Form	99	0.	Retu	ırn of Organi	zation Exe	empt Fr	rom Inc	ome 1	Гах		ONB NO 1545-0047
						•				\	2018
	•			1(c), 527, or 4947(a)	• •		•		4.00-	ons)	Open to Bublic
		he Treasury		enter social securi					1 11	) 9	Open to Public
_		e Service		o www.irs.gov/Forn	1990 for instruct				1. V L	02 21	Inspection
			ar year, or tax year be			10-01	, 2018, an	a enumy	<del></del>	_	, 2019
$\Box$	heck if a		C Name of organization VE	CINOS INC	<del></del>			·	<del></del>		mployer identification no
$\overline{}$	ddress d	*	Doing business as								-1192063
$\exists$	lame cha	-		box if mail is not delivered	to street address)			Room	/suite		elephone number
$\equiv$	nitial retur		173 HHS BLDG								28) 399-0898
Ħ		n/terminated		nce, country, and ZIP or fo	reign postal code						iross receipts
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י ע	ppiication	n pending	F Name and address of prin		R NEICKARZ,	PND	10	)	i) is this a group r		
		<del>V</del>	SAME AS C AB		T 40.77(.)41)		() =	<b>?</b> —┤""	) Are all subor		
	ax-exemp	-	501(c)(3) 501(c) (	) < (insert no )	4947(a)(1) or	527		<del> </del>			(see instructions)
	Vebsite	F. 7	VECINOS.ORG  Corporation Trust	Association Other	<u> </u>	TI Va	ar of formation		C) Group exen		
Pai		Summar		Association Other	<u> </u>	L Tea	ar or formation	2004	I IVI State	of legal dom	nicile NC
			be the organization's m	section or most signific	cant activities	OUT MI	CCTON T	T	ADDOME II		TARCC OF
	'	•	ERS AND THEIR E	_							LLNESS OF
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Actívities & Governance	1		N, AND CASE MAN		AND STATIC	CLINICS	OFFER	NG FRI	MAKI NE	ALIN C	ARE, REALIN
Š			ox ► if the organiza		onerations or disr	nosed of mo	ore than 25	% of its ne	t accote	···	
တိ	i i		oting members of the go		•				1	3	11
<b>مخ</b> در	1		idependent voting mem		•				}	4	11
ţį	5		r of individuals employe	,		•				5	11
	6		r of volunteers (estimate	•	· · · · · · · · · · ·	•				6	5
ζŞ	1		ed business revenue fro	••						7a	
ಆ			d business taxable inco		•				}	7b	0
<del>-</del>		Net unrelated	u business taxable inco	ne nom Form 950-1.	, III e 30 · · ·		• • • • •	<del></del>		, p	0
<u></u>	8	Contributions	s and grants (Part VIII, I	no 1h)					Pnor Year		Current Year
SC. ANNED OCT	9		vice revenue (Part VIII,								138,701
	10	•	ncome (Part VIII, colum	<del>-</del>							0
يقيا			ie (Part VIII, column (A)		•				<u>-</u>		0
4	1		e - add lines 8 through 1		•				-		0
2			imilar amounts paid (Pa								138,701
ب	1		to or for members (Pa	• •				<del></del>		<del></del>	0
U		•	er compensation, emplo		•					$\neg$ +	70, 222
Sa	1		fundraising fees (Part I	•		S 3-10)		•		-+-	79,222
Expense			sing expenses (Part IX,		•			·			0
ă.	1		ses (Part IX, column (A)	• • • •			617	<del></del>			5E 500
ш	18	Total evnens	es Add lines 13-17 (mi	stenual Part IX coff	Frich FDV / Illings 25)			·			55,520
	19	Revenue les	s expenses Subtract li	ne 18 from line 12	· · IRS - OSC	CORRE	S	` <del> </del>			134,742
		Trevende les	3 CAPETISCS OUDITACE II	ne to nom me 12	· · 1113 - (15C	18	<del></del>	Bosinni	ng of Current	Y227	3,959
Net Assets or Fund Balances	20	Total accets	(Part X, line 16)		. SED a. E a	1040		Beginni		129	End of Year
Sse Bal	21		s (Part X, line 26)		· SEP 2.5 2	UIG				347	63,344
er f	22		r fund balances Subtra	ct line 21 from line 2	0	<del></del>		·		782	9,603 53,741
Par			re Block	ot and 21 month and 2	OGDĖN, U	TAH		<u> </u>	49,	702	33,741
			lare that I have examined this	retum, including accompan	ying schedules and sta	atements, and i	to the best of m	v knowledge	and belief, it is		···
			claration of preparer (other than							.,	-1
		MADT:	ANNE MARTINEZ	Mariana	o Martí	4. 0.0				'	7/23/19
Sign	1	<b>—</b>	e of officer	1 1 (00)/(00)-10	~ I V W W	Mily	_			Date	8-09-2019
Here	- 1			EVECTMENT DE	<b>デ</b> クサヘカ	0					
, , , , , ,	_		ANNE MARTINEZ, print name and title	EXECUTIVE DIR	ECIOR				<del></del>		
		<u> </u>		Bronomen access	<del></del>	Dat		<del></del>	Chest.	f PTIN	
Paid	ı	Print/Type pre	•	Preparer's signature	Jun 1h	]		,	Check	1	00004033
	barer	Susan H		Susan Hagan	<del></del>	There is	-23-2019		self-employed	, <u>P</u>	00204973
•	Only	Firm's name		s Business Se	TAICES INC	<del></del>	<del></del>		EIN P		<del>-</del>
036	~···y	Firm's address		sh Lily Dr				Phone		0 601	2600
Marri	ha IBC	discuss this	Sylva return with the preparer	NC 28779	instructions)		<del></del>		82	8-631-	
			on Act Notice, see the	<del></del>	<del></del>	<u> </u>	<del></del>	· · · · ·	· · · · · ·	<del>····</del>	Yes No
FULF	ahet M	OLV IVERURENCE	m Act House, See the	separate mstructioi	io.						Form <b>990</b> (2018)

