(Rev January 2020)

Return of Organization Exempt From Income Tax

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

2019

Department of the Treasury

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

Open to Public

inte	rnai Keve	nue Service	► Go to www.irs.gov/Form990 for instructions and the latest		$\mathcal{L}\mathcal{L}$	Inspection		
Α	For the	e 2019 calen	dar year, or tax year beginning May 1 , 2019, and endir	ng Ap:	r 30	, 20 2 0		
В	Check	f applicable	C Name of organization SAN JORGE CHILDREN'S FOUNDATION,	INC.	D Emplo	oyer identification number		
	Address	s change	Doing business as		66-05	531105		
	Name c	hange	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Teleph	one number		
	Initial re	turn	PO BOX 6719	1.	(787)622-2200			
$\overline{\Box}$	Final ret	urn/terminated						
Ē	Amende	ed return	SAN JUAN, PR 00914-6719		G Gross	receipts \$1,886,857.		
$\overline{\sqcap}$	Applica	tion pending	F Name and address of principal officer	H(a) Is this a grou	p return fo	r subordinates? Yes X No		
_			Silvio Lopez, PO Box 11905, San Juan, PR 00922-14	005 H(b) Are all sul	bordinate	es included? Tyes No		
1	Tax-exe	mpt status	X 501(c)(3)			st (see instructions)		
J	Website	e: ► www.f	undacionsanjorge.org	H(c) Group exc	emption	number >		
ĸ			Corporation ☐ Trust ☐ Association ☐ Other ►	ation 1995	M State	of legal domicile PR		
P	art I	Summa						
	1		cribe the organization's mission or most significant activities. Provide	financial assista	nce to e	economically disadvantaged		
ė	`		n and youngsters that require specialized medi					
anc			n and youngbeerb ende rodding beorarroad mode			<u> </u>		
Governance	2	Check this	box ▶ ☐ if the organization discontinued its operations or disposed	d of more than 2	5% of	its net assets		
Š	3		voting members of the governing body (Part VI, line 1a)		3	13		
ଔ	4		independent voting members of the governing body (Part VI, line 1b		4	13		
es	5		per of individuals employed in calendar year 2019 (Part V, line 2a)	,,	5	13		
챭	6		per of volunteers (estimate if necessary)		6	68		
Activities &	7a		ated business revenue from Part VIII, column CENVED		7a	0.		
_	b	Noturrola	ted business taxable income from Form 990-1, line 39		7b	0.		
		ivet uniteral		Prior Year	' ' ' 	Current Year		
	8	Contributio	ons and grants (Part VIII, line 1h)	2,050,	707	1,865,962.		
Revenue	9		ons and grants (Part VIII, line 1h).	2,030,	707.	1,803,902.		
Ver	10			0 4	0.2.1	10 205		
æ	11	Other reve	nue (Part VIII, column (A), lines 3, 4, and 750) EN, U!		921.	18,395 2,500.		
	1				474.			
	12		ue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,064,	1	1,886,857.		
	14		I similar amounts paid (Part IX, column (A), lines 1–3)	615,0	990.	545,911.		
	15	•	aid to or for members (Part IX, column (A), line 4)	355 (012	420 524		
Expenses	I		her compensation, employee benefits (Part IX, column (A), lines 5–10)	355,9		428,534.		
en	16a		al fundraising fees (Part IX, column (A), line 11e)	63,1		57,500. "ॐ∷‡" औ " ਗ਼		
X	b							
	17		enses (Part IX, column (A), lines 11a-11d, 11f-24e)	281,		219,907.		
	18	-	nses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,316,4	$\overline{}$	1,251,852.		
	19	Revenue le	ess expenses. Subtract line 18 from line 12	747,6		635,005. End of Year		
Net Assets or Fund Balances		T-4-1	- (Dark V. I.a. 40)	Beginning of Curre				
Sse	20		s (Part X, line 16)	4,200,		4,860,461.		
a et	21		ties (Part X, line 26)	90,8		117,172.		
			or fund balances Subtract line 21 from line 20	4,109,4	16/.	4,743,289.		
	art II		re Block			I a lada a adhalat A		
Un tru	der pena e, correc	ilties of perjury, it, and complete	I declare that I have examined this return, including accompanying schedules and state Declaration of preparer (other than officer) is based on all information of which prepare	ements, and to the t er has any knowledg	pest of m	ly knowledge and belief, it is		
		T.	(MADDLE.	· · · · ·	1/13	1100/		
Sign Signature of officer Date								
He	-		TEMANIE H. MODEL					
Type or print name and title								
				Date	Check [T If PTIN		
Pa		TOCE		1.5	self-emp	→ "		
	epare	r		alle 14,2021		66-0539048		
Us	e On	y Firm's nan		Phone				
146	u tha If	PS discuss *	his return with the preparer shown above? (see instructions)	I Prione i	10 (78	37) 625-1800 . ※ Yes □ No		
ivid	v uie ii	าง นเรเนรรี โ	ino return with the preparer shown above: (See instructions) .			· 🗠 1 C3 🗀 140		

