**Return of Organization Exempt From Income Tax** 

OMB No. 1545-0047

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

2018

Department of the Treasury

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

Open to Public

A		2018 colondor user or tax year beginning				<del></del>
<del>-</del>		2018 calendar year, or tax year beginning July 1	, 2018, and end	iing Ju	ne 30	, 20 19
В		applicable C Name of organization Nosotros Properties, Inc.			D Employ	er identification number
Ц	Address	changer Doing business as	-	74-2451448		
$\sqcup$	Name cl	hange Number and street (or P O box if mail is not delivered to street ac	Idress) Room/s	suite	E Telepho	ne number
	Initial ret					520-624-1023
	Final retu	irn/terminated City or town, state or province, country, and ZIP or foreign postal	code			•
	Amende	ed return Tucson, Arizona 85745-2703			<b>G</b> Gross re	eceipts \$ (26,002)
	Applicat	ion pending F Name and address of principal officer	1	H(a) Is this a	roup return for	subordinates? Yes Vo
			A'b			s included Yes No
<u> </u>	Tax-exe	mpt status	47(a)(1) or 1 52,7			list (see instructions)
J	Website		r (//	H(c) Group	exemption	number >
K	Form of	organization	L Year of form	<del></del>		of legal domicile AZ
	art I	Summary		1000		AZ
	1	Briefly describe the organization's mission or most significant	ectivities. To be	old title and m	anage rea	l and
به	1	personal property in support of Nosotros's programs, an organiza				
Governance	ļ	personal property in support of wosotros's programs, an organiza	tion related throu	igii a commoi	i buai u.	
Ĕ	2	Check this box ▶☐ if the organization discontinued its operati	one or disposed	l of more the	250/ of	
Š	3	Number of voting members of the governing body (Part VI, line	•	i oi inore triar	1 1	_
ر مح	4	Number of independent voting members of the governing body			3	5
Activities &	i .		y (Fart VI, line it	" · ~\^ .		5
įį	5	Total number of individuals employed in calendar year 2018 (P	art v, line 2a)	id D	5	<u>_</u>
ŧ	6	Total number of volunteers (estimate if necessary)	: N5	1/1/50	6	C
⋖	7a	Total unrelated business revenue from Part VIII, column (C), lin	· - · · · · · · · · · · · · · · · · · ·		7a	0
	Ь	Net unrelated business taxable income from Form 990-T, line 3	<u> </u>	<u> </u>	7b	0
Revenue			,	A Prior Y	ear	Current Year
	8	Contributions and grants (Part VIII, line 1h)	/			
	9	Program service revenue (Part VIII, line 2g)	RECEN			
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)				· · · · · · · · · · · · · · · · · · ·
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, ap		1-5	(34,031)	(26,002)
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, co			(34,031)	(26,002)
	13	Grants and similar amounts paid (Part IX, column (A), lines 1 3	· · · / / `	12		
	14	Benefits paid to or for members (Part IX, column (A), line 4)	COCOEN	150		
S	15	Salaries, other compensation, employee benefits (Part IX, column.	(A). hnes 5-10)	0		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) .	/			
ğ	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	•			
ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)				
	18	Total expenses. Add lines 13-17 (must equal Part IX column A	t); Ime 25) .		0	<u> </u>
	19	Revenue less expenses. Subtract line 8 from RECEIVED	)''		(34,031)	(26,002)
- S				Beginning of Cu		End of Year
Assets or Balances	20	Total assets (Part X, line 16)			228,240	202,238
Bass	21	Total liabilities (Part X, line 26)	SS	<u>.                                    </u>	220,240	202,230
25		Net assets or fund balances. Subtract line 21-from time RD 117			228,240	202,238
P	rt II	Signature Block			_220,240	202,236
	_	Ities of perjury, I declare that I have examined this return, including accompanying	s schodules and state	oments and to t	no boot of m	u knowledge, and heliof it is
true	e, correct	that on perjury, I declare that that examined this return, including accompanying and complete Declaration of prepayer (other than officer) is based on all information.	tion of which prepare	er has any knowl	edge	y knowledge and belief, it is
		Kudu & ballyon			1	2/20
Sig	n	Signature of officer		l Da	te /	3120
He		RUDY GALLEGO, PRESSIDENT				
		Type or print name and title				<u></u> 1
		Print/Type preparer's name Preparer's signature		ate		7 . PTIN
Pa		2.4.3		1 1	Check [	_ "
Pre	pare	Ronald D. Kovar Jr. CPA		2 13 12050	self-empl	oyed PO1218573
Us	e Only		<del></del>		's EIN ▶	
		Firm's address > 7838 E. Linden Ct. Tucson, AZ 85715		Pho	ne no	520-722-3643
		S discuss this return with the preparer shown above? (see instr	uctions)	<u></u>	<u></u>	V Yes No
For	Paperw	ork Reduction Act Notice, see the separate instructions.	Cat 1	No 11282Y		Form <b>990</b> (2018)

1	Briefly describe the organization's mis	a response or note to any line in this Passion:		
•		nal property in support of Nosotros's progi	rams, an organization related	
	<del></del>			
2		gnificant program services during the ye		
	•			☐ Yes ☑ No
3	If "Yes," describe these new services of	on Schedule O. Ing, or make significant changes in h	ow it conducts any program	
3	services?		· · · · · · · · · · · ·	☐ Yes ☑ No
	If "Yes," describe these changes on So			□ res ▼ INU
4	•	service accomplishments for each of its	three largest program services	as measured b
•		c)(4) organizations are required to report		
	the total expenses, and revenue, if any		G	
4a	(Code ) (Expenses \$	including grants of \$	) (Revenue \$	)
				····
				<b></b>
				·
4b	(Code: \(\) (Eypenses \$	including grants of RECEI	VED \((Bayenije \$	
76				
		SEP SEP S	2020 3	
		[2]	) 2000 ; j)	
			<u> </u>	
4c	(Code:) (Expenses \$	including grants of \$	) (Revenue \$	)
			······································	
		_		
4d	Other program services (Describe in Sc	chedule O.)		
		grants of \$ ) (Revenue \$	)	
4e	Total program service expenses ▶			

Part	Cnecklist of Required Schedules		T	Т
•			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
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		<b>√</b>
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
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		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
8	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	8		1
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? If "Yes," complete Schedule D, Part IV.	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or 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, 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>√</b>	
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		1
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		1
d	Did the organization report an amount for other assets in Part X, the 15 thabis 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX O.	11d		1
е	Did the organization report an amount for other liabilities in Part X, I ne 25? -If "Yes," complete. Senedule 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		<b>√</b>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<b>✓</b>
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	i	✓
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		<b>✓</b>
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		✓
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a		<u>√</u>
b		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		✓_