Form	n 990 (2018) VECINOS INC	57-1192063	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>	<u> </u>
1	Briefly describe the organization's mission		
	OUR MISSION IS TO IMPROVE THE WELLNESS OF FARMWORKERS AND THEIR FAMILIES WIT	TH HEALTH CAF	Œ,
	EDUCATION, COMMUNITY PARTNERSHIPS, AND ADVOCACY. WE DO THIS THROUGH MOBILE A	AND STATIC CI	LINICS
	OFFERING PRIMARY HEALTH CARE, HEALTH EDUCATION, AND CASE MANAGEMENT		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	· · · · 🔲 Yes	☐ No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	🔲 Yes	☐ No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	ed by	
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o	thers,	
	the total expenses, and revenue, if any, for each program service reported		
4a	(Code ) (Expenses \$ 89,089 including grants of \$ ) (Revenue	\$	)
	See SERVICES page for a description of this program service.		
4b	(Code) (Expenses \$ including grants of \$) (Revenue	\$	)
		<u></u>	
			. <u> </u>
4c	(Code ) (Expenses \$ including grants of \$ ) (Revenue	\$	
		<del></del>	
			-
4-1	Other program canyings (Describe in Schedule C.)		
4d	Other program services (Describe in Schedule O)  (Expenses \$ including grants of \$ ) (Revenue \$	<b>,</b>	
4e	Total program service expenses ► 89,089		

8) VECINOS INC
Checklist of Required Schedules Part IV

			Yes	N
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	$\Box$	.03	<del>  "</del>
	complete Schedule A · · · · · · · · · · · · · · · · · ·	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		]	
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	ļ	İ	
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	1	<b>\</b>	
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	١.		١.,
_	"Yes," complete Schedule D, Part I	6	-	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			١.,
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_	<del> </del>	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	١.		١,
_	complete Schedule D, Part III	8_	<u> </u>	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a		<u> </u>	
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	ļ	١,
)	Did the organization, directly or through a related organization, hold assets in temporarily restricted	<del>-</del> -	-	->
,	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V · · · · · · · · · · · · · · · · · ·	10		)
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	l	H
	VII, VIII, IX, or X as applicable			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			1
a	complete Schedule D, Part VI	11a	X	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more	110		┢
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more	1115	-	H
Ĭ	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	l	
Ь	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			H
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	H
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		
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			H
	Schedule D. Parts XI and XII	12a		] :
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			1
		12b		:
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
3	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
,	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			
		14b		1
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	140	_	1
	5, , , , , , , , , , , , , , , , , , ,	146	'	İ
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	15		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			_;
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	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  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  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  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	15		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  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  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  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	15 16		
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	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  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  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  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)  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	15 16		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  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  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  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)  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  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	15 16 17		, ,
а	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  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  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  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)  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  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	15 16 17 18		2
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  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  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  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)  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  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  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	15 16 17 18 19 20a		2
ab	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  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  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  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)  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  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	15 16 17 18		> > > >

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	1		
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	—	X
24a	<u> </u>			
	\$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	₩	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<b>├</b> ──	₩
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	—	┷
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	Ь—	—
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	l		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	—	X
ь	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?		ı	١
	If "Yes," complete Schedule L, Part I	25b	<b></b>	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			۱
	disqualified persons? If "Yes," complete Schedule L, Part II	26	<del> </del>	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			]
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			١.,
20	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	<del> </del>	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		1	
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	20-		,,
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	├──	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete  Schedule L, Part IV	206		v
_	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28b		Х
С	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	200		l "
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	28c 29	<del>                                     </del>	X
30	Did the organization receive more than \$25,000 in non-cash contributions? If Pes, complete schedule is	25	<u> </u>	_^
•	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	<b>-</b>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>	-31		<u> </u>
-	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	$\vdash$	┢
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	- 33		<u> </u>
•	or IV, and Part V, line 1 · · · · · · · · · · · · · · · · · ·	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	$\vdash$	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	334	$\vdash \vdash$	<u> </u>
_	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		v
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	335	$\vdash$	X
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		<del>- ^-</del>
-	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			$\stackrel{\wedge}{\vdash}$
	19? <b>Note</b> . All Form 990 filers are required to complete Schedule O	38	X	
Part		- 00		
	Check if Schedule O contains a response or note to any line in this Part V			
	The second secon		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			40
ь	Enter the number of Form W-2G included in line 1a Enter -0- if not applicable	Ì	, !	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
•	reportable gaming (gambling) winnings to prize winners?	1c		
		٠.٣		

### Form 990 (2018) VECINOS INC 57-1192063 Page 5 Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V No Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Χ If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b b 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 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? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? С 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 chantable contributions? Χ b If "Yes," did the organization include with every solicitation an express statement that such contributions or Organizations that may receive deductible contributions under section 170(c). 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was Ы Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f f q 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 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds q Did the sponsoring organization make any taxable distributions under section 4966? а 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter 10 а b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter а b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) 11h 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a h Section 501(c)(29) qualified nonprofit health insurance issuers. 13 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 Enter the amount of reserves the organization is required to maintain by the states in which b the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 excess parachute payment(s) during the year 15

