)(1)(A)(iv) ar	nd 170(b)(1)(A	(vi)
	(Complete only if you ch						under Part III.
	If the organization failed	to qualify unde	r the tests listed	d below, please	complete Part I	II.)	
	Section A. Public Support		1	ı			
	Calendar 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						
2	include any "unusual grant ") 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	<b>Total.</b> 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						
6	shown on line 11, column (f) <b>Public support.</b> Subtract line 5 from				+		
0	line 4						
S	ection B. Total Support		_		_		
	Calendar year	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	(or fiscal year beginning in) ► Amounts from line 4						
8	Gross income from interest,						
Ī	dividends, payments received on						
	securities loans, rents, royalties and						
9	income from similar sources  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							
12	10 Gross receipts from related activities, e	tc (see instruction	ns)			12	
	First five years. If the Form 990 is fo			ard fourth or fifth	a tay year ac a ce		anization
		=			-		
_	check this box and stop here Gection C. Computation of Public				<u> </u>		<u> </u>
	Public support percentage for 2019 (lin			column (f))		14	
	Public support percentage for 2018 Sch			-5.4mm (1 <i>))</i>		15	
	33 1/3% support test—2019. If the			on line 13, and lin	ne 14 is 33 1/3% c		hox
100	and <b>stop here.</b> The organization quali				10 11 10 00 1/0 /0 0	i more, eneck ems	▶ □
b					and line 15 is 33 :	1/3% or more, chec	
_	box and <b>stop here.</b> The organization	-				,	<b>▶</b> □
17a	10%-facts-and-circumstances test				ne 13, 16a, or 16b	, and line 14	- —
	ıs 10% or more, and ıf the organizatıoı	n meets the "facts	-and-circumstance	es" test, check thi	s box and stop he	e <b>re.</b> Explain	
	in Part VI how the organization meets	the "facts-and-cir	cumstances" test	The organization	qualifies as a pub	icly supported	
	organization	. 2010 ****		e alexado a 1	13 16 16'	4.7-	▶□
b	10%-facts-and-circumstances tes 15 is 10% or more, and if the organiz						
	Explain in Part VI how the organization						
	supported organization			-		- ,	▶ □
18	m - 1 - 1 - 1 - 1 - 1 - 1	on did not check a	box on line 13, 1	6a, 16b, 17a, or 1	.7b, check this bo	x and see	
	instructions						ightharpoons
					Calcadio	la A /Form 000 a	= 000 E7\ 3010

11, and 12)

15

16

17

18

20

check this box and stop here

Section C. Computation of Public Support Percentage

Public support percentage from 2018 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

Investment income percentage from 2018 Schedule A, Part III, line 17

	(Complete only if you cl	hocked the box				t to qualify unde	or Dart II If
	the organization fails to						er Fait II. II
Se	ection A. Public Support					,	
	Calendar year	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	(or fiscal year beginning in) ▶	(4) 2010	(2) 2020	(0) 2027	(4, 2020	(0, 202)	(1) 10101
1	Gifts, grants, contributions, and						
	membership fees received (Do not	61,312	62,220	42,072	43,123	52,395	261,122
	ınclude any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in	26,732	34,930	34,533	32,028	24,514	152,73
	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	88,044	97,150	76,605	75,151	76,909	413,859
7a	Amounts included on lines 1, 2, and			·		·	
	3 received from disqualified persons						(
h	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						
_	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
0	from line 6 )						413,859
	ection B. Total Support						
	Calendar year						
	(or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
۵	Amounts from line 6	88,044	97,150	76,605	75,151	76,909	413,859
_		00,044	37,130	70,003	75,151	70,505	+15,05
10a	dividends, payments received on						
							(
	securities loans, rents, royalties and						
	income from similar sources	+					
b	Unrelated business taxable income						
	(less section 511 taxes) from						(
	businesses acquired after June 30,						
	1975						
C	Add lines 10a and 10b					l l	

	under section 513						
4	Tax revenues levied for the						_
	organization's benefit and either paid						C
_	to or expended on its behalf The value of services or facilities						
5	furnished by a governmental unit to						(
	the organization without charge						
6	Total. Add lines 1 through 5	88,044	97,150	76,605	75,151	76,909	413,859
7a	Amounts included on lines 1, 2, and		,	, , , , , , , , , , , , , , , , , , , ,	,,	, , , , , , , , , , , , , , , , , , , ,	
, ,	3 received from disqualified persons						C
ь	Amounts included on lines 2 and 3						
_	received from other than disqualified						
	persons that exceed the greater of						C
	\$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						413,859
	from line 6 )						413,633
Se	ction B. Total Support						
	Calendar year	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	(or fiscal year beginning in) ▶	` ,	` ,	, ,	` ,	` '	
9	Amounts from line 6	88,044	97,150	76,605	75,151	76,909	413,859
10a	Gross income from interest,						
	dividends, payments received on						C
	securities loans, rents, royalties and						
_	income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from						C
	businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
11	activities not included in line 10b.						
	whether or not the business is						C
	regularly carried on						
12	Other income Do not include gain or						
	loss from the sale of capital assets						C
	(Explain in Part VI )						
13	<b>Total support.</b> (Add lines 9, 10c,	88.044	97,150	76,605	75,151	76.909	413,859