•	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission.
	Provide financial assistance to economically disadvantaged
	children and youngsters that require specialized medical care in Puerto Rico.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measurexpenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported
4a	(Code.) (Expenses \$ 896,041. including grants of \$ 545,911.) (Revenue \$ 1,865,962.
	Consists mainly of hospitalization medical costs and professional medical services amounting to \$545,911. The objectives of these funds are to promote and provide medical treatment and services to cancer, malformation and chronic illness pediatric patients in Puerto Find The medical costs coverage include: anesthesiology, surgery, dental surgery, studies, supplies, audiology, and medication. This program provides patients with the required educational credits to complete grades during the hospitalization period.
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$
4b	
4b	



				. ago t
Part	Checklist of Required Schedules		Tv	I NI -
•			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1	×	
2	complete Schedule A	2	×	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		 ^	
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		×
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V.	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	×	
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	×	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		×
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		×
	y / y /			

Part	Checklist of Required Schedules (continued)		1.,	T
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .	24b	ļ	<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	_	ļ
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		—
25a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		×
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	l	×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		×
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	×	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a b	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	10		

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
•			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	٠,	,	7
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 13	<u> </u>		ļ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	×	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		,/4,	-
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> .	3b		- ``
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a_		×
b	If "Yes," enter the name of the foreign country ▶		'	′ ·
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		•	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			`
	and services provided to the payor?	7a		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
_	required to file Form 8282?	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year	-a'-1		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8			· ¥	
0	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	-8		
•	sponsoring organization have excess business holdings at any time during the year?			×
9	Sponsoring organizations maintaining donor advised funds.		<u> —</u>	'
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		, X
10	Section 501(c)(7) organizations. Enter.	p 54 . 24	٠, ا	1 - 3
а	Initiation fees and capital contributions included on Part VIII, line 12	200		* 5
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	: 2		~ <u>1</u>
11	Section 501(c)(12) organizations. Enter:		, :	
а	Gross income from members or shareholders	, T	.;'	^ .
b	Gross income from other sources (Do not net amounts due or paid to other sources		"	, "
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	3.	J.,	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1 1		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O	-,	1.48	, ,
b	Enter the amount of reserves the organization is required to maintain by the states in which	14	ĺ	~1
	the organization is licensed to issue qualified health plans			i i
С	Enter the amount of reserves on hand	¥ , -	'	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	1	×
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		×
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	-		
	excess parachute payment(s) during the year?	15		×
	If "Yes," see instructions and file Form 4720, Schedule N	,,		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		`
	If "Yes," complete Form 4720, Schedule O.	-, -		
	n rea, complete i onn trao, constant o.			•

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See II	nstruc	
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		. 🗵
Secti	on A. Governing Body and Management			r
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . 13	· · ·		1
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar			1
	committee, explain on Schedule O		, •	•
ь	Enter the number of voting members included on line 1a, above, who are independent . 1b 13			1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		ļ	
	any other officer, director, trustee, or key employee?	2		×
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	 	×
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		×
6	Did the organization have members or stockholders?	6		×
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	×	
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	×	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	١.	. 1	· · · ·
	the year by the following:			ئىدا
а	The governing body?	8a	×	
b	Each committee with authority to act on behalf of the governing body?	8b	×	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		×
Section	on B. Policies (This Section B requests information about policies not required by the Internal Rever	iue C		1
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		×
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	×	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	1		لــــــــــــــــــــــــــــــــــــــ
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	×	ļ
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	×	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	×	
12	describe in Schedule O how this was done	13	 ^	×
13 14	Did the organization have a written document retention and destruction policy?	14	-	×
	Did the process for determining compensation of the following persons include a review and approval by	<u> </u>		1
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		.	
а	The organization's CEO, Executive Director, or top management official	15a	×	
b	Other officers or key employees of the organization	15b	×	
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			, 4
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	-		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	<u>, </u>]
Section	organization's exempt status with respect to such arrangements:	1 100	i	
17	Last the estates with which a pany of this Form 000 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-			
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Donn request Other (explain on Schedule O)	. ,000		(0)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	f inte	rest p	olicv.
	and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and re			,,
20	The Corporation 253 San Jorge ST Suite 2A. San Juan. RO. (787) 622-2200	Joius	-	

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orm	990	(2019)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee										
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	b office Individua	unles	Pos neck ss pe	rson	e than than than than than than than than	n an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Silvio Lopez	5.00									
President		×						0.	0.	0.
(2) Victor M. Gomez Vice President	1.00	×						0.	0.	0.
(3) David H. Chafey, Jr.	4.00									
Treasurer		×					ļ	0	0.	0.
(4) Nivia Santiago	1.00									
Secretary		×		_	_		<u> </u>	0.	0.	0.
(5) Stephanie M. Moore Executive Director	40.00			×				77,427.	0.	0.
(6) Luis Clavell, M.D. Director	0.50	×						0.	0.	0.
(7) Wilson Colberg Director	4.00	×						0.	0.	0.
(8) Domingo Cruz Director	5.00	×						0.	0.	0.
(9) Maria Elena Gonzalez, JD Director	1.00	×						0.	0.	0.
(10) Jose Cancela Director	1.00	×						0.	0.	0.
(11) Carlos Nido Director	1.00	×						0.	0.	0.
(12) Genova Sanchez, M.D. Director	0.50	×						0.	0.	0.
(13) Erasto Freytes Director	1.00	×						0.	0.	0.
(14) Ivan Baez Director	5.00	×						0.	0.	0.