16

If "Yes," see instructions and file Form 4720, Schedule N

If "Yes," complete Form 4720, Schedule O

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Part VI

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 any other officer, director, trustee, or key employee? Χ Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 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? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following . . . . . . . . . . . . . . . . . . . Each committee with authority to act on behalf of the governing body? 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 in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No 10a Did the organization have local chapters, branches, or affiliates? 10a 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 Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . 12b ь c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a Χ b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 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-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Another's website Other (explain in Schedule O) Own website 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year 20 State the name, address, and telephone number of the person who possesses the organization's books and records MARIANNE MARTINEZ (828)399-0898, 173 HHS BLDG WCU, CULLOWHEE, NC 28723

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

Form 990 (2	2018)
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VECINOS INC

57-1192063

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title  Average hours per week (list any hours for related organizations below dotted line)  (1) KAREN LUNNEN, PT EDD  BOARD SECRETARY  (2) ADAM BIGELOW  BOARD VICE PRESIDENT  (3) TED COYLE, PHD  BOARD MEMBER  (A)  Average hours per week (list any hours for related organizations below dotted line)  (B)  Average hours per week (list any hours for related organizations below dotted line)  (A)  Average hours per week (list any hours for related organizations below dotted line)  (A)  Average hours per week (list any hours for related organizations from the organization (W-2/1099-MISC)  (B)  Reportable compensation from related organization (W-2/1099-MISC)  (W-2/1099-MIS	Check this box if heither the organization not any related	l organization	Comp						icel, director, or tru	Siee	<del></del>	
Name and Title  Name and Title  Average hours per week (list any) hours for related organizations below dotted line)  (1) KAREN LUNNEN, PT EDD  BOARD SECRETARY  (2) ADAM BIGELOW  BOARD VICE PRESIDENT  (3) TED COYLE, PHD  BOARD MEMBER  (4) ALAN FARMER  (4) Interval of the course of the none and the low sperson is both an officer and a director/trustee)  (5) (4) ALAN FARMER  (4) ALAN FARMER  (4) Interval of the course of than one box, unless person is both an officer and a director/trustee)  (5) (4) ALAN FARMER  (6) not check more than one box, unless person is both an officer and a director/trustee)  (6) not check more than one box, unless person is both an officer and a director/trustee)  (7) Reportable compensation from related organizations (W-2/1099-MISC)  (8) Average hours per week (list any) hours for related organizations below dotted line)  (9) To dividual rustee  (10) (10) Reportable compensation from the organization (W-2/1099-MISC)  (11) KAREN LUNNEN, PT EDD  2 .00  BOARD SECRETARY  (2) O O O O  (3) TED COYLE, PHD  1 .00  (4) ALAN FARMER			(C)									
Average hours per week (list any hours for related organizations below dotted line)  (1) KAREN LUNNEN, PT EDD 2.00 BOARD SECRETARY  (2) ADAM BIGELOW 2.00 BOARD VICE PRESIDENT  (3) TED COYLE, PHD 1.00 BOARD MEMBER  Average hours per week (list any hours for related organizations) from the organization officer and a director/trustee) and director/trustee)  (4) ALAN FARMER  Average hours per week (list any hours for related organizations) from the organization officer and a director/trustee)  (5) AT TO TO TO TO TO TO TO TO TO TO TO TO TO	(A)	(B)							(D)	(E)	(F)	
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hours for related organizations below dotted line)  (1) KAREN LUNNEN, PT EDD  BOARD SECRETARY  (2) ADAM BIGELOW  BOARD VICE PRESIDENT  (3) TED COYLE, PHD  BOARD MEMBER  (4) ALAN FARMER   Red related organizations below dotted line)  (be organization (W-2/1099-MISC)  (W-2/1099-MISC)  (W-2/1099-MISC)  (W-2/1099-MISC)  (W-2/1099-MISC)  (W-2/1099-MISC)  (W-2/1099-MISC)  (W-2/1099-MISC)  (W-2/1099-MISC)  (W-2/1099-MISC)  (W-2/1099-MISC)  (W-2/1099-MISC)  (O) 0  0  0  0  0  0  0  0  0  0  0  0  0		1	offic	er and	d a du	recto	r/trustee)	)		1 '		
related organizations below dotted line)  (1) KAREN LUNNEN, PT EDD  BOARD SECRETARY  (2) ADAM BIGELOW  BOARD VICE PRESIDENT  (3) TED COYLE, PHD  BOARD MEMBER  (4) ALAN FARMER  1.00		1 '		<del></del>				,	1		· ·	
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(1) KAREN_LUNNEN,_PT_EDD			(4)	ee			sate					
BOARD SECRETARY							٦					
BOARD SECRETARY							1					
BOARD SECRETARY	(1) KAREN LUNNEN, PT EDD	2.00										
2   ADAM BIGELOW   2   00	BOARD SECRETARY		X						0	o	0	
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(7) JENNY LOPEZ 1.00	(7) JENNY LOPEZ	1.00			ĺ							
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(9) DAVID TRIGG	(9) DAVID_TRIGG			ĺ							<u> </u>	
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(12)	(12)											
(13)	(13)				一							
				_ \	_ 1							
(14)	(14)			一								
			<u> </u>									