97,150

First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

19a 331/3% support tests-2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is

76,605

88,044

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))

Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))

75,151

15

16

17

18

100 000 %

100 000 %

▶ <

▶□

0 %

Schedule A (Form 990 or 990-EZ) 2019

6

7

8

10a

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

			Yes	No
•	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,			
	describe the designation If historic and continuing relationship, explain	1		
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 <b>Part VI</b> how the organization determined that the supported organization was described			
	ın section 509(a)(1) or (2)	2		

	describe the designation If historic and continuing relationship, explain	1	Γ
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 <b>Part VI</b> how the organization determined that the supported organization was described		
	ın section 509(a)(1) or (2)	2	
la	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		Γ
	below	3a	Γ
1.	Did the appropriate and the cook appropriate appropriate and propriate and appropriate and app		Т

		_	
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 <b>Part VI</b> how the organization determined that the supported organization was described		
	ın section 509(a)(1) or (2)	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	3a	
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 <b>Part VI</b> when and how the organization made the		
ı	determination		

3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)				
	below	3a			
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 <b>Part VI</b> 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 <b>Part VI</b> 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				

	the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the			
	determination	3b	1	
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 <b>Part VI</b> what controls the organization put in place to ensure such use	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b ın 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 <b>Part VI</b> 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			

	Checked 12a or 12b in Part 1, 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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or			
	supervised by or in connection with its supported organizations	4b	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 <b>Part VI</b> 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 <b>Part VI</b> , 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	<u> </u>	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the		<u> </u>	
	organization's organizing document?	5b	1	

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

than (1) its supported organizations. (11) 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

Substitutions only. Was the substitution the result of an event beyond the organization's control?

organization's supported organizations? If "Yes," provide detail in Part VI.

complete Part I of Schedule L (Form 990 or 990-EZ)

the organization had excess business holdings)

organization had an interest? If "Yes," provide detail in Part VI.

provide detail in Part VI.

answer line 10b below

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

5c

6

7

8

9a

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

	dule A (Form 990 of 990-E2) 2019		۲	age :
Pai	t IV Supporting Organizations (continued)			
_			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b>	11c		
	ection 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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	-		
•	operated, supervised, or controlled the supported organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting			
	organization	2		
S	ection C. Type II Supporting Organizations		1	
	., 11 2 2		Yes	No
	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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
•	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)			
	D	2		
	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 <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
<u> </u>	ection E. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions)		
	The organization satisfied the Activities Test Complete line 2 below	,		
	The organization is the parent of each of its supported organizations. Complete line 3 below			
	_		_L \	
(		instru	ctions)	
	Activities Test Answer (a) and (b) below.		Yes	No
ā	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 <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted			
	substantially all of its activities	2a		
ŀ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2 h		
}	Parent of Supported Organizations Answer (a) and (b) below.	2b		
	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		
ŀ	Did the organizations? Provide details in Part VI.  Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	3h		

3b

Page **6** 

Schedule A (Form 990 or 990-F7) 2019

1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E				
	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)	
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1			
a	Average monthly value of securities	1a			
b	Average monthly cash balances	<b>1</b> b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)				
2	Acquisition indebtedness applicable to non-exempt use assets	2			
3	Subtract line 2 from line 1d	3			
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 035	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
	Section C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			

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		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	Enter greater of line 2 or line 3 Income tax imposed in prior year	4 5	
		<u> </u>	

instructions)

Total annual distributions. Add lines 1 through 6	
Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
Distributable amount for 2019 from Section C, line 6	

8	Distributions to attentive supported organizations to who			
9	Distributable amount for 2019 from Section C, line 6			
10	10 Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) 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 <b>Part VI</b> )			

details in <b>Part VI</b> ) See instructions	ilcii tile organization is respon	sive (provide	
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in <b>Part VI</b> ) See instructions			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
<b>b</b> From 2015			
c From 2016			