Form **990** (2018)

Part	Checklist of Required Schedules (Continued)			
•			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		1
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		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
C	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 os-	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	-	+
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
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 entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<b>√</b>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, for key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? Per ves, complete Schedule. Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? In "Yes," complete Schedule M	29		<b>✓</b>
30	Did the organization receive contributions of art, historical treasures,—or—other-similar assets, or qualified	20		,
31	conservation contributions? If "Yes," complete Schedule M	30		<b>✓</b>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	<u> </u>		<b>  •</b>
	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		1
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	✓	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "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		<b>√</b>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	<b>✓</b>	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

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?  Statements, filed for the calendar year ending with or within the year covered by this return?  Mote If the sum of time 24, did the organization file all required feeteral employment tax returns?  Note: If the sum of times 1a and 2a is greater than 250, you may be required to e-file (see instructions)  Did the organization have unrelated buseness gross income of 51,000 or more oding the year?  If "Yes," has if filed a Form 890-T for this year? If "No" to line 3b, provide an explanation in Schedule O.  The see instructions of thing requirements for FinCNF form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FinCNF form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FinCNF form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FinCNF form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FinCNF form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FinCNF form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FinCNF form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instruction of programization approach to a proper form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instruction of programization in capture and programization and partly to a problematic and programization in capture and programization and programization in capture and programization file form 800 and services provided to the payor?  If "Yes," did the organization notify the donor of the value of the goods or services provided?  If the organization receive a payment in excess of \$75 made partly as a contribution	Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
Statements, filed for the calendar year ending with or within the year covered by this return 2 o b b fall teast one is reported on line 2a, did the organization file all required federal employment six returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year?  If Yes,* has it filed a Form 390-T for this year? If No? 1o fine 3b, provide an explanation in Schedule O.  3b If Yes,* has it filed a Form 390-T for this year? If No? 1o fine 3b, provide an explanation in Schedule O.  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; use a bank account, securities account, or other financial Accounts (FBAR).  5a Was the organization as party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization as party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any stable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6b If Yes,* for the reganization have annual gross receipts that are normally greater than \$100,000, and did the organization solinit any contributions that twere not tax deductible as chantable contributions or gifts were not tax deductible?  6c Organizations shall may receive deductible contributions under section 170(c).  7a Did the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor?  7b If Yes,* indicate the number of Forms 8282 filed during the year  7c Unit the organization sell, exchange, or otherwise dispose of tangelse personal property for which it was required to life Form 8282?  7c If the organization sell, exchange, or otherwise dispose of tangelse personal property for which it was required to life Form 8282?  7d If the organization re				Yes	No
b If a 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)  1 b 1 "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.  4a All my 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.  5a H "Yes," the firether the name of the foreign country.  5b H "Yes," the firether the name of the foreign country.  5c In the companies of the foreign selection of Foreign Bank and Financial Accounts (FBAR).  5c In the companies of the foreign country.  5c In the companies of the foreign selection of Foreign Bank and Financial Accounts (FBAR).  5d In the companies of the foreign selection of Foreign Bank and Financial Accounts (FBAR).  5d In the companies of the foreign selection of Foreign Bank and Financial Accounts (FBAR).  5d In the companies of the foreign selection of the selection of th	2a		*	• -	, ,
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3	•				1 74
3a	þ				L
b If "Yes," has at fled a Form 990-T for this year? If "No" to kine 3b, provide an explanation in Schedule O.  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 accounts?  b If "Yes," enter the name of the foreign country.  See instructions for filing requirements for FinCR Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FinCR Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FinCR Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FinCR Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FinCR Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions of the form 8886-17  Does the organization approve an unual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductible as chantable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  If "Yes," indicate the number of Forms 8282 filed during the year  b If "Yes," indicate the number of Forms 8282 filed during the year  b If "Yes," indicate the number of Forms 8282 filed during the year  b If the organization sell, exchange, or otherwise dispose of tangible personal penefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of undersety to pay premiums on a personal benefit contract?  Did the sponsoring organization make a distribution to a donor, d			ļ	<del>\</del>	
4a A 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 accounts)?  4 b If "Yes," enter the name of the foreign country. >  5 a Emistructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5 a Was the organization party to a prohibited tax sheller transaction of the year?  5 b Did any taxable party notify the organization that it was or is a party to a prohibited tax sheller transaction?  5 c 16 Doss 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?  6 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Dot the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor?  9 b If "Yes," did the organization notify the donor of the value of the goods or services provided?  1 b Tyes," indicate the number of Forms 8282 filled during the year  10 Dut the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to life Form 8282?  1 b Tyes," indicate the number of Forms 8282 filled during the year  1 b United the organization of the payor?  2 b If the organization received a contribution of quidled intellectual property, did the organization file are middled intellectual property, did the organization file are form 1084.  1 b He organization are accessed a contribution of quidled inte	3a				<b>✓</b>
a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  b if "Yes," enter the name of the foreign country. P  See instructions for fining requirements for FinicEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  58 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  59 Did any taxable party notify the organization file Form 8886-17  61 "Yes" to line 5a or 5b, did the organization file Form 8886-17  62 Does the organization was annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles as charitable contributions?  63 J Y  64 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  70 Organizations that may receive deductible contributions under section 170(c).  81 Did the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor?  82 If "Yes," indicate the number of Forms 8282 filed during the year  93 Did the organization sell, exchange, or otherwise dispose of targible personal property for which it was required to file Form 8282?  94 If "Yes," indicate the number of Forms 8282 filed during the year  95 Did the organization organization of qualified mitellectual property, did the organization file Form 8899 as required to file organization received a contribution of qualified mitellectual property, did the organization file Form 8899 as required to file organization received a contribution of area, boats, arplanes, or other vehicles, did the organization file Form 8899 as required to file organization make a distribution to a donor, donor advisor, or related person?  95 Sponsoring organization makes a distribution to a donor, donor advisor, or related person?  96 Did the sponsoring organization makes at yashed distributions under section 4966?	b	- · · · · · · · · · · · · · · · · · · ·	3b		<u> </u>
b If "Yes," enter the name of the foreign country. ▶ See instructions for filing requirements for FinCNF form 11.4, Report of Foreign Bank and Financial Accounts (FBAR), Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5	4a		_		١,
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h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  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?  9 Sponsoring organizations maintaining donor advised funds.  10 Ind the sponsoring organization make any taxable distributions under section 4966?  10 Ind the sponsoring organization make a distribution to a donor, donor advisor, or related person?  10 Indiction fees and capital contributions included on Part VIII, line 12  11 Section 501(c)(7) organizations. Enter  12 Ind Indiction fees and capital contributions included on Part VIII, line 12  13 Gross income from members or shareholders.  14 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  15 Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  13 Indiction of the organization is licensed to issue qualified health plans.  15 Indiction of the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.  13 Indiction of the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.  15 Indiction of the organization of reserves on hand.  16 Indiction of the organization	_		$\overline{}$		_
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excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.	b		14b		
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.  16 ✓			15		<u>√</u>
If "Yes," complete Form 4720, Schedule O.	46		10		
	16	· · · · · · · · · · · · · · · · · · ·	-10		<u>, i</u>
		ii res, complete roim 4720, schedule O.	Form	990	(2018)