Part	VII Section A. Officers, Directors,	rustees,	Key I	٤m			s, an	id F	lighest Compe	nsated E	mpio	yees (contin	uea
•	(A)	(B)	(C) Position (do not check more th					one	(D)	(E)			(F)	
	Name and title	Average	box,	untes	ss pe	rson	is both	n an	Reportable	Reportal compensa			ited amo	ount
		hours per week		$\overline{}$	_	_	or/trus	, <u> </u>	compensation from the	from rela		com	pensatio	on
		(list any hours for	할	nstit	Officer	e	mp dg	Former	organization (W-2/1099-MISC)	organizati (W-2/1099-			om the ization a	nd
		related	Individual trustee or director	L to	[역	Key employee	est c	<u>ē</u>	(***-271033-141100)	(***271000)	*		organiza	
		organizations below	1 2	nal tı		oye e) omp							
		dotted line)	stee	Institutional trustee		"	Highest compensated employee					•		
				e			ted					.=		
(15)														
(16)										-				.,
(17)														
(18)														
(19)					_	 								
														_
(20)														
(21)														
(22)														
(23)														
(24)														
(25)														
1b	Subtotal			لــــا			<u> </u>	•	77,427.		0.			0.
C	Total from continuation sheets to Part	VII, Sectio	n A				•	>						
d	Total (add lines 1b and 1c)	· · · · · ·				 :	-	<u> </u>	77,427.		0.			0.
2	Total number of individuals (including but reportable compensation from the organi		to th	ose	list	ed a	above	e) Wi	no received more	e than \$10	0,000	Οī		
													Yes	No
3	Did the organization list any former of							mpl	oyee, or highes	t compen	sated			
	employee on line 1a? If "Yes," complete S											3		×
4	For any individual listed on line 1a, is the organization and related organizations											'		
	individual	greater the	الت الد 	50,			16.	s, ·			Sucri	4	<u> </u>	×
5	Did any person listed on line 1a receive o	r accrue co	mper	nsat	ion	fror	n any	uni	related organizat	ion or indiv	/ıdual			•
	for services rendered to the organization?	If "Yes," c	omple	ete :	Sch	edu	ıle J f	or s	uch person			5		×
Section	on B. Independent Contractors													
1	Complete this table for your five high compensation from the organization Repo													
	(A) Name and business addi	ess							(B) Description of serv	rices	c	(C) Compens	ation	
2	Total number of independent contracto							the	ose listed above	e) who ,	,			
	received more than \$100,000 of compensation	ation from t	ne or	ganı	zatı	on I	<u> </u>						000	

Par	t VIII	Statement of Re Check if Schedule			eenor	se or note to	any line in this Pa	art VIII		
		Officer if Schedule	0 00	nitairis a r	espoi	ise of flote to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts	1a	Federated campaig	ıns .		1a	874,034				
iran	ь	Membership dues			1b					
Contributions, Gifts, Grants and Other Similar Amounts	C	Fundraising events		٠	1c	2,924	<u>.</u>			
Sift:	d	Related organizatio			1d		_	ŀ		
iii.	e	Government grants		·=	1e	90,000	4			
tion	f	All other contribution and similar amounts no			1f	899,004	*			
ib in	q	Noncash contribution			 '''	833,004	+			İ
a tr	•	lines 1a-1f			1g	 \$				
S E	h	Total. Add lines 1a-	-1f .				1,865,962.			
						Business Code				
ice	2a									
e S	b						<u> </u>			
n S	C									
Program Service Revenue	d									
	e •	All other program se								
	f g	Total. Add lines 2a-								
	3	Investment income		 Iudina divi		· · · ·	+			
		other similar amoun		idding divi		_		О.	ο.	18,395.
	4	Income from investment of tax-exempt bo			ond proceeds ▶					
	5	~				•				
				(ı) Rea	d	(II) Personal	_			
	6a	Gross rents	6a							
	ь	Less. rental expenses	6b				_			
	С	Rental income or (loss)		<u> </u>		<u> </u>	_			
	d	Net rental income o	r (los:	, * 		1	•			
	7a	Gross amount from		(i) Securi	ties	(ii) Other	\dashv	` ,		
		sales of assets other than inventory	7a							•
ø)	ь	Less cost or other basis	l'a				-			
Revenue		and sales expenses	7b							
eve	С	Gain or (loss) .	7c				7			
er E	d	Net gain or (loss)	· .			•				
Othe	8a	Gross income from	m fu	indraising						
Ó	•	events (not including								
		of contributions rep		d on line						
		1c). See Part IV, line		•	8a		_			
	b	Less: direct expens			8b					
	C	Net income or (loss)			g eve	nts . ▶	1			(
	9a	Gross income f activities See Part I		gaming	9a		·			į
	h	Less: direct expense			9b		╡		-	
		Net income or (loss)				es >			_	
	ł	Gross sales of in		-	41116	<u> </u>	-			
	.ua	returns and allowan		ory, less	10a					
	b	Less cost of goods			10b		7	ĺ		
		Net income or (loss)			vento	ory >				
SI						Business Code				
Miscellaneous Revenue	11a	Other income					2,500.	2,500.	0.	0.
scellaneo Revenue	b									
cel sev	С									
Ais F	d	All other revenue				<u> </u>	<u> </u>			
	12	Total revenue See			<u> </u>	. <u> </u>	2,500.	2 500	<u> </u>	18 395