192063	Page 8

(A) Name and title	(B)  Average hours per week (list any hours for related organizations below dotted line)	box, u	ınless	perso	tion ire tha on is t	e n e) Highest compensated	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	cor	(F) istimated mount of other mpensation from the ganization nd related ganizations
(15)				-	-			<del></del>		-	<del></del>
(16)										<del>  -</del>	
(17)										-	
(18)											<u></u>
(19)											<del>-</del>
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(21)											
(22)									-	<del>                                     </del>	
(23)									_		
(24)											
(25)											
to Sub-total	on A	· · ·		· · ·		· · ·	•	0 han \$100,000 of	0		0
reportable compensation from the organization						_			0		Yes No
<ul> <li>Did the organization list any former officer, director, employee on line 1a? If "Yes," complete Schedule J</li> <li>For any individual listed on line 1a, is the sum of reporganization and related organizations greater than S</li> </ul>	for such indivortable composite of the following formal fo	idual ensatio 'Yes," o	on ar	nd ot	her Sch	compe compe	ensa J fo	tion from the		3	X
<ul> <li>5 Did any person listed on line 1a receive or accrue or for services rendered to the organization? If "Yes," or</li> </ul>	ompensation (	from a	ny ur	nrela	ted (	organı	zatio			5	X X
Section B. Independent Contractors  1 Complete this table for your five highest compensate		-44						# #400 000			
1 Complete this table for your five highest compensation compensation from the organization. Report compensation from the organization.											
(A) Name and business address							_	(B) Description of s	services		(C) pensation
					-						
Total number of independent contractors (including I received more than \$100,000 of compensation from			se lis	sted	abo	ve) wh	10				7

Form 990 (2018) VECINOS INC
Part VIII Statement of Revenue

`		Check if Schedule O contains a response or no	ote to any line in thi	s Part VIII	· · · · · · · · ·	<u>.</u>	<i></i> . <u>.</u>
_				(A) Total revenue	(B)  Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512-514
· · · ·	1a	Federated campaigns · · · · · · 1a					
in the same	b	Membership dues 1b					
ອັ ຍັ	C	Fundraising events 1c					,
fts r A	ď	Related organizations 1d		1			
<u>်နို့</u>	e	Government grants (contributions) · · 1e	122 021	-			i
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants,	123,031				
i Per	'	and similar amounts not included above	15 670				
ΞĞ	_		15,670	-			
an Co	9	Noncash contributions included in lines 1a-1f \$					'
_	h	Total. Add lines 1a-1f	1	138,701			
9	2-		Business Code				
Ne Ne	2a				<del></del>		
æ	b				·	<del></del>	·
Š	C					<del></del>	
Se	ď						
Jram	e						
Program Service Revenue		All other program service revenue					<del></del>
	9	Total. Add lines 2a-2f	· · · · · •				<del></del>
	3	Investment income (including dividends, interest,					II
		and other similar amounts)					
		Income from investment of tax-exempt bond proce					
	5	Royalties	· · · · · • •				<del>-</del>
		(i) Real	(II) Personal	ļ			
	6a	Gross rents · · · · · ·	· <b>-</b>				
	b	Less rental expenses · · · ·					l
		Rental income or (loss) · · ·					1
	d	Net rental income or (loss)					
	7a	Gross amount from sales of (i) Securities	(II) Other				,
		assets other than inventory					;
	b	Less cost or other basis				!	
		and sales expenses · · · ·		ļ			
		Gain or (loss) · · · · · ·					
as l		Net gain or (loss) · · · · · · · · · · · · · · · · · ·					
venue	8a	Gross income from fundraising					ı
<b>a</b> 1		events (not including \$					,
Ř		of contributions reported on line 1c)					1
Other R		See Part IV, line 18 · · · · · · · · a					
ŏ		Less direct expenses b					
		Net income or (loss) from fundraising events .					
- 1	9a	Gross income from gaming activities			į	ļ	ı
		See Part IV, line 19 · · · · · · · · a	····	]			i
	b	Less direct expenses · · · · · · b					
	С	Net income or (loss) from gaming activities · ·	· · · · · · <b>&gt;</b>				
1	10a	Gross sales of inventory, less			j		
i		returns and allowances · · · · · · · a					ı
	b	Less cost of goods sold $\cdots \cdots b$					I
ł	С	Net income or (loss) from sales of inventory · ·	<u> </u>				
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d					
	12	Total revenue. See instructions		138,701	0	0	0
							· <u>-</u>

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) (C) Do not include amounts reported on lines 6b, 7b, Total expenses Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses 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 . . . . 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members . . . . . . Compensation of current officers, directors, trustees, and key employees . . . . . . <u> 26,7</u>74 26,774 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 34,148 34,148 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 13,499 13,499 10 Payroll taxes . . . . . . . . . . . . 4,801 2,753 2,048 11 Fees for services (non-employees) Legal b 860 860 d Lobbying Professional fundraising services See Part IV, line 17 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 22,181 18,260 3,304 12 13 14 Information technology . . . . . . 15 16 Occupancy . . . . . . . . . . . 1,400 1,400 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 21 22 Depreciation, depletion, and amortization . . . . . . . 1,073 1,073 23 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) EOUIPMENT AND MAINTENANCE 2,350 2,350 b TELEPHONE AND TELECOMMUNICAT 3,713 3,713 C TRAVEL 6,354 4,197 2,157 d PROGRAM 16,232 16,232 All other expenses 1,357 1,357 25 Total functional expenses. Add lines 1 through 24e 89,089 134,742 45,036 617 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here 🕨 📙 if following SOP 98-2 (ASC 958-720) . . . . .