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below	and	for a	"No"
٠,	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	See ins	struct	ions.
	Check if Schedule O contains a response or note to any line in this Part VI			. $\square$
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year   1a	5		
	If there are material differences in voting rights among members of the governing body, or	1	·	
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent	5		- 1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		<b>√</b>
3	Did the organization delegate control over management duties customarily performed by or under the direct			<u> </u>
	supervision of officers, directors, or trustees, or key employees to a management company or other person?  Did the appropriate and appropriate the property of the property o	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		<b>V</b>
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	6		1
6	Did the organization have members or stockholders?		-	<del>                                     </del>
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		1
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members,			i
	stockholders, or persons other than the governing body?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	<del></del>	J. 100 (2.5)
b	Each committee with authority to act on behalf of the governing body?	8b	<del></del>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at		<u> </u>	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue Co	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates RECEIVED	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; sexempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓.	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 13 1	12a	✓	<u> </u>
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," describe in Schedule O how this was done	12c	/	
13	Did the organization have a written whistleblower policy?	13	<b>√</b>	$\overline{}$
14	Did the organization have a written document retention and destruction policy?	14	1	
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		/
a	Other officers or key employees of the organization	15b		
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130	فكية	<u> </u>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
b	with a taxable entity during the year?	16a	مئي	<b>√</b>
	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		
Section	on C. Disclosure	1		
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			
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website  Another's website  Upon request  Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interinancial statements available to the public during the tax year.	erest p	olicy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and rec	ords l	<b>&gt;</b>	
	Ronald D. Kovar Jr. 440 N. Grande Avenue Tucson, AZ 85745 (520)722-3643			

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<u> </u>	 	
Part VI	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.

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.

											I .
(A)	(B)	(do n	Posi do not check i				one	(D)		(E)	(F)
Name and Title	Average hours per	box,	unles	s pe	rson	is bot	h an	Reportable compensation		Reportable pensation from	Estimated amount of
	week (list any				_	or/trus	itee)	from		related	other
	hours for related	n div	nstit	Officer	Key employee	蒙	or m	the organization		rganizations 2/1099-MISC)	compensation from the
	organizations	dual	ğ	"	uplo	st co	4	(W-2/1099-MISC)	,	,	organization
	below dotted line)	Individual trustee or director	al tr		oyee	ğ					and related organizations
		e e	Institutional trustee		Γ	Sati	₽F	from the organization (W-2/1099-MISC)		]	
		<u> </u>		_	_		\ <u></u>	OLIVED	10		
(1) Posts Callege	Ì	!			DAAR	łl –	\$EI	2 8 2020	SO	Ì	
(1) Rudy Gallego President	2	<b>/</b>		/	≥	\$ <b> </b>	PL	2 0 2020	io		
(2) Guadalupe Romero		•		+	+	<del> </del>	-		îÆ	<u> </u>	
Treasurer/Secretary	2	1		1	L	(	ر ،	DEW, UT		J	
(3) Luis Kamei	<u> </u>						1		-		
Board Member	2	✓					-	o		0	
(4) Margaret Romero										·	
Board Member	2	✓					<u> </u>	0		0	
(5) Marjorie Schiller											
Board Member	2	✓					<u> </u>	0		0	
(6) Paul Felix											
Executive Director	2				<u>✓</u>		<u> </u>	0		0	
(7)											
(8)											
							<u> </u>				
(9)											
(10)											<del>.</del> .
(11)											
(12)											<del> </del>
					_						<del></del>
(13)											
(14)											

Par	VII Section A. Officers, Directors, Trus	ees, Key E	mplo	yees	s, aı	nd H	lighe	st C	ompensated E	mployees (	contin	ued)
,	(A) Name and title	(B) Average hours per week (list any	(do not check more than one box, unless person is both an officer and a director/trustee)  Reportable Reportable compensation compensation				(E) Reportab compensation related		(F) Estimated amount of other			
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-M		compensation from the organization and related organizations
(15)												
(16)		••••										
(17)											-	
(18)												
(19)									-			
(20)										-		· · · · · · · · · · · · · · · · · · ·
(21)												
(22)											+	
(23)												<del></del>
(24)												
(25)										·		
1b c	Sub-total			•		 		<b>&gt;</b>	0		0	0
2	Total number of individuals (including but reportable compensation from the organi	not limited					bove	) wł		ore than \$10		
3	Did the organization list any former of employee on line 1a? If "Yes," complete 5	ficer, direct							loyee, or high	•	nsated	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	greater tha				? If		5," (				
5	Did any person listed on line 1a receive of for services rendered to the organization?											5 1
Section	on B. Independent Contractors	<del> </del>	·			-						
1	Complete this table for your five highest of compensation from the organization. Rep year.											
	(A) Name and business addi	ess							(B) Description of se	rvices		(C) Compensation
2	Total number of independent contractor	•	_					tho	ose listed abo	ve) who	Ä	

Form **990** (2018)