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must comp			must complete colu	ımn (A)
	Check if Schedule O contains a response	, .,			
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	545,911.	545,911.	. ,	
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				,
4 5	Benefits paid to or for members	83,695.	83,695.	0.	0.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	264,648.	128,896.	69,287.	66,465.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	23,692.	23,692.	0.	0.
10	Payroll taxes	56,498.	34,593.	11,090.	10,815.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	10,190.	0.	10,190.	0.
ď	Lobbying				
е	Professional fundraising services. See Part IV, line 17	57,500.	, , h		57,500.
f g	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)				1 000
12	Advertising and promotion	1,220.	0.	0.	1,220.
13	Office expenses	13,714.	0.	13,714.	0.
14	Information technology		<u>-</u>		-
15	Royalties				
16 17	Occupancy	19,536.	19,536.	0.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.	0.	0.	0.
19	Conferences, conventions, and meetings	3,756.	3,756.	0.	0.
20 21	Interest	4,544.	4,544.	0.	0.
22 23	Depreciation, depletion, and amortization .	28,175.	0.	28,175.	0.
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e If		<i>II</i> *		* ** **
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	A		_	r ng
а	Repairs & Maintenance	8,006.	0.	8,006.	0.
b	Postage & Delivery	1,376.	0.	1,376.	0.
С	Parking Expenses	619.	0.	619.	0.
d	Miscellaneous	128,772.	51,418.	5,541.	71,813.
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,251,852.	896,041.	147,998.	207,813.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

32 33

Total liabilities and net assets/fund balances

	11 990 (2			,		Page I
Ŀ	art X	■ Balance Sheet Check if Schedule O contains a response or no	ote to any line in this Pa	art X		
		Chicago i Contacto de Companio de l'especiale de la	ore to any into it that t	(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		3,451,524.	1	4,141,910
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net	25,000.	4	17,035	
	5	Loans and other receivables from any current or trustee, key employee, creator or founder, substan	1 1 24 1 1 1 1	141	The state of the s	
		controlled entity or family member of any of these		5		
	6	Loans and other receivables from other disqualified	With the state of the sta	ή ₂ * .	T. 1874 . 1275 . 12 4 754 . 754	
	•	under section 4958(f)(1)), and persons described in	•	فمطعنات عادات الافتها التابي بالبطار	6	
Ŋ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ą	9	Prepaid expenses and deferred charges .			9	
-	10a	Land, buildings, and equipment cost or other		The state of the s	.10	· 图 · 编标数: 图 · 《
	IVa	basis. Complete Part VI of Schedule D 10	0a 361,472.		1: 1	100
	ь	Less. accumulated depreciation		265,873.	10c	·
	11	Investments—publicly traded securities		200,0101	11	
	12	Investments—other securities. See Part IV, line 11		457,842.	12	462,111
	13	Investments—program-related. See Part IV, line 11		10.7014	13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		100.	15	100
	16	Total assets. Add lines 1 through 15 (must equal li	ne 33)	4,200,339.	16	4,860,461
_	17	Accounts payable and accrued expenses		90,872.	17	117,172
	18	Grants payable		30,072.	18	127/172
	19	Deferred revenue		-	19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Par	t IV of Schedule D	_	21	
S	22	Loans and other payables to any current or for		no. Minus & Dark 314	4	CONTRACTOR OF MARKET.
Liabilities	22	trustee, key employee, creator or founder, substant controlled entity or family member of any of these	tial contributor, or 35%	The state of the s	22	
<u>=</u>	23	Secured mortgages and notes payable to unrelated		~	23	
	24	Unsecured notes and loans payable to unrelated th			24	
	25	Other liabilities (including federal income tax, pa	•		- -	
	25	parties, and other liabilities not included on lines 1: of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		90,872.	26	117,172
Net Assets or Fund Balances		Organizations that follow FASB ASC 958, check		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Mis.	
aŭ	27	and complete lines 27, 28, 32, and 33.		3 074 005	27	
3a	27	Net assets without donor restrictions		3,974,927.		4,710,573.
þ	28	Net assets with donor restrictions		134,540.	28	32,716.
ק		Organizations that do not follow FASB ASC 958,	cneck here ► 📙	THE STATE OF THE S	THE STATE OF	BUT OF THE PARTY OF
Z F	00	and complete lines 29 through 33.		With the state of	30	1864 - 19 1654 - 14 th 1
ts c	29	Capital stock or trust principal, or current funds			29	
Se	30	Paid-in or capital surplus, or land, building, or equip			30	
As	31	Retained earnings, endowment, accumulated incor		4 100 463	31 32	4 743 300
Vet	32	Total net assets or fund balances		4,109,467.		4,743,289.
_	33	Total liabilities and net assets/fund balances	•	4,200,339.	33	4,860,461.

4,743,289.