Part X Balance Sheet

	•	Check if Schedule O contains a response or note to any line in this Part X	• • • • • • • • • • • • • • • • • • • •	• • •	· · · · · · · · _
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	58,731
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,	1 *	+	
		trustees, key employees, and highest compensated employees			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section		+ •	1
	_	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			[
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			,
		organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
ets	8	Inventories for sale or use		8	
Assets	9	Prepaid expenses and deferred charges		9	
•	10a	Land, buildings, and equipment cost or		<del>                                     </del>	1
		other basis Complete Part VI of Schedule D · · · · 10a 148,130	, [		į
	b	Less accumulated depreciation · · · · · · · · · · 10b 143,517	<del></del>	10c	4,613
	11	Investments - publicly traded secunties		11	4,013
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11 · · · · · · · · · · · · · · · · · ·		13	
		Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	63,344
	17	Accounts payable and accrued expenses		17	05,544
	18	Grants payable		18	
	19	Deferred revenue		19	<del></del>
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
S.	22	Loans and other payables to current and former officers, directors,			1
Liabilities		trustees, key employees, highest compensated employees, and			
abi		disqualified persons Complete Part II of Schedule L		22	- <del> </del>
<b>=</b>	23	Secured mortgages and notes payable to unrelated third parties		23	·
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third	-		
		parties, and other liabilities not included on lines 17-24) Complete Part X			
		of Schedule D	. 7,347	25	9,603
	26	Total liabilities. Add lines 17 through 25		26	9,603
		Organizations that follow SFAS 117 (ASC 958), check here	132,		, 3,003
es		complete lines 27 through 29, and lines 33 and 34.		1	
Jue	27	Unrestricted net assets	49,782	27	53,741
3al	28	Temporanly restricted net assets		28	33,741
<u> </u>	29	Permanently restricted net assets		29	
F		Organizations that do not follow SFAS 117 (ASC 958), check here			
Net Assets or Fund Balances		complete lines 30 through 34.			
इंड	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
¥	32	Retained earnings, endowment, accumulated income, or other funds	<del></del>	32	
ž	33	Total net assets or fund balances		33	52 741
	34	Total liabilities and net assets/fund balances		34	53,741
	<del></del>	Total incomings drift institution buildings	51,129	<b>~</b>	63,344

Forn	n 990 (2018) VECINOS INC	7-11 <u>920</u> 6	53	Р	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			$\cdot \square$
1	Total revenue (must equal Part VIII, column (A), line 12)	1		138,	701
2	Total expenses (must equal Part IX, column (A), line 25)	2		134,	742
3	Revenue less expenses Subtract line 2 from line 1	. 3		3,	959
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		49,	782
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		53,	741
Pa	rt XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				$\underline{\cdot \square}$
	_ ·			Yes	No
1	Accounting method used to prepare the Form 990 🐰 Cash 📗 Accrual 📗 Other	_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			1	
	Schedule O			,	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	ļ	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				i
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				1
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				<u>                                     </u>
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	L	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a	<u> </u>	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			1	1
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	<u> </u>	
EEA			Form	990 (	2018)

## **SCHEDULE A** (Form, 990 or 990-EZ)

# **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.

Open to Public

2018

OMB No 1545-0047

Name of the organization

Department of the Treasury Inspection ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Employer identification number

VEC	INO	s inc					57-11920				
Pa	ırt I	Reason for Public Charity	/ Status (All or	ganizations must co	mplete t	his part	) See instruction	s			
The	orga	nization is not a private foundation beca	ause it is (For lines	1 through 12, check only	y one box )			. 1			
1		A church, convention of churches, or a	association of churc	ches described in <b>sectio</b> i	n 170(b)(1)	)(A)(i).		<b>!</b> - <b>!</b>			
2		A school described in section 170(b)(	1)(A)(ii). (Attach So	chedule E (Form 990 or 9	990-EZ))			1 1			
3		A hospital or a cooperative hospital se	rvice organization of	described in section 170	(b)(1)(A)(ii	i).					
4		A medical research organization opera	ated in conjunction	with a hospital described	ın section	170(b)(1)	(A)(iii). Enter the				
		hospital's name, city, and state									
5		An organization operated for the bene	fit of a college or u	niversity owned or opera	ted by a go	vernmenta	al unit described in				
		section 170(b)(1)(A)(iv). (Complete P	art II )								
6	П	A federal, state, or local government of	•	t described in section 17	70(b)(1)(A)	(v).					
7	ñ	An organization that normally receives	-				n the general public				
	_	described in section 170(b)(1)(A)(vi).		•							
8		A community trust described in sectio									
9	П	An agricultural research organization of			ed in coniu	nction 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.										
10	П	An organization that normally receives	(1) more than 33	1/3% of its support from	contributio	ns membe	ership fees, and gros				
		,	` '	• •		•		-			
	receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses										
		acquired by the organization after June		•		•					
11	X	An organization organized and operate			•						
12	Ħ	An organization organized and operate	=	•			carry out the numose	e e			
`-	Ч	of one or more publicly supported orga				_					
		Check the box in lines 12a through 12									
	а	Type I. A supporting organization				· · · · · · ·		129			
	a	the supported organization(s) the		-		-					
		supporting organization You mus		-	ly of the diff	ectors or ti	usiees of the				
	ь		-		de europert	ad araania	otion(s) by bourse				
	b					-	• • • •				
		control or management of the sup		•	isons mai c	control or n	nanage the supported	1			
	_	organization(s) You must comple				16					
	С	Type III functionally integrated.						•			
		its supported organization(s) (see	•	•							
	d	Type III non-functionally integra	-	-		•		•			
		that is not functionally integrated				•	t and an attentivenes	S			
		requirement (see instructions) Yo	·								
	е	Check this box if the organization				a Type I, 1	Type II, Type III				
		functionally integrated, or Type III		egrated supporting organ	nization						
	f	Enter the number of supported organic							L		
	_ <u>g</u> _	Provide the following information about	it the supported org	janization(s)							
	(1	) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) is the or	-	(v) Amount of monetary	(vi) Amoi			
				(described on lines 1-10 above (see instructions))	listed in you docum		support (see instructions)	other supp instruc	•		
				===== (=== ,,,,,,,,,,,,,,,,,,,,,,,,,,,,			(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
		<u> </u>			Yes	No					
(A)			į			<u> </u>					
<u> </u>					_						
/D\								ļ			
(B)											
·~											
(C)					l	_					
/D'											
(D)											
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(E)							i				
Tota	ı										