Par	VIII	Statement of Revenue				
	·	Check if Schedule O contains a response or note	e to any line in this			
	,		Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512–514
ts, Grants Amounts	1a b c	Federated campaigns 1a  Membership dues 1b  Fundraising events 1c				
Contributions, Gifts, Grants and Other Similar Amounts	d e f	Related organizations 1d  Government grants (contributions)  All other contributions, gifts, grants, and similar amounts not included above  1f				
Contri and O	g h	Noncash contributions included in lines 1a–1f: \$  Total. Add lines 1a–1f	·			
9		Business Code	В			
Program Service Revenue	2a b					
Servic	d					
gram	e f	All other program service revenue .				
Pro	g	Total. Add lines 2a-2f				
	3	Investment income (including dividends, interest and other similar amounts)	•			
	5	Royalties				
	6a b	Gross rents         0           Less: rental expenses         26,002           Rental income or (loss)         (26,002)	_  -  <b></b>	BE\		
	C d	Net rental income or (loss)	(26,002)		<b></b>	
	7a	Gross amount from sales of assets other than inventory	(20,007)	(20,002)		
	b	Less: cost or other basis and sales expenses				
	d d	Gain or (loss)	•		F -	
Other Revenue	8a	Gross income from fundraising events (not including \$				
ner Re		of contributions reported on line 1c).  See Part IV, line 18 a				
₹		Less: direct expenses b	_			
		Net income or (loss) from fundraising events .   Gross income from gaming activities.  See Part IV, line 19				
	b	Less: direct expenses b				
		Net income or (loss) from gaming activities <b>&gt;</b> Gross sales of inventory, less returns and allowances <b>a</b>	-			
		Less: cost of goods sold <b>b</b> Net income or (loss) from sales of inventory <b>b</b>				
	├─ਁ	Miscellaneous Revenue Business Code	<del></del>		-	
	11a					
	b					
	С					
	d	All other revenue			1	
	12	Total. Add lines 11a-11d	<del></del>	(26.002)	······································	

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Form 9	90 (2018)				Page <b>1(</b>
	IX Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns.	All other organizatio	ns must complete co	lumn (A).
	Check if Schedule O contains a response			<u> </u>	<u> </u>
	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	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21			,	3
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				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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 8	Other salaries and wages				
9 10 11	Other employee benefits				
а	Management				
b	Legal			1	
С	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17		San Carlot San Carlot		
f	Investment management fees		RECEIVED		
9	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	84	CED C 9 2020	CSC	
		101	(7	71	

	,			I	1
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16			4	
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees			# F 22 F	22 1 20
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 8	Other salaries and wages				
9 10 11 a b c d e	Other employee benefits			State of the state	
f 9	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0048	RECEIVED	Toso Osci	
12 13 14 15 16	Advertising and promotion	8	OGDEN, U	] <u> </u>	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20 21 22 23	Conferences, conventions, and meetings Interest				
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.)				. •
a b c					
d e	All other expenses  Total functional expenses. Add lines 1 through 24e				
25		0	0	0	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here   ☐ if following SOP 98-2 (ASC 958-720)				

	n 990 (2				Page 11
Р	art X				
	•	Chèck if Schedule O contains a response or note to any line in this Pa			<u> </u>
	•		(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing	1,566	1	1,566
	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,	· * * *		
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	Ģ	Loans and other receivables from other disqualified persons (as defined under section		,	
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and	`,•	-	1
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	<del></del>		
ets	_	·		7	
Assets	7	Notes and loans receivable, net		8	
	8	Inventories for sale or use		9	_
	10a	Land, buildings, and equipment: cost or	"	9	
	.00	other basis. Complete Part VI of Schedule D 103 1,478,255			ъ .
	ь	Less: accumulated depreciation 10b 1,277,583		10c	200,672
	11	Investments—publicly traded securities	220,071	11	200/072
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	228;240	16	202,238
	17	Accounts payable and accrued expenses	,	17	
	18	Grants payable	VED	18	
	19	Deferred revenue	ပ	19	<u> </u>
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	1001	21	
Liabilites	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and	7 17 17	• •	
Þi		disqualified persons. Complete Part II of Schedule L		22	
Lia	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	-	24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
Ø		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and			
ည		complete lines 27 through 29, and lines 33 and 34.			
<u>ja</u>	27	Unrestricted net assets	228,240		202,238
ĕ	28	Temporarily restricted net assets		28 29	
ביין	29	Permanently restricted net assets	کین و عمود ولاید	29	· (E, Jr 5 )
Net Assets or Fund Balances		complete lines 30 through 34.	*** **** * * * * * * * * * * * * * * *		, ,
S	30	Capital stock or trust principal, or current funds		30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds.		32	
let	33	Total net assets or fund balances	228,240	$\overline{}$	202,238
	34	Total liabilities and net assets/fund balances	228.240		202.238
		<u> </u>			Form <b>990</b> (2018)

Form 9	90 (2018)			Pa	age <b>12</b>
Par	XI Reconciliation of Net Assets				
	· Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		(2	6,002)
2	Total expenses (must equal Part IX, column (A), line 25)	2			0
3	Revenue less expenses. Subtract line 2 from line 1	3		(2	6,002)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		22	28,240
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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		20	2,238
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  Cash  Accrual  Other   Other			4	
	If the organization changed its method of accounting from a prior year or checked "Other," ex	olain in			1.
	Schedule O.		- 1		لند
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		✓_
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	olled or	',		`.· <b>]</b>
	reviewed on a separate basis, consolidated basis, or both			, ,	1 - 1
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	d on a	-	٠	
	separate basis, consolidated basis, or both:		.  !	. '	,
	☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis		<u> </u>	·, *	لنا
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight			
	of the audit, review, or compilation of its financial statements and selection of an independent accou	ntant?	2c	<b>✓</b>	<del></del>
	If the organization changed either its oversight process or selection process during the taxyear, ex	olain in		1,	
	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		<b>✓</b>
b			0.		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	iaits.	3b	000	
			Forn	n 990	(2018)

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

**Public Charity Status and Public Support** 

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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.

