Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

2019

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form, as it may be made public.

► Go to www.irs.gov/Form990EZ for instructions and the latest information \ 4 \ \V

Open to Public Inspection

A F	or the	2019 calendar year, or tax year beginning , 2019, and ending			, 20
3 c	heck if ap	pplicable C Name of organization	D Em	oloyer id	entification number
⊒ •	ddress c	change Posada Guadalupe		8	0-0288520
_	lame cha	,	E Tele	phone n	umber
=	nitial retui	IPO 80x 5712	1	21	0-218-2882
=	ınaı retur mended	City or town, state or province, country, and ZIP or foreign postal code	F Gro	up Exe	
=		City or town, state or province, country, and ZIP or foreign postal code San Antonio, TX 78201 3		mber 🕨	•
G A	ccount		Check	▶ □ i	f the organization is no
W	ebsite				ach Schedule B
J Ta	x-exen	npt status (check only one) — ✓ 501(c)(3)	(Form	990, 990)-EZ, or 990-PF)
		organization 🗸 Corporation 🔲 Trust 🔲 Association 🔲 Other			
		s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total	al assets		
Par	t II, coli	lumn (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ		▶ s	
Pa	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the	nstru	ctions	for Part I)
		Check if the organization used Schedule O to respond to any question in this Part			
	1	Contributions, gifts, grants, and similar amounts received		111	41,98
i	2	Program service revenue including government fees and contracts		2	41,30
	3	Membership dues and assessments	•	3	
	4	Investment income		4	-
	5a	Gross amount from sale of assets other than inventory 5a		Marke	
	b	Less: cost or other basis and sales expenses			
	c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) .		5c	
Revenue	6	Gaming and fundraising events:	• •	. dan 13	
	а	Gross income from gaming (attach Schedule G if greater than		. 1	
	.	\$15,000)		of Contract	
	h	Gross income from fundraising events (not including \$ of contributio	ne		
Š	D	from fundraising events (not including \$\frac{1}{2}\$ of contribution from fundraising events reported on line 1) (attach Schedule G if the	113		
Œ		sum of such gross income and contributions exceeds \$15,000) . 6b		543	
	_	Less: direct expenses from gaming and fundraising events 6c			
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and su	htract	_	
	•	line 6c)	Duaci	64	
	70	·	• •	6d	
		Gross sales of inventory, less returns and allowances		-	
	b	Less: cost of goods sold			
	C	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) Other revenue (describe in Schedule O)		7c	 -
	8 9	,		8	
	10	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	41,98
	11			10	
,,	12	101	7	11	
Se	13	Salaries, other compensation, and employee benefits	121	12	
Expenses	14	· · · · · · · · · · · · · · · · · · ·	ا ≟ 'ـــا	13	11,30
×	15	Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping OGDEN, U	r : :	14	33,022
_	16	3, permana,		15	16
		Other expenses (describe in Schedule O)		16	
	17 18	Total expenses. Add lines 10 through 16	. 🚩	17	44,49
統	18 19	Excess or (deficit) for the year (subtract line 17 from line 9) Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree	 مالجنزين	18	-2,50
Net Assets	פו	end-of-year figure reported on prior year's return)	e with	40	
₹	00			19	243,82
<u>o</u>	20 21	Other changes in net assets or fund balances (explain in Schedule O)		20	
Z I		Mer secenc or fund halances at end of year. Commine lines 18 through 30	_	, -	241,319

Pa	rt II Balance Sheets (see the instructions f	for Part II)				
	Check if the organization used Schedule	O to respond to a	ny question in this	Part II		🗆
	+			(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			96,010	22	93,501
23	Land and buildings			147,818	23	147,818
24	Other assets (describe in Schedule O)				24	
25	Total assets			243,828	$\overline{}$	241,319
26	,				26	
27	Net assets or fund balances (line 27 of column			243,828	27	241,319
Par	t III Statement of Program Service Accom	•				5
	Check if the organization used Schedule	O to respond to a	ny question in this	Part III \square	l (Red	Expenses quired for section
	t is the organization's primary exempt purpose?				501	(c)(3) and 501(c)(4)
	cribe the organization's program service accomplisheasured by expenses. In a clear and concise m				-	anizations, optional for ers.)
	ons benefited, and other relevant information for ea		o doi viddo provide	a, the number of		
28						
				••••		
		ıncludes foreign gra	ints, check here	▶ □	288	1
29			· ·			
		includes foreign gra	ints, check here .	▶ 🗌	298	
30	***************************************					
			•••••			
			••••			ļ
		includes foreign gra		▶ 🗆	30a	1
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount	includes foreign gra	ints, check here .	<u> ▶ □</u>	31a	
	Total program service expenses (add lines 28a t				32	
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule					
	Office if the organization used Schedule		(c) Reportable	Part IV		_ · · · · <u> </u>
	(a) Name and title	(b) Average hours per week	compensation	contributions to employ		
	`,	devoted to position	(Forms W-2/1099-MISt (if not paid, enter -0-			other compensation
		-		<u> </u>	+	
		1				
	······	1				
					+	. ,
		1				
			_			
					Ì	
						