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) Part II

Set	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")					1	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	ı.					
3	The value of services or facilities furnished by a governmental unit to the organization without charge	L					
4	Total. Add lines 1 through 3 · · · · · ·						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly		•				
	supported organization) included on						
	line 1 that exceeds 2% of the amount		,	-			
	shown on line 11, column (f)			/	*		
6	Public support. Subtract line 5 from line 4 · ·			/			
Sec	tion B. Total Support						
ale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c)/2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						· · ·
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carned on					•	
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	<i>j</i>					
11	Total support. Add lines 7 through 10 .						
2	Gross receipts from related activities, etc. (see	e instructions)				12	
3	First five years. If the Form 990 is for the organization, check this box and stop here	/		or fifth tax year as	a section 501(c)(3)		▶ 🏻
Sec.	tion C. Computation of Public Su						
4	Public support percentage for 2018 (line 6, co					14	%
5	Public support percentage from 2017 Schedu					15	%
6a	33 1/3% support test - 2018. If the organization				3% or more, check	this	
	box and stop here. The organization qualifies					. <b></b> .	▶ 🔲
b	33 1/3% support test - 2017. If the organization						
	this box and stop here. The organization qua						▶ 📋
7a	10%-facts-and-circumstances test - 2018. i						
	10% or more, and if the organization meets th	ie "facts-and-circui	mstances" test, che	ck this box and st	op here. Explain in		
	Part VI how the organization meets the "facts	-and-circumstance	es" test. The organi	zation qualifies as	a publicly supported	t	
	organization · · · · · · · · · · · · · · · · · · ·						▶ □
b	10%-facts-and-circumstances test - 2017. I	f the organization	did not check a box	on line 13, 16a, 16	6b, or 17a, and line		_
	15 is 10% or more, and if the organization me				· ·		
	Explain in Part VI how the organization meets				•	,	
	supported organization						▶ □
8	Private foundation If the organization did no	t check a box on li	ine 13, 16a, 16b. 17	a, or 17b, check th	nis box and see		J
	instructions					. <b></b>	▶ □
EA		•					m 990 or 990-EZ) 2018

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990 or 990-EZ) 2018 VECINOS INC
Support Schedule for Organizations Described in Section 509(a)(2) Part III

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Se	ction A. Public Support							_	
Cale	endar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2	018	(f) Total	
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")								
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	•							
3	Gross receipts from activities that are not an unrelated trade or business under section 513 •								
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to the organization without charge	•							
6	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons					<del> </del>			
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
С	Add lines 7a and 7b								
	Public support. (Subtract line 7c from line 6)		/	,					
	ction B. Total Support			·					
_	endar year (or fiscal year beginning in)	(a) 2014	( <b>6</b> ) 2015	(c) 2016	(d) 2017	(e) 20	118	(f) Total	
9	Amounts from line 6 · · · · · · · · · · ·		/						
10a	Gross income from interest, 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		,						
С	Add lines 10a and 10b · · · · · · · ·								
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	/				· · · · · · · · · · · · · · · · · · ·			
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)								
13	Total support. (Add lines 9, 10c, 11, and 12) · · · · · · · · ·						-		
	First five years. If the Form 990 is for the organization, check this box/and stop here		<u></u>			· · · · ·		· · · · <b>&gt;</b>	
Sec	ction C. Computation of Public Su								
15	Public support percentage for 2018 (line 8, col		•		j	15			<u>%</u>
16	Public support percentage from 2017 Schedul					16			%
	ction D. Computation of Investmen		<u>_</u>			4=			
17	Investment income percentage for 2018 (line 1		•			17			<u></u> %
18	Investment income percentage from 2017 Sch	•			,	18			<u>%</u>
	33 1/3% support tests - 2018. If the organizat 17 is not more than 33 1/3%, check this box at	nd stop here. The	organization qualif	ies as a publicly su	ipported organizatio	n		•	
b	33 1/3% support tests - 2017. If the organizat line 18 is not more than 33 1/3%, check this be	ox and stop here.	The organization q	ualifies as a public	ly supported organiz	ation -			
20	Private foundation. If the organization did not	check a box on lin	e 14, 19a, or 19b,	check this box and	I see instructions				<u> </u>
EΕΑ						Sch	edule A (Form	990 or 990-F71	2018

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#### 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)

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- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- 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
- 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
- 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
- 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
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings )

		Tv.	Т
		Yes	No
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	١.	-	1
	2	<u> </u>	
		_	
	3a	<u> </u>	
			·
	<u>.</u>		:
	3b	ļ	<u> </u>
)	<u> </u>	<b>.</b>	
	_3c	ļ	<u> </u>
	4a	1	-
	4a	<u> </u>	<u> </u>
			_ '
	4b		
	_		'
	4c		
	5a		] ~ ~ .
	5b		ĺ .
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	7	_	
	8		
	9а		
	9b		
			-
	9c		
	10a		]
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how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more

of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement

Parent of Supported Organizations Answer (a) and (b) below.

a 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.

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

2a

2b

3a

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Of			
1 Check here if the organization satisfied the Integral Part Test as a qualifying	_		•
instructions. All other Type III non-functionally integrated supporting organ	ıızatıons	must complete Section	ons 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		<del></del>
Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
Portion of operating expenses paid or incurred for production or	1 1		
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
Average monthly value of securities	1a		
<b>b</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)	İ		
Acquisition indebtedness applicable to non-exempt-use assets	2		<u> </u>
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	<del>-</del>	<u> </u>
7 Recoveries of prior-year distributions	7		<del> </del>
8 Minimum Asset Amount (add line 7 to line 6)	8	<del></del>	
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 Income tax imposed in prior year	5		<del></del>
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	$\top$	··· <u>·</u> ·	
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally	v integra	ated Type III supportin	g organization (see
instructions)	. 5	), he	<b>.</b> (200