(see instructions)	Excess Distributions	Pre-2019	Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in <b>Part VI</b> ) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2019			
a From 2014			
<b>b</b> From 2015			
c From 2016			
<b>d</b> From 2017			
e From 2018			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			

f Total of lines 3a through e		
<b>g</b> Applied to underdistributions of prior years		
<b>h</b> Applied to 2019 distributable amount		
<ul> <li>Carryover from 2014 not applied (see instructions)</li> </ul>		
j Remainder Subtract lines 3g, 3h, and 3i from 3f		
4 Distributions for 2019 from Section D, line 7		
<u>     \$                               </u>		
Applied to underdistributions of prior years		
<b>b</b> Applied to 2019 distributable amount		
c Remainder Subtract lines 4a and 4b from 4		

j Remainder Subtract lines 3g, 3h, and 3i from 3f		
4 Distributions for 2019 from Section D, line 7		
\$		
Applied to underdistributions of prior years		
<b>b</b> Applied to 2019 distributable amount		
c 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 If the amount is greater than zero, explain in Part VI See instructions		
6 Remaining underdistributions for 2019 Subtract		

c Remainder Subtract lines 4a and 4b from 4		
<b>5</b> Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in <b>Part VI</b> See instructions		
6 Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions		
<b>7 Excess distributions carryover to 2020.</b> Add lines 3 <sub>1</sub> and 4c		
8 Breakdown of line 7		

Schedule A (Form 990 or 990-EZ) (2019)

**a** Excess from 2015. . . . . **b** Excess from 2016. . . . . **c** Excess from 2017. . . . .

d Excess from 2018. e Excess from 2019.

## Additional Data

**Software ID:** 19009920 Software Version: 2019v5.0

**EIN:** 93-1166961

Name: AMIGOS EYECARE

PACIFIC UNIVERSITY COLLEGE OF OPTOMETRY

Schedule A (Form 990 or 990-EZ) 2019 Page 8 Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12. Part IV, Part VI 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

inst	tructions)	
		Facts And Circumstances Test

DLN: 93492044012070 OMB No 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service Go to www irs gov/Form990 for instructions and the latest information **Employer identification number** Name of the organization AMIGOS EYECARE PACIFIC UNIVERSITY COLLEGE OF OPTOMETRY 93-1166961 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Solicitation of government grants Phone solicitations ☐ Special fundraising events ☐ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col (i) contributions? Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2019

	dule G (Form 990 or 990-EZ) 2019  rt III Fundraising Events. Comple	ete if the organization :	answered "Yes" on For	m 990 Part IV line 19	Page <b>2</b>
Га	than \$15,000 of fundraising e gross receipts greater than \$5	vent contributions and			
	g. 000 , 000,p00 g. 00000	(a)Event #1	<b>(b)</b> Event #2	(c)Other events	(d) Total events (add col (a) through
		(event type)	(event type)	(total number)	col <b>(c)</b> )
rkie					
Revenue					
ш					
	1 Gross receipts	24,514			24,514
	<ul><li>2 Less Contributions</li><li>3 Gross income (line 1 minus</li></ul>				
	line 2)	24,514			24,514
	4 Cash prizes				
ses	5 Noncash prizes				
Expenses	7 Food and beverages	16,401			16,401
т. Щ	8 Entertainment	10,401			10,401
Direct	9 Other direct expenses	1,271			1,271
_	10 Direct expense summary Add lines 4 t	hrough 9 in column (d)			17,672
	11 Net income summary Subtract line 10			<b>.</b>	6,842
Pai	<b>Gaming.</b> Complete if the organization on Form 990-EZ, line 6a.	anization answered "Ye	es" on Form 990, Part I	IV, line 19, or reported	d more than \$15,000
Revenue		(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Re	1 Gross revenue				
ses	2 Cash prizes				
Expenses	3 Noncash prizes				
т. Щ					
Direct	4 Rent/facility costs				
_	5 Other direct expenses	☐ Yes %	☐ <b>Y</b> es %	☐ Yes %	
	<b>6</b> Volunteer labor	□ No	□ No	□ No	
	7 Direct expense summary Add lines 2 t				
	8 Net gaming income summary Subtrac	t line 7 from line 1, colum	n (d)	<u> </u>	
9					
a b				□ Yes □ No	
Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?					☐ Yes ☐ No
b	If "Yes," explain				

che	edule G (Form 990 or 990-EZ) 2019				F	age <b>3</b>
.1	Does the organization conduct gaming activities with nonmembers?			□Yes	□Ne	
2	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or ot formed to administer charitable gaming?	her entity		□Yes		
3	Indicate the percentage of gaming activity conducted in		1			
а	The organization's facility		13a			%
b	An outside facility		13b			%
4	Enter the name and address of the person who prepares the organization's gaming/special events	s books and red	cords			
	Name •					
	Address ▶					
5a	Does the organization have a contract with a third party from whom the organization receives ga revenue?	ming		□Yes	□No	
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ amount of gaming revenue retained by the third party ▶ \$	and the	2			
c	If "Yes," enter name and address of the third party					
	Name ►					
	Address ▶					
.6						
0	Gaming manager information					
	Name 🕨					
	Gaming manager compensation ► \$					
	Description of services provided ▶					
	☐ Director/officer ☐ Employee ☐ Independent cor	ntractor				
7	Mandatory distributions					
а	Is the organization required under state law to make charitable distributions from the gaming pro- retain the state gaming license?	ceeds to		□Yes	Пио	
b	Enter the amount of distributions required under state law distributed to other exempt organization	ons or spent			,,	
	in the organization's own exempt activities during the tax year ▶ \$					
Par	<b>Supplemental Information.</b> Provide the explanations required by Part I, line III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any advantage of the control of th					5.
_	Return Reference Explanation					