Inspection

Name	e of the organization					Employer identification	n number		
	otros Properties, Inc.				<del> </del>		51448		
	rt I Reason for Public Ch	<del></del>	<del></del>		<u>·</u>	<del></del>	ons.		
The 1 2 3 4	organization is not a private found  A church, convention of chur  A school described in sectio  A hospital or a cooperative h  A medical research organizat hospital's name, city, and sta	ches, or associat n 170(b)(1)(A)(ii). ospital service or tion operated in c	ion of churches descr (Attach Schedule E (f ganization described	ribed in <b>s</b> Form 990 in <b>sectio</b>	<b>ection 17</b> or 990-E <b>n 170(b)</b> (	70(b)(1)(A)(i). (Z).) 1)(A)(iii).	) (iii). Enter the		
5	An organization operated for section 170(b)(1)(A)(iv). (Cor	r the benefit of a	college or university	owned o	or operati	ed by a governmen	tal unit described ir		
6 7	☐ A federal, state, or local gove ☐ An organization that normall described in section 170(b)(	y receives a subs	stantial part of its sup				n the general public		
8	☐ A community trust described	in section 170(b	)(1)(A)(vi). (Complete	Part II.)					
9	or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university								
10	An organization that normally receipts from activities relate support from gross investme acquired by the organization	d to its exempt function of the community of the communit	unctions—subject to c prelated business taxa 175. See <b>section 509(</b>	ertain ex ble incon a)(2). (Co	ceptions, ne (less s mplete Pa	and (2) no more tha ection 511 tax) from art III.)	n 331/3% of its		
11	An organization organized an	•	•	-					
12	✓ An organization organized an of one or more publicly supp Check the box in lines 12a thr	oorted organization	ons described in sect	ion 509(a	a)(1) or s	ection 509(a)(2). Se	e section 509(a)(3).		
а	Type I. A supporting orgation the supported organization supporting organization.	n(s) the power to	regularly appoint or e	elect a ma	ajority of t				
b	Type II. A supporting organization(s). You must	f the supporting o	organization vested in	the same					
c	Type III functionally inte						ally integrated with,		
d	Type III non-functionally that is not functionally into requirement (see instructional transfer in the requirement in the requirement is the requirement in the requirement is the requirement in the requirement in the requirement is the requirement in the requirement in the requirement in the requirement is the requirement in the requirement in the requirement in the requirement in the requirement is the requirement in the requi	egrated. The orga	anization generally mu	st satisfy	a distribi	ution requirement an			
е	Check this box if the orga functionally integrated, or						e II, Type III		
f							. 1		
g	<u></u>		<del>,                                     </del>			r:			
	(i) Name of supported organization	(n) EIN	(III) Type of organization (described on lines 1-10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
		1		Yes	No				
(A) N	losotros, Inc.	86-0271490	9	1		0	0		
(B)									
(C)									
(D)									
(E)									
Tota	1					0	0		

Part	II Support Schedule for Organiza	ations Descr	ibed in Sect	ions 170(b)(1	)(A)(iv) and 1	170(b)(1)(A)(v	i) /
,	<ul> <li>(Complete only if you checked the</li> </ul>						alify under
	, Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support	T	T #12045	T 4 \ - =	1 1 2 2 2 2	1	/
	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not					/	
	include any "unusual grants.")					/	
2	Tax revenues levied for the			-			
2	organization's benefit and either paid				İ	/	
	to or expended on its behalf			İ			
3	The value of services or facilities			-			
	furnished by a governmental unit to the	]					
	organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a			- /			
	governmental unit or publicly		- ( "" N.	1.	4.5	7	
	supported organization) included on					, , ,	
	line 1 that exceeds 2% of the amount shown on line 11, column (f)	3 T S E . L					
6	Public support. Subtract line 5 from line 4	= 1-1-15					
6 Secti	on B. Total Support	<u>  -                                   </u>		<u> </u>	l		
	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4				<u> </u>	(-/	(7)
8	Gross income from interest, dividends,						_
	payments received on securities loans,						
	rents, royalties, and income from	,		RECEIVE	D		
	sımılar sources				၂၇		
9	Net income from unrelated business		904	SEP 28 20	50 S		
	activities, whether or not the business is regularly carried on			_	۲۲ ک		
40	Other income. Do not include gain or		<del>-   -</del>	H-11-8	7)		
10	loss from the sale of capital assets		<u> </u>	meaning the state of the state			
	(Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10	3 . (5)		317.00			
12	Gross receipts from related activities, etc	. (see instruction	ons)			12	
13	First five years. If the Form 990 is for th	ne organization	n's first, secon	d, third, fourth	, or fifth tax ye	ar as a sectio	n 501(c)(3)
	organization, check this box and stop he	re					▶ 🗆
Secti	on C. Computation of Public Suppor	t Percentag	е				
14	Public support percentage for 2018 (line 6			1, column (f))		14	<u>%</u>
15	Public support percentage from 2017 Sch					15	%
16a	331/3% support test—2018. If the organi box and stop here. The organization qua				id line 14 is 33	1/3% or more,	check this
_	33 <sup>1</sup> / <sub>3</sub> % support test—2017. If the organi	•		•	o and line 15 i		
D	this box and <b>stop/here.</b> The organization					S 33.7370 OF ITH	bre, check
170	10%-facts-and-circumstances test—20	•		<del>-</del>		a or 16h and	Line 14 is
17a	10% or more, and if the organization me						
	Part VI how the organization meets the "						
	organization						▶ □
b	10%-facts-and-circumstances test—20	<b>017.</b> If the oras	anization did n	ot check a bo	x on line 13, 1	6a, 16b. or 17a	a, and line
•	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization n	neets the "fact	s-and-circums	stances" test.	The organization	on qualifies as	a publicly
	supported organization						▶ □
18	Private foundation. If the organization di	d not check a l	oox on line 13,	16a, 16b, 17a	, or 17b, check	this box and s	see
/	instructions						▶ 🖂

Schedu	le A (Form 990 or 990-EZ) 2018						Page <b>3</b>
Part	Support Schedule for Organiza	tions Descr	ibed in Sect	ion 509(a)(2)	)		
	· (Complete only if you checked th	e box on line	e 10 of Part I	or if the orga	anization faile	d to qualify u	nder Part II.
•	If the organization fails to qualify	under the te	sts listed bel	ow, please c	omplete Part	II.)	
Secti	on A. Public Support		•				
Calen	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(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 .			<u> </u>			
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						
_	Add lines 7a and 7b		/	<u> </u>			
8	Public support. (Subtract line 7c from						
	line 6.)			RECEIV	ED	l	
	on B. Total Support		, <u>", "</u> ["[		၂၂၇		1 40 T
	dar year (or fiscal year beginning in) ▶	(a) 2014	(b) 20 g	<b>८६</b> ५५५६	<sup>305</sup> (q) 5 <sub>63</sub> (	<b>(e)</b> 2018	(f) Total
9	Amounts from line 6				131	_	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.			OGDEN	111		
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether 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	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	<del></del>					
14	First five years. If the Form 990 is for the						
	organization, check this box and stop her					<u> </u>	· · 🕨 🗖
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2018 (line 8						%
16	Public support percentage from 2017 Sch				<u> </u>	16	<u>%</u>
Secti	on D. Computation of Investment Inc					<del></del>	
17	Investment income percentage for 2018 (I			-			<u>%</u>
18	Investment income percentage from 2017						%
19a/	331/3% support tests-2018. If the organi	zation did not	check the box	x on line 14, a	no iine 15 is m	iore man 331/35	70, and line