Page	1	2

					J .
Par	XI Reconciliation of Net Assets				
•	Check if Schedule O contains a response or note to any line in this Part XI	· · ·			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,8	386,8	<u> 357.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,2	251,8	352.
3	Revenue less expenses Subtract line 2 from line 1	3	6	35,C	05.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,]	109,4	167.
5	Net unrealized gains (losses) on investments	5		-1,1	L83.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	4,7	743,2	289.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 \(\subseteq Cash \) \(\subseteq Accrual \) \(\subseteq Other \)		🛴		' -
	If the organization changed its method of accounting from a prior year or checked "Other," e	explain	ıın 🧗	<i>'</i>	
	Schedule O.			<u></u>	<u></u>
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	ļ	×
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or 🕌	, •	
	reviewed on a separate basis, consolidated basis, or both.			L.	-1
	Separate basis Consolidated basis Both consolidated and separate basis		10. 1	200	
b		•	. 2b	×	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ited or	та .		".
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			-	لنــا
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov				
	the audit, review, or compilation of its financial statements and selection of an independent accounts			×	
	If the organization changed either its oversight process or selection process during the tax year, e	xplaın	on '		. 5
	Schedule O		لنسب	(<u></u>	لندا
3a		rth in i			
	Single Audit Act and OMB Circular A-133?		. <u>3a</u>	-	×
b] ,	
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	audits			L
	REV 06/02/20 PRO		For	m 990	(2019)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

(E)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 66-0531105 SAN JORGE CHILDREN'S FOUNDATION, INC. Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university ☐ An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d 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 II. Type III. Type III. functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of listed in your governing other support (see (described on lines 1-10 support (see document? instructions) instructions) above (see instructions)) Yes Νo (A) (B) (C) (D)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

<u>Sect</u>	ion A. Public Support		<u>. </u>		·		
Caler	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not						
_		1,443,484.	2,111,281.	2,053,345.	2,050,707.	1,865,962.	9,524,779.
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	1,443,484.	2,111,281.	2,053,345.	2,050,707.	1,865,962.	9,524,779.
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						9,524,779.
	on B. Total Support		L		L		[-,,
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	1,443,484.	2,111,281.	2,053,345.	2,050,707.	1,865,962.	9,524,779.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	509.	6,959.	13,904.	15,366.	18,395.	55,133.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)					2,500.	2,500.
11	Total support. Add lines 7 through 10						9,582,412.
12	Gross receipts from related activities, etc	(see instruction	ons)			12	
13	First five years. If the Form 990 is for the		i's first, secon	d, thırd, fourth	, or fifth tax ye	ear as a section	n 501(c)(3)
	organization, check this box and stop he		<u> </u>	<u></u>	<u> </u>	· · ·	<u> </u>
	on C. Computation of Public Suppor						
14	Public support percentage for 2019 (line 6	. , ,	•	1, column (f))		14	99.4 %
15	Public support percentage from 2018 Sch					15	99.59 %
16a	• • • • • • • • • • • • • • • • • • • •			•	id line 14 is 33	or more,	
	box and stop here. The organization qual	•	• • •	_	a and line 4E.	.a. 221:-0/ au m	. > ×
ь	331/3% support test—2018. If the organization this box and stop here. The organization	qualifies as a p	oublicly suppo	rted organizati	on .		▶ □
17a	10%-facts-and-circumstances test – 20 10% or more, and if the organization me Part VI how the organization meets the " organization	eets the "facts-	and-circumsta	ances" test, ch	eck this box a	ind stop here.	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	ition meets the neets the "fact	e "facts-and-c s-and-circums 	ercumstances" stances" test.	test, check t The organization.	this box and son qualifies as	stop here. a publicly . .
18	Private foundation. If the organization did instructions	d not check a b	oox on line 13,	16a, 16b, 17a	, or 17b, check	this box and :	see ▶ □

Part							./5
•	(Complete only if you checked the lifthe organization fails to qualify						der Part II.
Sect	ion A. Public Support	under the te	sts listed bei	ow, please co	ompiete Part i	1.)	
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	(0) 20 10	(0) 2010	(5) = 5 **	(4) = 0.10	(,,=,,	(7)
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 7a	Total. Add lines 1 through 5 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						
8	Add lines 7a and 7b Public support. (Subtract line 7c from line 6.)			,•			
	on B. Total Support			I	I (0.55/5	4 1 22 1 2	72 22
	dar year (or fiscal year beginning in) Amounts from line 6	(a) 2015 /	(b) ₂₀₁₆	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b			1				
С 11	Add lines 10a and 10b				,		
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop her	re			,	ar as a section	' ' ' '
	on C. Computation of Public Suppor			10		145	
15 16	Public support percentage for 2019 (line 8 Public support percentage from 2018 Sch	edule A, Part I	II, line 15 .		: : : <u>/</u> .	15 16	<u>%</u>
	on D. Computation of Investment Inc					\\ \	
17 10	Investment income percentage for 2019 (Investment income percentage from 2018				mn (t))	17	<u>%</u> %
18 19a	331/3% support/tests – 2019. If the organian support is not more than 331/3%, check this box	zation did not	check the box	on line 14, ar		ore than 331/3%	, and line
b	331/3% support tests – 2018. If the organiz line 18 is not/more than 331/3%, check this b	ation did not ch	neck a box on	line 14 or line 1	9a, and line 16	is more than 33	31/3%, and
20	Private foundation If the organization de		-				_