Part	· · · · · · · · · · · · · · · · · · ·			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part		
00	Did the approximation of the second section of the section of the second section of the	_	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O. See instructions	34		✓
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		1
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III			
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	35c		✓
00	during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were			
L	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a	Taking A	√
ь 39	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
a	Initiation fees and capital contributions included on line 9	1		
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶; section 4912 ▶; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40.		,
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	40b		√ 2:364
·	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line	148	自	
	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed ▶	700		<u> </u>
42a	The organization's books are in care of ▶ Telephone no. ▶			
	Located at ► ZIP + 4 ►			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶	42b	' 136H3''	4755.01.50
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and		No.	
	Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶	42c	- 17- 1	✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		ı	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year : • 43			
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	1450m	Yes	No
444	completed instead of Form 990-EZ	44a		✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	 44b		
С	Did the organization receive any payments for indoor tanning services during the year?	44c		√
đ	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schodulo O	414.00		W.Y.
45-	explanation in Schedule O	44d		√
45a h	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	1" E AR-C	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		

46	Did the organization engage, directly or in to candidates for public office? If "Yes," or	ndirectly, in political c complete Schedule C	ampaign activities on , Part I	behalf of or in oppos	sition 46		
Part	VI Section 501(c)(3) Organization: All section 501(c)(3) organization 50 and 51.	s Only s must answer que	estions 47–49b and	52, and complete t	<u>'</u>	or lin	es _
	Check if the organization used Sc	hedule O to respond	to any question in t	his Part VI	· · · ·		<u>. </u>
47	Did the eventual event in labelian					Yes	No
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par		section 501(h) electio	_	1 1		
40	•				47		√
48 49a	Is the organization a school as described in Did the organization make any transfers t		· ·		⊢		
b	If "Yes," was the related organization a se				. 49a		-
50	Complete this table for the organization's					s. an	d kev
	employees) who each received more than	1 \$100,000 of compe	nsation from the organ	nization If there is no	ne, enter "N	one."	,
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation			
						-	
		,					
f	Total number of other employees paid ov		. >				
51	Complete this table for the organization	s five highest compe	ensated independent	contractors who ead	:h received	more	than
	\$100,000 of compensation from the orga	nization. If there is no	one, enter "None."				
	(a) Name and business address of each independ	lent contractor	(b) Type of serv	ice (d	c) Compensatio	n	
		•••••	-				
		-				_	
		····					
d 52	Total number of other independent contra Did the organization complete Schedu	•	·	>			
-	completed Schedule A	· · · · · ·	· · · · · · · ·		.⊪ a ▶ ☐ Yes		No
Under p	enalties of perjury, I declare that I have examined this r	eturn, including accompan	ying schedules and stateme	nts, and to the best of my l		belief,	ıtıs
true, cor	rrect, and complete Declaration of preparer (other than	officer) is based on all info	rmation of which preparer h	as any knowledge			
	Phillips D. L.	ey		oct.	9,202	0	
Sign	/ Signature of office/	Disco Adopt		Date	•		
Here	Type or print hame and title	Director					
	Print/Tune preparer's same	Preparer's signature	Dat	1 1 2 -	a PTIN		
Paid	Print/Type preparer's name			Check Ly self-empl	J If	4004-	70
Preparent	l	' 		Firm's EIN >	-75-4 P01	46047	18
Use (Firm's address ► 16631 Vance Jackson	ı #7115 San Antonio. T	X 78257	Phone no	2102795	404	
May th	ne IRS discuss this return with the preparer				► ✓ Yes		No

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number Posada Guadalupe 80-0288520 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box) ☑ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV, Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

Part	.(Complete only if you checked the	ne box on line	5, 7, or 8 of	Part I or if the	e organizatio	n failed∕to qu	
Secti	Part III. If the organization fails to on A. Public Support	o quality unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(4) 2010	,	(0) 2011	(4,20.0		(i) Total
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge	·		. /			
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4		ato a front i	15.0000.556			
	on B. Total Support	(-) 0045	# \ 0010 <i>I</i>	/	4 13 004 0	4 2 2 2 2 3	
Calen 7	dar year (or fiscal year beginning in) Amounts from line 4	(a) 2015	(b) 2016 /	(c) 2017	(d) 2018	(e) 2019	(f) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						,
9	Net income from unrelated business activities, whether or not the business is regularly carried on	·		-			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the organization, check this box and stop he		i's tirst, secon		-	ear as a section	
Secti	on C. Computation of Public Suppor				<u> </u>		
14	Public support percentage for 2019 (line 6			1, column (f))		14	%
15	Public support percentage from 2018 Sch					15	%
16a	331/3% support test—2019. If the organi					•	check this
b	box and stop here . The organization qua 33 ¹ / ₃ % support test—2018 . If the organization this box and stop here . The organization	zation did not	check a box o	n line 13 or 16	a, and line 15		· · ▶ ∐ ore, check · · ▶ □
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the " organization	ets the "facts-	-and-circumsta	ancés" test, ch	eck this box a	and stop here.	Explain in
b	10%-facts-and-circumstances test—26 15 is 10% or more, and if the organization in Part VI how the organization is supported organization in the control of t	ition meets the	e "facts-and-c	circumstances"	' test, check '	this box and s	top here.
18	Private foundation. If the organization di	d not check a	box on line 13,	•		k this box and	see
	instructions	· · ·	· · · ·	<u> </u>		· · · · ·	▶ □
	. /				Sch	edule A (Form 990	or 990-EZ) 2019