17 is not more than 331/2%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . 331/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

## 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.)

•		,	,	 	<del> – ,</del>	· · · · · · · · · · · · ·
Section A.	All Supporting Organiz	ations				
			_	 		

CCLI	on A. All cupporting Cigarizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by		4"	
	class or purpose, describe the designation. If historic and continuing relationship, explain	1	1	.,
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported	<u>'-</u>		<u> </u>
_	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		1
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	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 <b>Part VI</b> 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		1.
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	<i>A</i> ,	, 1 , 1
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	,	7' •	ft. 7
	purposes. RECEIVED	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the ax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detailin Part VI, pinclifting (i) the names and EIN numbers of the supported organizations added, substituted, premoved; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	·	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	-	
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 <b>Part VI</b> .	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).			ارً
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		$\overline{}$
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 <b>Part VI</b> .	9a		-
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b		<u> </u>
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9c		<b>—</b>
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.	-	<i>-</i>	
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.)	10a 10b	-	Ţ

Part	V Supporting Organizations (continued)			
			Yes	No
11 `	Has the organization accepted a gift or contribution from any of the following persons?	ļ		- 4
įа	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			لندا
	below, the governing body of a supported organization?	11a		<b>✓</b>
	A family member of a person described in (a) above?	11b		<b>✓</b>
	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		<u> </u>
<u>Secti</u>	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	,		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or		,	
	controlled the organization's activities if the organization had more than one supported organization,		,	"
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	<del></del> -		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>	<u>'</u>	,	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	<i>b</i> .		,
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations	•		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	-		3
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	- :	ı	
	or management of the supporting organization was vested in the same persons that controlled or managed	*	·	
	the supported organization(s).	1	✓	L
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	444		' 1
	organization's tax year, (i) a written notice describing the type and amount of support wheel 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 popper viously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			7
~	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			- 1
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	ţ.		ا ــــــــــــــــــــــــــــــــــــ
	supported organizations played in this regard.	3		
Secti	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 in	nstru	ctions	s).
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below		. 4 4	1
C	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (s		Yes	No
2	Activities Test. Answer (a) and (b) below.		163	INU
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 <b>Part VI identify</b>			1
	those supported organizations and explain how these activities directly furthered their exempt purposes,	,		1
	how the organization was responsive to those supported organizations, and how the organization determined		-	1
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	• -		]
	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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			1
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			لـــ
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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 organ	nıza	tions must complete Section	
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a 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).	,		* * * * * * * * * * * * * * * * * * * *
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C—Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	,	
2 Enter 85% of line 1.	2		,
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4	٠ و	
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall instructions).	y int	tegrated Type III supporting	organization (see

Par	Type III Non-Functionally Integrated 509(a)(	3) Sup	por	ting Org	an	izations	(con	tinued)		
Sec	tion D—Distributions								Current	Year
1	Amounts paid to supported organizations to accomplish									
2	Amounts paid to perform activity that directly furthers ex-	empt p	urpo	ses of su	ppo	orted				
	organizations, in excess of income from activity		_							
3	Administrative expenses paid to accomplish exempt purp	oses c	of su	pported o	rga	anizations				
	Amounts paid to acquire exempt-use assets								<del></del>	
5	Qualified set-aside amounts (prior IRS approval required)		-	-			<u> </u>			
	6 Other distributions (describe in Part VI). See instructions.								<b> </b>	
$\frac{7}{2}$	Total annual distributions. Add lines 1 through 6.	1- 11								
8 	Distributions to attentive supported organizations to whice (provide details in <b>Part VI</b> ). See instructions.	n the o	rgar	nization is	res	sponsive				
9	Distributable amount for 2018 from Section C, line 6									
10	Line 8 amount divided by line 9 amount									
Sect	ion E—Distribution Allocations (see instructions)	Exces		(i) istributio	ns	Underd Pro	(ii) istrib e-201		(iii) Distribut Amount fo	
1	Distributable amount for 2018 from Section C, line 6									
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required – explain in <b>Part VI</b> ). See instructions.								1	
3	Excess distributions carryover, if any, to 2018						2 20			<del> </del>
а	From 2013									
b	From 2014									
С	From 2015			4	,	EMF D				
d	From 2016		1	-			10			
е	From 2017		2	CCD.	Ω	2020	ल			
f	Total of lines 3a through e		8	JEF	Z	<del>3 2020</del>	<del>S0-</del> 3			
g	Applied to underdistributions of prior years		I				Įξ			
h	Applied to 2018 distributable amount			OGD	F	111				
<u>i</u>	Carryover from 2013 not applied (see instructions)									
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			-	$\Box$					
4	Distributions for 2018 from									
	Section D, line 7:				]					
<u>a</u>	Applied to underdistributions of prior years				4	<del></del> <u>-</u> -				
<u> </u>	Applied to 2018 distributable amount				_				<del></del>	
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4.									. <del></del>
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions									
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.									
7	Excess distributions carryover to 2019. Add lines 3j and 4c.									
8	Breakdown of line 7:									
а	Excess from 2014									
b	Excess from 2015				$oldsymbol{ol}}}}}}}}}}}}}}}}$					
С	Excess from 2016				$\Box$					
d	Excess from 2017				_[					
_	Excess from 2018			-	- 1			T	<del></del>	

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

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

Open to Public Inspection

Employer identification number

Nosotros Properties, Inc. 74-2451448 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I 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) . Aggregate value at end of year . . . . . 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? . . . . . . . ☐ Yes ☐ No 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 Part II 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 (e.g., recreation or education) Preservation of a historically important land area 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 2 Held at the End of the Tax Year easement on the last day of the tax year. Total number of conservation easements 2a RECEIVED Total acreage restricted by conservation easements . . . 2b h 2c Number of conservation easements on a certified historic structure included in (a). C Number of conservation easements included in (c) acquired after 7/8/1/96, 2a/3d 2/02/00n historic structure listed in the National Register . . . . . . . . . . . . 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ▶ 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 5 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 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. If the organization elected, as permitted under SFAS 116 (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. If the organization elected, as permitted under SFAS 116 (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: 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 SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 . . . . . . . . . . . . . . . . Assets included in Form 990, Part X . . .