Part IV Supporting Organizations

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

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete F	art V	.)	
Secti	ion A. All Supporting Organizations		T: .	т
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by		ļ <u>,</u>	·. ·
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1	ļ	
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	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 Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	_	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's adganizing document authorizing such action; and (iv) how the action		,	
	was accomplished (such as by amendment to the organizing document).	5a	ļ	
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?			
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		ļ
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.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)			
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
0-	Was the organization controlled directly or indirectly at any time during the tax year by one or more	8		
98	disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		<u>'</u>
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	30	*1	
-	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes." answer 10b below.	10a		

10b

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.)

Part	IV Supporting Organizations (continued)		•	
,			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	1,		1
а		-		
	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 Part VI.	11c	†	
	ion B. Type I Supporting Organizations	1		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	[1
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	1	١.	١,
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	,		١
	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	_	٠.	1
	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 supporting organization? If "Yes," explain in Part	1		ŀ
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	}	1	٠
	supervised, or controlled the supporting organization	2		
Secti	ion C. Type II Supporting Organizations	*********	*	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	1.4		
	or management of the supporting organization was vested in the same persons that controlled or managed		l'	
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			-
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	 '-		1
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			•
	significant voice in the organization's investment policies and in directing the use of the organization's		'	. ,
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	s).
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below	,		
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s		-	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		.	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	ľ. '	` '	.
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	_		
	-	2a		
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	, '		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these	i		
	activities but for the organization's involvement.		<u> </u>	
_	•	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>	[,]		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	-		
_	trustees of each of the supported organizations? Provide details in Part VI.	3a	, ,	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b	 -	لـنـــ
	OF ILS SUDJOITED OF MATIZATIONS CITETES. DESCRIBE IN FAIL VI THE TOTE DIAVED BY THE OF MATIZATION IN THIS FEORIG.	 UU	- 1	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical	gan	izations	
1 • Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
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	I	
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).			• **
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	'		,
factors (explain in detail in Part VI):	1		
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	17 t 4, 3	
2 Enter 85% of line 1	2	4.	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	_ 7 pr	
4 Enter greater of line 2 or line 3	4	rk.	
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	13. 14. 1	
7 Check here if the current year is the organization's first as a non-functionall instructions).	y in	tegrated Type III supporting	organization (see

Schedule A (Form 990 or 990-EZ) 2019

Part	V Type III Non-Functionally Integrated 509(a)(3	s) Supporting Organi	zations (continuea)					
Sect	Section D-Distributions							
1	Amounts paid to supported organizations to accomplish	exempt purposes						
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted					
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations					
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 whic (provide details in Part VI) See instructions.	h the organization is res	ponsive					
9	Distributable amount for 2019 from Section C, line 6							
10								
	ion 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 Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2019							
а	From 2014							
b	From 2015							
С	From 2016							
d	From 2017							
е								
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years							
h	Applied to 2019 distributable amount							
<u>i</u>	Carryover from 2014 not applied (see instructions)							
<u> j </u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2019 from Section D, line 7. \$							
а	Applied to underdistributions of prior years							
b	Applied to 2019 distributable amount							
С	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.	,						
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.							
7	Excess distributions carryover to 2020. Add lines 3j and 4c.							
8	Breakdown of line 7.							
а	Excess from 2015							
b								
С								
d								
e	Excess from 2019	' ·	-	1				

Page	8

Schedule	A (Form	990 or	990-F7	2019

Part VI	B, lines	2; Part 1 and 2 3b; Par	IV, Sec 2; Part I\ t V, line	tion A, I V, Section 1; Part	ines 1 on C, V, Se	, 2, 3b, line 1; I ction B	, 3c, 4 Part I ^v 3, line	lb, 4c, √, Sec¹ 1e; Pa	5a, 6, tion D, irt V, Se	9a, 9b lines 2 ection	o, 9c, 2 and D, lin	11a, 11 3; Part es 5, 6,	b, and 1 IV, Sect and 8;	ion E, lia and Par	a or 17b; t IV, Sect nes 1c, 2 t V, Sect	tion ?a, 2b,
Pt II L	n 10: 0	ther	Income	Part	II,	Line	10 I	escr	1pt10	n: Ot	her	incom	e 2019	: 2500).	• • • • • • • • • • • • • • • • • • •
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			- : 											· 3 - ·		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No 1545-0047

Inspection

2019
Open to Public

Name of the organization Employer identification number 66-0531105 SAN JORGE CHILDREN'S FOUNDATION, INC. Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) . . Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 ☐ Yes ☐ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: Assets included in Form 990, Part X .