Schedule G (Form 990 or 990-EZ) 2019

efile GRAPH	IC print - DO NOT PROCESS As Filed Data -	DLN	: 93492044012070	
SCHEDUL (Form 990 or EZ)	990- Complete to provide information for responses to specific Form 990 or 990-EZ or to provide any additional info	questions on ormation.	OMB No 1545-0047  2019  Open to Public Inspection	
Name Bethe of g AMIGOS EYECARE PACIFIC UNIVERSI	<b>Employer ident</b> 93-1166961	r identification number		
990 Schedul	e O, Supplemental Information  Explanation			
Reference Other Revenue 1	TRIP PAYMENTS \$38960			

990 Schedule O, Supplemental Information Return Explanation Reference

Other TRIP RELATED/AIRFARE \$31093 Revenue 2

990 Schedule O, Supplemental Information Return Explanation Reference Other REIMBURSMENTS \$75 Revenue 3

990 Schedule O, Supplemental Information Return Explanation Reference Other Travel \$1200 Expenses 1005

990 Schedule O, Supplemental Information Return Explanation Reference Other Depreciation \$3217 Expenses 1009

990 Schedule O, Supplemental Information Return Explanation Reference

Other TRIP RELATED/AIRFARE \$97008 Expenses 1

990 Schedule O, Supplemental Information Return Explanation Reference SMALL EQUIPMENT \$1678

Other Expenses 2

990 Schedule O, Supplemental Information Return Explanation Reference

Other T-SHIRTS \$1440
Expenses 3

990 Schedule O, Supplemental Information Return Explanation Reference MEETINGS \$1167

Other Expenses 4

990 Schedule O, Supplemental Information Return Explanation Reference SUPPLIES \$298

Other Expenses 5

990 Schedule O, Supplemental Information Return Explanation Reference Other PINS \$297 Expenses 6

990 Schedule O, Supplemental Information Return Explanation Reference

Other PAYPAL FEES \$210 Expenses 7

990 Schedule O, Supplemental Information Return Explanation Reference FOOD DRIVE \$75

Other Expenses 8

990 Schedule O, Supplemental Information Return Explanation Reference PACIFIC UNIV ACCT \$74

Other Expenses 9

990 Schedule O, Supplemental Information Return Explanation Reference

Other 3RD YEAR GIFTS \$74

Expenses 10

990 Schedule O, Supplemental Information Return Explanation Reference

Other GIFTS \$66 Expenses 11

990 Schedule O, Supplemental Information Return Explanation Reference Other **GWCO BOOTH \$25** 

Expenses 12

990 Schedule O, Supplemental Information Return Explanation Reference

Other BANK FEES \$15 Expenses 14

990 Schedule O, Supplemental Information Return Explanation Reference

Other PARKING \$15
Expenses 15

990 Schedule O, Supplemental Information

Return Explanation

Reference	Explanation
Other	Machinery and Equipment - Beginning \$10384 Machinery and Equipment - Ending \$7167

Assets 1003

Return Explanation

Reference

Other FULLY DEPRECIATED ASSETS - Beginning \$17372 FULLY DEPRECIATED ASSETS - Ending \$17372 Assets 1

Return Explanation

Reference	
Other Assets 2	OOGP 2012 DONATED EQUIPMENT - Beginning \$14492 OOGP 2012 DONATED EQUIPMENT - Ending \$14492

Return Explanation

Reference	
Other Assets 3	PHOROPTER DONATED IN 2013 - Beginning \$2500 PHOROPTER DONATED IN 2013 - Ending \$2500

Return Explanation

Assets 4

Reference	— <del></del>
Other	2014 DONATED EQUIPMENT - Beginning \$3000 2014 DONATED EQUIPMENT - Ending \$3000

Return Explanation

Reference
Other 2016 SMALL ITEMS - Beginning \$14 2016 SMALL ITEMS - Ending \$14
Assets 5

990 Schedule O, Supplemental Information

Return

\$160

Assets 6

Reference	
Other	ADJ FOR PRIOR YEAR INCOMPLETE RECORDS - Beginning \$160 ADJ FOR PRIOR YEAR INCOMPLETE RECORDS - Ending

Explanation

Return Explanation

Reference
Other 2019 PURCHASE - Beginning \$0 2019 PURCHASE - Ending \$110
Assets 7