• Par	Organizations Maintaining									
3	Using the organization's acquisition, collection items (check all that apply):						•	at are a sig	inificant u	se of its
а	☐ Public exhibition		d	☐ Lo	an or exchan	ige prog	rams			
, p	☐ Scholarly research		е	☐ Ot	her					
C	☐ Preservation for future generations	5								
4	Provide a description of the organization.	tion's collections a	and expl	aın hov	v they furthe	r the org	janizati	on's exemp	ot purpose	ın Part
5	During the year, did the organization									
Dow	assets to be sold to raise funds rather		airieu as	part or	trie Organiza	tion's cc	mection		☐ Yes	☐ No
Part			" <b>-</b> -	···· 000	\ D=-4  \/   :-	0				
	Complete if the organization	answered res	on For	m 990	), Part IV, III	ie 9, or	report	eo an amo	ount on F	Offfi
	990, Part X, line 21.  Is the organization an agent, trustee	austadian ar ath	or inter	nadian	for contribu	ıtiono or	othor	annota not		
18	included on Form 990, Part X?									□ M-
_						- •			☐ Yes	□ NO
þ	If "Yes," explain the arrangement in P	art XIII and comple	ete the it	oliowiri	g table:		<del></del>	Δm	ount	
_	Paginning balance					1c	-+			···
c d	Beginning balance					1d				
e	Distributions during the year					1e		<del> </del>		
f	Ending balance					1f		<del></del>	<del></del>	<del></del> -
2a	Did the organization include an amount							nt liability?	□ Ves	□ No
	If "Yes," explain the arrangement in P									
Par		art Ami. Oncor non	0 11 1110 0	хріцііц	ilon nao booi	i provide	<u> </u>	Q11 7(111 .		<del></del>
	Complete if the organization	answered "Yes	" on For	m 990	), Part IV, lin	ne 10.				
		(a) Current year		or year	(c) Two yea		(d) Three	years back	(e) Four yea	ars back
1a	Beginning of year balance									–
	Contributions				RECEI	VED				
	Net investment earnings, gains, and			ايرا			70			
	losses			<u>8</u>	SEP 28	2020	280			
d	Grants or scholarships			۵	0	2020	, Ò			
е	Other expenditures for facilities and			'	0005		-1 =			
	programs			<u>L.,</u>	DGDE"					
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of t			e (line	1g, column (a	a)) held a	as:			
а	Board designated or quasi-endowmer	nt 🕨	%							
b	Permanent endowment									
C	Temporarily restricted endowment	%								
•	The percentages on lines 2a, 2b, and	•			4L_4 bald					
3a	Are there endowment funds not in the organization by:	e possession of th	e organi	zation	that are nelo	and adi	ministe	ed for the	\v-	- N-
	•								3a(i)	s No
	(i) unrelated organizations (ii) related organizations								3a(ii)	+
h	If "Yes" on line 3a(ii), are the related of								3b	<del> </del>
4	Describe in Part XIII the intended uses								00	
Part			0 00						<del></del>	
ı ar ı	Complete if the organization		' on For	m 990	. Part IV. lin	e 11a. S	See Fo	rm 990. P	art X. line	e 10.
	Description of property	(a) Cost or other		·	st or other basis		Accumula		(d) Book va	
		(investme		, , ==	(other)		preciation	I .		
1a	Land		_		150,000					150,000
b	Buildings				1,288,741	f		38,069		50,672
С	Leasehold improvements									
đ	Equipment				39,514			39,514		0
е	Other									
Total.	Add lines 1a through 1e. (Column (d) m	nust equal Form 99	00, Part 2	K, colui	nn (B), line 1	Oc.) .		. ▶		200,672

Part VII	Investments—Other Securities Complete if the organization ans		rm 990. Part IV. lir	ne 11b. See Forn	n 990. Part X. line 12.
	(a) Description of security or category (including name of security)		(b) Book value	(c) Me	thod of valuation d-of-year market value
(1) Financial	derivatives				4
(2) Closely-h	neld equity interests		·		
(3) Other	· ·				
(A)					<u> </u>
(B)					
(C)	+				•
			•		
				-	
(H)		•••••		C The straight and the	THE PROPERTY OF LINES. THE PROPERTY OF THE PROPERTY OF
	b) must equal Form 990, Part X, col. (B) line 12 )		<u> </u>	[14] 对社会经验经历第2	Destate, Value of
Part VIII	Investments—Program Related		000 David IV II:		- 000 Dark V Br 40
	Complete if the organization ans	werea "Yes" on For	T	T	
	(a) Description of investment		(b) Book value		thod of valuation I-of-year market value
(1)				,	
(2)	·				<del></del>
(3)	**				
(4)					
(5)					
(6)				ļ	
_(7)	<u> </u>		1		
_(8)		<del>-</del>			
(9)	h) must a must Form 2000 Post V and (P) line 12.1			h : #/8 T 52 \$46/0126#70#8(F)#V.	and the second s
	b) must equal Form 990, Part X, col. (B) line 13 )			Dir Alban Links	erancerality (ca)
Part IX	Other Assets.  Complete if the organization answers	wered "Yes" on For	m 990 Part IV lir	ne 11d. See Form	990 Part X line 15
		) Description	711 000, 1 411 11, 111	10 114. 000 1 011	(b) Book value
(1)					
(2)					
(3)			<del> </del>		·
(4)					
(5)					
(6)					
(7)					
(8)		•			
(9)	AU 4				
Total. (Colui	mn (b) must equal Form 990, Part X, co	ol. (B) line 15.)		<u></u> ▶	
Part X	Other Liabilities.		••		
	Complete if the organization answ	wered "Yes" on For	m 990, Part IV, lir	ie 11e or 11f <sub>.</sub> See	e Form 990, Part X,
	line 25. **				- · · · · · · · · · · · · · · · · · · ·
1.	(a) Description of liability	(b) Book value			
(1) Federal in	come taxes				
(2)					
(3)				<b>生产的</b>	
(4)		· · · · · · · · · · · · · · · · · · ·			
(5)					
(6)					
(7)				A THE STATE OF THE	
(8)				统计和2013年	
(9)	) must a mal Form 2000 Dark V and 400 Eng OF 1 h			是一种的	
	b) must equal Form 990, Part X, col (B) line 25 ) ► uncertain tax positions. In Part XIII, provide	do the text of the feets	to to the ergonization	n'e financial stateme	nte that reports the
Z. LIAUIIILY IOF	uncertain tax positions, in Fart Ain, provi	ae nie revroi nie inonii	ne to the organization	J mianciai stateille	ina macreports me