Schedi	t V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiz	57-119	92063 Page 7
	<u> </u>	Supporting Organiz	ations (continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			<u> </u>
	Administrative expenses paid to accomplish exempt purpose	es of supported organization	tions	
	Amounts paid to acquire exempt-use assets			
_5_	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions	···-·		· · · · · · · · · · · · · · · · · · ·
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	e organization is respons	sive	
	(provide details in <b>Part VI</b> ) See instructions  Distributable amount for 2018 from Section C, line 6			
	Line 8 amount divided by Line 9 amount			<del></del>
	Line 6 amount divided by Line 9 amount	1	(ii)	(iii)
S	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2018	Oistributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI) See			
	instructions			·
	Excess distributions carryover, if any, to 2018			
	From 2013	ļ		
	From 2014			
	From 2015			
	From 2016			
	From 2017			<del></del>
	Total of lines 3a through e Applied to underdistributions of prior years			7
	Applied to 2018 distributable amount			
_	Carryover from 2013 not applied (see instructions)			
÷	Remainder Subtract lines 3g, 3h, and 3i from 3f	<del> </del>		<del></del>
4	Distributions for 2018 from			
•	Section D, line 7 \$			1
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder Subtract lines 4a and 4b from 4			
	Remaining underdistributions for years prior to 2018, 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 2018 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2019 Add lines 3j			
	and 4c			
8	Breakdown of line 7			
a	Excess from 2014 · · · ·			
b	Excess from 2015 · · · ·	,	i w ii baab	
С	Excess from 2016		• , •	
	Excess from 2017			
е	Excess from 2018		···	··· -

Schedu <u>l</u> e A (For	m 990 or 990-EZ) 2018 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part
•	III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, and 3b, Part IV, line 1, Part IV, Section B, lines 1, Part IV, Section
	3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)
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## **SCHEDULE D** (Form 990)

Department of the Treasury

**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. Internal Revenue Service

2018

Inspection

OMB No 1545-0047

Open to Public

Employer identification number Name of the organization

VE(	CINOS INC	57-1192063
Pa		S
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	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?	
Pa	rt II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
	Preservation of land for public use (e.g., recreation or education)	nportant land area
	Protection of natural habitat Preservation of a certified history	oric structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conse	rvation
	easement on the last day of the tax year	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organizat	tion during the
	tax year ►	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	· · · · · · · · · · · · · · · · · · ·
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation ea	asements during the year
	<b></b>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easem	nents during the year
	<b>▶</b> \$	
8	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)?	· · · · · · · · · · · · · · · · · · ·
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement	it, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that de-	escribes the
	organization's accounting for conservation easements	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and be	alance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in further	erance 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 SFAS 116 (ASC 958), to report in its revenue statement and balance	nce sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in further	erance 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	▶ \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pro	vide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1	▶ \$
h	Accepts included in Form 990, Part Y	

Sched	ule D (Form 990) 2018					L92063	Page 2
Pa	rt III Organizations Maintaining Co	ollections of Ar	t, Histor <u>ical</u> ]	reasures, o	r Other Similar As	sets (continu	ed)
3	Using the organization's acquisition, accession, a	ind other records, ch	eck any of the fol	lowing that are a	significant use of its	nt use of its	
	collection items (check all that apply)						
а	Public exhibition	d 🗌 Loai	n or exchange pro	grams			
b	Scholarly research	e 🗌 Othe	er				
С	Preservation for future generations						
4	Provide a description of the organization's collect	ions and explain how	v they further the	organization's ex	cempt purpose in Part		
	XIII						
5	During the year, did the organization solicit or rec	eive donations of art	, historical treasu	res, or other sim	ılar		
	assets to be sold to raise funds rather than to be	maintained as part of	of the organization	n's collection?	<u> </u>	· · · Yes	☐ No
Pa	rt IV Escrow and Custodial Arrang						
	Complete if the organization an	swered "Yes" or	n Form 990, F	art IV, line 9,	or reported an am	ount on Form	
	990, Part X, line 21						
1a	Is the organization an agent, trustee, custodian o	•					_
						· · · L Yes	∐ No
b	If "Yes," explain the arrangement in Part XIII and	complete the follows	ng table				
					<del>  </del>	Amount	
С	Beginning balance						
d	Additions during the year						
e							
f	Ending balance					· · · · · · · · · Yes	
2a	Did the organization include an amount on Form				•	_	∐ No
Бэ	If "Yes," explain the arrangement in Part XIII Che rt V Endowment Funds.	eck nere ii the explar	iation has been p	rovided on Part	<u> </u>	· · · · · · · · · · · · · · · · · · ·	<u>· ப</u>
Га	Complete if the organization an	swered "Yes" or	Form 990 F	art IV line 1	<b>1</b>		
_	Complete if the organization an			1 "-	<del></del>	ask (a) Faurussa	
1a	Beginning of year balance	(a) Current year	(b) Pnor year	(c) Two year	s back (d) Three years b	ack (e) Four year	S Dack
b	Contributions	<del></del>				<del></del>	
c	Net investment earnings, gains, and						
·	losses · · · · · · · · · · · · · · · · · ·			]		ì	
d	Grants or scholarships	···-				<del></del>	
e	Other expenditures for facilities and						
·	programs						
f	Administrative expenses						
g	End of year balance		_				
2	Provide the estimated percentage of the current y	ear end balance (lin	e 1g, column (a))	held as			
а	Board designated or quasi-endowment	%					
b	Permanent endowment > %						
С	Temporarily restricted endowment	%					
	The percentages on lines 2a, 2b, and 2c should e	equal 100%					
3a	Are there endowment funds not in the possession	n of the organization	that are held and	administered for	r the		
	organization by					Yes	s No
	(i) unrelated organizations · · · · · · · ·		· · · · · · · · ·			· · 3a(i)	
	(ii) related organizations · · · · · · · · ·					· · 3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizations					3b	
4	Describe in Part XIII the intended uses of the organic		ent funds				
Pa	rt VI Land, Buildings, and Equipme						
	Complete if the organization and	swered "Yes" or	1 Form 990, P	art IV, line 11	a See Form 990,	Part X, line 10	<u> </u>
	Description of property	(a) Cost or other	· · ·	ost or other basis	(c) Accumulated	(d) Book valu	ie
		(investme	nt)	(other)	depreciation	<u> </u>	
1a	Land	• •				<del></del>	
b	Buildings	• •			: <del>_</del>	<del> </del>	
C	Leasehold improvements					<u> </u>	
d	Equipment	• •		148,130	143,517	4	,613
e_	Other	··I				<del> </del>	
Total	Add lines 1a through 1e. (Column (d) must equa	I Lorm 00/) Part Y r	Olumn (R) line 10	10 l		1 4	612