Page	2

Par	t III Organizations Maintaining	Collections of	Art, His	torical	Treasures	, or O	ther Similar A	ssets (c	ontinued)
3.	Using the organization's acquisition, collection items (check all that apply)		ther reco	rds, chec	k any of th	e folio	wing that make	significar	it use of its
а	☐ Public exhibition		d	☐ Loan	or exchang	je prog	ram		
b	☐ Scholarly research		е	☐ Other	•				
С	☐ Preservation for future generations	•			•				
4	Provide a description of the organiza XIII.	tion's collections a	and expl	ain how t	hey further	the or	ganızatıon's exe	empt purp	ose in Par
5	During the year, did the organization assets to be sold to raise funds rather								es 🗌 No
Par	t IV Escrow and Custodial Arra						· · · · · · · · · · · · · · · · · · ·		
	Complete if the organization 990, Part X, line 21.	answered "Yes	" on Foi	m 990, I	Part IV, lın	e 9, or	reported an a	mount o	n Form
1a	Is the organization an agent, trustee included on Form 990, Part X?	, custodian or oth		_	or contribu			not	es 🗌 No
ь	If "Yes," explain the arrangement in P					• •			
	, - p							Amount	•
С	Beginning balance				•	10	;		
d	Additions during the year					10	1		
е	Distributions during the year					16	,		
f	Ending balance					11			
2a	Did the organization include an amount	nt on Form 990, Pa	art X, line	21, for e	scrow or c	ustodia	l account liabili	ty? 🗌 Y o	es 🗌 No
b	If "Yes," explain the arrangement in P	art XIII. Check here	e if the e	xplanatio	n has been	provid	ed on Part XIII		
Par	t V Endowment Funds.			•					•
	Complete if the organization	answered "Yes"	" on For	m 990, F	Part IV, lin	e 10.			
		(a) Current year	(b) Pri	or year	(c) Two yea	rs back	(d) Three years ba	ck (e) Fou	r years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships .								
е	Other expenditures for facilities and								-
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of t	he current year en	d balanc	e (line 1g	, column (a)) held	as [.]		
а	Board designated or quasi-endowmer	nt 🕨	%						
b	Permanent endowment	%							
С	Term endowment ► %								
	The percentages on lines 2a, 2b, and	2c should equal 10	00%.						
3a	Are there endowment funds not in the	possession of th	ie organi	zation tha	at are held	and ad	ministered for t	he	
	organization by:		_						Yes No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related of	rganizations listed	as requi	red on So	chedule R?			3b	
_ 4	Describe in Part XIII the intended uses	of the organization	n's endo	wment fo	unds				
Par	VI Land, Buildings, and Equip	ment.							
	Complete if the organization	answered "Yes"	" on For	m 990, F	Part IV, line	e 11a.	See Form 990	, Part X,	line 10.
	Description of property	(a) Cost or other (investment)			or other basis ther)		Accumulated epreciation	(d) Boo	k value
1a	Land			·					
þ	Buildings	179	5,307.				17,531.	1	57,776.
c	Leasehold improvements		5,318.				12,903.		52,415.
d	Equipment		6,847.				67,733.		29,114.
e	Other		4,000.	_			24,000.		0.
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 99	90, Part 2	(, column	(B), line 10)c.)		2	39,305.

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on Fore	m 990 Part IV lin	e 11h See Form	990 Part X line 12
	(a) Description of security or category	(b) Book value		hod of valuation
	(including name of security)			-of-year market value
(1) Financial				
	neld equity interests			
	ONEY MARKET INVESTMENTS	391,156.	FMV	
	O RICO GOVERMENT BONDS	70,955.	FMV	
(B)				· -
(C)			-	·
(D)				
(E) (F)				
(G)				-,
(H)				
	mn (b) must equal Form 990, Part X, col (B) line 12.) . ▶	462,111.		- +
Part VIII	Investments—Program Related.	· · · · · · · · · · · · · · · · · · ·	1-,,-,-	
	Complete if the organization answered "Yes" on Fore	m 990, Part IV, lin	e 11c. See Form	990, Part X, line 13.
	(a) Description of investment	(b) Book value	1	hod of valuation
			Cost or end	-of-year market value
(1)				
(2)			·-	·
(3)				
(4)				
(5)				
(6)				 -
(7)				
(8)				
(9)	mn (b) must equal Form 990, Part X, col. (B) line 13.) . ▶			
Part IX	Other Assets.			<u> </u>
	Complete if the organization answered "Yes" on Fori	m 990, Part IV, lin	e 11d. See Form	990, Part X, line 15.
-	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				<u> </u>
(5)				
(6)				
(7)				
(8)			-	
(9) Table (Oct	(h)			
	mn (b) must equal Form 990, Part X, col. (B) line 15)	· · · · ·	<u> </u>	
Part X	Complete if the organization answered "Yes" on Form	m 990 Part IV line	e 11e or 11f Sec	Form 990 Part X
	line 25.	11 550, 1 art 14, 1111	e 110 01 111. 000	71 OIIII 550, 1 art 71,
1.	(a) Description of liability			(b) Book value
(1) Federal in				
(2)				
(3)		****		
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col (B) line 25.)	· · <u>· · · · · </u>	<u> ▶</u>	
2. Liability for	uncertain tax positions. In Part XIII, provide the text of the footnot	te to the organization	i's financial stateme	nts that reports the

organization's liability for uncertain tax positions under FASB ASC 740 Check here if the text of the footnote has been provided in Part XIII .