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

Part	XI	Reconciliation of Revenue per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, I		-	Retu	'n.
1	Total	revenue, gains, and other support per audited financial statements			1	3,115,418
2	-	nts included on line 1 but not on Form 990, Part VIII, line 12.			100	3,113,410
,- а		nrealized gains (losses) on investments	2a			
b		red services and use of facilities	2b	40,000		
c		veries of prior year grants	2c			
d		(Describe in Part XIII.)	2d	3,101,420		
е		nes 2a through 2d			2e	3,141,420
3	Subtr	act line <b>2e</b> from line <b>1</b>			3	(26,002)
4	Amou	nts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other	(Describe in Part XIII.)	4b			
С		nes <b>4a</b> and <b>4b</b>			4c	0
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	(26,002)
Part	XII	Reconciliation of Expenses per Audited Financial Statem		-	er Ret	urn.
		Complete if the organization answered "Yes" on Form 990, F	art IV	/, line 12a.		
1	Total	expenses and losses per audited financial statements			1	2,975,217
2	Amou	nts included on line 1 but not on Form 990, Part IX, line 25:				
а		ed services and use of facilities	2a	40,000	. * *	
b		/ear adjustments	2b			
C		losses	2c			
d		,	2d	2,935,217	1	
е		nes 2a through 2d			2e	2,975,217
3		act line 2e from line 1			3	0
4		nts included on Form 990, Part IX, line 25, but not on line 1:	.			
a		ment expenses not included on Form 990, Part VIII, line 7b	4a		1	
b		(Describe in Part XIII.)	4b		4.	
с 5		nes <b>4a</b> and <b>4b</b> ........................... expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line			4c	
	XIII	Supplemental Information.	10.) .	· · · · · · ·	<b>5</b>	0
		escriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	1 Pa	rt IV lines 1b and 2b	· Dart	V line 4: Part Y line
		es 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t				
		I - Revenue reported by affiliate Nosotros, Inc. of \$3,075,418 plus an adj		<del>-</del>		
Pail Ai	iiile 2	1 - Revenue reported by annuate Nosodos, Inc. of \$5,075,416 plus an adj	naniiei	it of \$120,002/ for the	uiiieiei	ice oi
rontal i	income	(\$0) less rental expenses of (\$26,002) reported by Nosotros Properties,	Inc			
rental (	ilicome	(30) less leikai experises of (320,002) reported by Nosotios Properties,				
Part XI	l lina 2	d - Expenses reported by affiliate Nosotros, Inc. of \$2,909,215 plus an a	liuetm	ent of (\$26 002) for the	a diffor	ence of
rait Ai	i iiiie Z	d - Expenses reported by anniate Mosodos, inc. or \$2,303,213 plus an a	Jusuii	ent or (\$20,002) for the	Uniter	siice oi
rontal i	ncome	(\$0) less rental expenses of (\$26,002) reported by Nosotros Properties,	Inc			
i Ciitai i	income	(40) less lettal expenses of (420,002) reported by Nosouros Properties,				
		•				
		••••				
••						
					<b></b> -	

scneaule D (Fon	m 990) 2018	r	Page 3
Part XIII	Supplemental Information (continued)		
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<del>-</del>			
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### 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 2018

Employer identification number

Open to Public Inspection

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.

Nosotros Properties, Inc.	
Form 990, Part VI, Line 11 - "Organization's Process Used to Review Fo	orm 990" A copy of the 990 form is provided
to the Board Members prior to filing.	
Form 990, Part VI, Line 12c - "Enforcement of Conflicts Policy" Conflict	s of interest are resolved by the Board of Directors.
Form 990, Part VI, Line 15a - "Compensation Process for Top Official" I	No compensation is paid by the Organization.
If compensation was paid, it would be determined by Board of Director	S.
Form 990, Part VI, Line 15b - "Compensation Process for Officers" No	,
Form 990, Part VI, Line 19 - The Organization makes its governing doc	
available to the public upon request.	, ments, commet of interest poncy, and intanena statements
available to the public upon request.	
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SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

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► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

Open to Public, Inspection 20**18** 

OMB No 1545-0047

Employer identification number 74-2451448

(9) Section 512(b)(13) controlled entity? Ŷ (f)
Direct controlling
entity Helporgabization and many seried "Yes" on Form 990, Part IV, line 34, because it had the controlling and response it had the controlling and series and se (e) End-of-year assets 509(a)(2)N/A (d) Total income Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. 501(c)(3) (c)
Legal domicile (state
or foreign country) ArizBRS-OSC D048 (b) Primary activity Identification of Related Tax-Exempt Organizations. Complete if to one or more related tax-exempt organizations during the tax year. Rent from Nos Prop (b) Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity (1)Nosotros, Inc. 440 N. Grande Avenue Tucson, AZ 85745 (a)
Name, address, and EIN of related organization Nosotros Properties, Inc. EIN #86-0271490 Partl Part II

Schedule R (Form 990) 2018

Cat No 50135Y

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Schedule R (Form 990) 2018

(i) Section 512(b)(13) controlled entity? Percentage ownership ŝ £ Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Yes (i) General or managing partner? Š (h) Percentage ownership Yes amount in box 20 of Schedule K-1 (Form 1065) (I) Code V – UBI (g) Share of end-of-year assets (h)
Disproportionate
allocations? Yes No (f) Share of total income (g) Share of end-of- Dyear assets (e)
Type of entity
(C corp, S corp, or trust) (f) Share of total income (d)
| Direct controlling entity (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512—514) (c)
Legal domicile
(state or foreign country) (d)

( Direct controlling entity Primary activity (c) Legal domicile (state or foreign country) Primary activity (a) Name, address, and EIN of related organization (a)
Name, address, and EIN of related organization (1) £ Part III Part IV Ε 2 2 හ € 9 9 ල € ତ 9 E

Schedule R (Form 990) 2018

	on Form 990, Part IV, line 34, 35b, or 36.
	ions. Complete if the organization answered "Yes" on Form 990, Part IV, line 34,
orm 990) 2018	Transactions With Related Organizations. C
Schedule R (F	Part V

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Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

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(a) Name, address, and EIN of entity	(b) Primary activity		(d) Predominant	(e) Are all partners			(h) Disproportionate	(I) Code V—UBI		, (K) Percentage
		(state or foreign country)	uncome (related, unrelated, excluded	section 501(c)(3)	total income	end-of-year assets	allocations?	of Schedule K-1	managing partner?	ownership
			sections 512-514)				Yes No	(600)	Yes No	
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Schedule R (F	Form 990) 2018	Page
Part VII	Supplemental Information.  Provide additional information for responses to questions on Schedule R. See instructions.	
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