Schedule D (Form				2063 Page
Part VII	Investments - Other Securities.			
	Complete if the organization answere	ed "Yes" on Form 990, Pa	art IV, line 11b See Form 990,	Part X, line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market v	
(1) Financial	derivatives			
(2) Closely-he	eld equity interests			
(3) Other				
(A)		*		
(B)				
(C)				
(D)				<u> </u>
(E) (F)				
(G)				
(H)				
	must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answere	ed "Yes" on Form 990, Pa	art IV, line 11c See Form 990,	Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market v	
(1)				
(2)				
(3)				
(4)				
(5)	•	······································		
(6)				<del></del>
(7)				
(8)				
(9)	must equal Form 990. Part X. col. (B) line 13.)		,	
Part IX	Other Assets.	1		
( 4 4 4 4 4 4	Complete if the organization answere	ed "Yes" on Form 990. Pa	art IV. line 11d See Form 990.	Part X. line 15
•		Description		(b) Book value
(1)		· · · · · · · · · · · · · · · · · · ·		,,
(2)				
(3)				
(4)				
(5)		· ····	·=	<u>-</u>
(6)				
(7)				
(8)			-	
(9)	n (b) must equal Form 990, Part X, col (B) line 15)			•
Part X	Other Liabilities.			
	Complete if the organization answere line 25	d "Yes" on Form 990, Pa	art IV, line 11e or 11f See Form	990, Part X,
1.	(a) Description of liability	(b) Book value		
(1) Federal ı		(N) DOOK AGING	$\dashv$	
	LL TAXES PAYABLE	9,603		
(3) CREDI		5,303	7	
(4)			7	
(5)				
			•	

1.	(a) Description of liability	(b) Book value
(1) Fed	feral income taxes	
(2) PA	YROLL TAXES PAYABLE	9,603
(3) CR	EDIT CARDS	
(4)		
(5)		
(6)		
(7)		
(8)		
_ (9)		
Total (Colu	mn (b) must equal Form 990, Part X, col. (B) line 25.)	9,603

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII- . . . . . . . .

	ule D (Form 990) 2018		57-1192063	Page 4
Pa	rt XI   Reconciliation of Revenue per Audited Financial Statements With		Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities	V	1	
С	Recoveries of prior year grants		7	
d	Other (Describe in Part XIII )		1	
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		<u> </u>	
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII )	<del></del>	1	
c	Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·		-   4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
	t XII Reconciliation of Expenses per Audited Financial Statements Wi			
<u>. u</u>	Complete if the organization answered "Yes" on Form 990, Part IV, lin		per Keturn.	
4			T	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities		4	
þ	Prior year adjustments		_	
C	Other losses · · · · · · · · · · · · · · · · · ·	<u></u>	_	
ď	Other (Describe in Part XIII )	<u> </u>		
е	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·		2e	
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
þ	Other (Describe in Part XIII )			
С	Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·		4c	
_5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	<u> </u>	5	
	t XIII Supplemental Information.			
Provi	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,	Part V, line 4, Par	t X, line	
2, Pa	rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional info	ormation		
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## **SCHEDULE 0** (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

Open to Public Inspection Employer identification number

57-1192063

Department of the Treasury Internal Revenue Service Name of the organization

VECINOS INC

➤ Attach to Form 990 or 990-EZ.

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

01. Organizational document changes (Part VI, line 4)
of Organizational document changes (Part VI, Time V)
BYLAWS WERE ADOPTED TO CHANGE THE FISCAL YEAR FROM ENDING IN SEPTEMBER TO ENDING IN MARCH
02. Committee meeting documentation (Part VI, line 8b)
NONE
03. Form 990 governing body review (Part VI, line 11)
FORM 990 IS REVIEWED BY THE PRESIDENT, FINANCE OFFICER, AND EXECUTIVE DIRECTOR PRIOR TO
SIGNING FORM 990. FINANCIAL STATEMENTS AND ALL POLICY STATEMENTS ARE AVAILABLE TO BOARD
MEMBERS AND ARE OPEN TO PUBLIC INSPECTION UPON REQUEST
OA GOVERNMENT AND AND AND AND AND AND AND AND AND AND
04. Governing documents, etc, available to public (Part VI, line 19)
ALL DOCUMENTS ARE AVAILABLE FOR PUBLIC INSPECTION
05. List of other fees for services expenses (Part IX, line 11g)
11G EXPENSES LIST:
BEHAVIORAL HEALTH STAFF 2035
OTHER CONTRACT SERVICES 7850
CONTRACT RNS AND STUDENTS 39764
06. List of other expenses (Part IX, line 24e)
LINE 24E EXPENSES LIST:
PATIENT OUTREACH MATERIALS 2301
EDUCATIONAL MATERIALS 550