Part	Complete if the organization answered "Yes" on Form 990,	Dart IV	/ line 12a		
		Faiti	7, III 12a.	141	
1	Total revenue, gains, and other support per audited financial statements			1	1,885,674.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1		1 1	
а	Net unrealized gains (losses) on investments	2a	-1,183.	∤,	
b	Donated services and use of facilities	2b		.	
С	Recoveries of prior year grants	2c		1 . 1	
d	Other (Describe in Part XIII)	2d		<u> </u>	
е	Add lines 2a through 2d			2e	-1,183.
3	Subtract line 2e from line 1			3	1,886,857.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.]			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b][
С	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12)		5	1,886,857.
Part	XII Reconciliation of Expenses per Audited Financial Statem	nents	With Expenses pe	er Retu	
	Complete if the organization answered "Yes" on Form 990,				
1	Total expenses and losses per audited financial statements .			1	1,251,852.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b		1 .	
c	Other losses	2c		† · .	
d	Other (Describe in Part XIII)	2d		1 _	
e	Add lines 2a through 2d	20		2e	
_		•		3	1 251 052
3	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 . 1		3	1,251,852.
4	· · · · · · · · · · · · · · · · · · ·	4-			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1 1	
Ь	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b				
_				4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.	e 18)	<u> </u>	5	1,251,852.
Part Provid	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18) d 4, Pa	rt IV, lines 1b and 2b	5 ; Part V	, line 4; Part X, line
Part Provid	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	e 18) d 4, Pa	rt IV, lines 1b and 2b	5 ; Part V	, line 4; Part X, line
Part Provid	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	e 18) d 4, Pa	rt IV, lines 1b and 2b	5 ; Part V	, line 4; Part X, line
Part Provid	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	e 18) d 4, Pa	rt IV, lines 1b and 2b	5 ; Part V	, line 4; Part X, line
Part Provid	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	e 18) d 4, Pa	rt IV, lines 1b and 2b	5 ; Part V	, line 4; Part X, line
Part Provid	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	e 18) d 4, Pa	rt IV, lines 1b and 2b	5 ; Part V	, line 4; Part X, line

Schedule D (Foi	m 990) 2019	Page 5
Part XIII	Supplemental Information (continued)	
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SCHEDULE (Form 990)

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

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9	Pub
	n to
W	Ope

OMB No 1545-0047

Inspection

Employer identification number ► Go to www.irs.gov/Form990 for the latest information. ▶ Attach to Form 990. Department of the Treasury Internal Revenue Service Name of the organization

SAN JORGE CHILDREN'S FOUNDATION,	UNDATION, INC.	c.				66-0531105	31105
Part General Information on Grants and Assistance	on Grants and	Assistance					
1 Does the organization maintain records to substantiate	ain records to subs		nt of the grants or	assistance, the g	rantees' eligibility f	the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	and
the selection criteria used to award the grants or assistance?	award the grants	or assistance?					X Yes No
Z Describe ii rait iv tile organi	ization s procedur	es ior mornioning	rie use or grant ru	nas in the United	States.		
Part II Grants and Other Assistance to Domestic (Part IV, line 21, for any recipient that received	ssistance to Do		ations and Dom an \$5,000. Part	nestic Governm Il can be duplica	ents. Complete ited if additional	Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, more than \$5,000. Part II can be duplicated if additional space is needed.	red "Yes" on Form 990,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(E)							
(4)							
(5)							
(9)							
(7)							
(8)							
(6)							
(10)							
(11)							
(12)							

Schedule I (Form 990) (2019)

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

8

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

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Schedule I (Form 990) (2019)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part III

	יי שליי ויי				
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance,
1 Medical Cost-Anesthesiology	138	22,926.	.0	BOOK	N/A
2 Medical Cost- Surgery	59	63,743.	0.	Book	N/A
3 Medical Cost - Studies	158	57,963.	0.	Book	N/A
4 Medical Cost - Supplies	69	21,621.	.0	Book	N/A
5 Medical Cost - Audiology	69	7,174.	.0	Book	N/A
6 Professional Fees - Doctors	749	138,264.	0.	Book	N/A
7 See Statement		234,220.	0.		
Part IV Supplemental Information. Provide the information	the information r	mation required in Part I, line 2; Part III	- 1	column (b); and any other additional information.	ional information.
			, , , , , , , , , , , , , , , , , , ,		
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	• • • • • • • • • • • • • • • • • • •			

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

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

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

Open to Public Inspection

Employer identification number

SAN JORGE CHILDREN'S FOUNDATION, INC.	66-0531105
Pt VI, Line 11b: Once completed, Form 990 is sent to the Board of	Directors
to be reviewed and approved by the president, vice-president, tre	asurer, secretary
and/or other directive representative.	
Pt VI, Line 15a: The Board of Directors established compensation	to CEO, executive
director or top management official based on the approved annual	budget and considered
the monetary resources available. Accordingly, the Organization of	an properly
conduct its exempt activities without jeopardizing the finances.	
Pt VI, Line 19: Upon request the Organization makes available doc	uments concerning
conflict of interest, and financial statement among other governi	ng document
which are reviewed and authorized by the Board once a year.	
Pt VI, Line 12c: The Organization enforces the conflict of intere	st policy verifying
every proposal or business opportunity that might arise making su	re there is
no benefit with (to) any of our board members.	