Part							
	.(Complete only if you checked the						der Part II.
	If the organization fails to qualify	under the te	sts listed bel	ow, please co	omplete Part	II.) /	
	on A. Public Support			•		/	
_	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) /2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")					/	
2	Gross receipts from admissions, merchandise		-	<u> </u>		_/	
_	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				7		
	furnished by a governmental unit to the				/		
	organization without charge						
6	Total. Add lines 1 through 5		<u> </u>		<i> </i>		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .				/		
_	Amounts included on lines 2 and 3	<u> </u>			<i> </i>		
Ь	received from other than disqualified				 /		
	persons that exceed the greater of \$5,000				/		
	or 1% of the amount on line 13 for the year			,			
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from			11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		建分类型	,
	line 6.)	e er er a			T. P. C.		
	on B. Total Support	4 2 2 2 4 5	# N 0040	1 22/5			
Calen 9	dar year (or fiscal year beginning in) Amounts from line 6	(a) 2015	(b) 2016	(c) 20 1 7	(d) 2018	(e) 2019	(f) Total
9 10a	Gross income from interest, dividends,	-					·
IVa	payments received on securities loans, rents,			/			
	royalties, and income from similar sources .			/		,	
b	Unrelated business taxable income (less			/			
	section 511 taxes) from businesses			/			
	acquired after June 30, 1975			/			
С	Add lines 10a and 10b			<i> </i>			.
11	Net income from unrelated business			! /			
	activities not included in line 10b, whether or not the business is regularly carried on			/			
12	Other income. Do not include gain or		 			-	
	loss from the sale of capital assets		/				
	(Explain in Part VI.)		/				
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the	-	- 1		•		
Casti	organization, check this box and stop he		<u> </u>			· · · · ·	<u> ▶ </u>
<u>3ecu</u> 15	on C. Computation of Public Support Public Support percentage for 2019 (line			12 oakuma (6)		15	0/
16	Public support percentage from 2018 Sci	* * * * * * * * * * * * * * * * * * * *	/			16	<u>%</u>
	on D. Computation of Investment In			• • • •			
17	Investment income percentage for 2019 (by line 13, colu	ımn (f))	17	%
18	Investment income percentage from 2018			-		18	%
19a	331/3% support tests-2019. If the organ			on line 14, a	nd line 15 is m		
	17 is not more than 331/3%, check this box						
b	331/3% support tests—2018. If the organiz						
	line 18 is not more than 331/3%, check this		_	-	•		
20	Private foundation. If the organization di	d not check a	box on line 14	<u>, 19a, or 19b, c</u>	check this box	<u>and see instruc</u>	tions 🕨 🗌

Part IV Supporting Organizations

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

Section A. A	III Suppo	orting Or	ganizations
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- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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Part	IV Supporting Organizations (continued)			age O
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		\$ C 20	5,44
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	141-3	2	·早里
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	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		
Secti	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		2. 通	20
	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 Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,	1.2	初篇	
	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.	40.00	ALL SE	
	organizations and what conditions of 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	24.12 (TAX)		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		X.	
	supervised, or controlled the supporting organization	2		
Secti	on C. Type II Supporting Organizations			
		Southing or Service	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		4	
	or management of the supporting organization was vested in the same persons that controlled or managed		7	
	the supported organization(s)	1 1		
Secti	on D. All Type III Supporting Organizations	<u>.</u>		
		1850° 2777 8	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?			130
2		7		0.744
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	100		3,3
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	Cia didi	Maca
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2 344 25 3	-5-1-6-18	ak And
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		A-1, 180
Secti	on E. Type III Functionally Integrated Supporting Organizations	1 0 1		L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instruc	tions	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.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity ((see ins	truct	ions).
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which(the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined		1 -13	
	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.			
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		200
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		**	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Type III Non-Functionally integrated 509(a)(3) Supporting Organical	gan	iizations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
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):	影演		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c	·	
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		'n
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	CANADA - ABU HASAN GALLA	
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposéd 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).		tegrated Type III supporting	g organization (see

Part	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continuea)	
Sect	ion D'- Distributions			Current Year
1	· Amounts paid to supported organizations to accomplish e	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	mpt purposes of suppo	orted	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	inizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	sponsive	t
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			通过自己是否对他们的
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			調性學的認識性質
h	Applied to 2019 distributable amount			ç`
<u>i</u>	Carryover from 2014 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3ı from 3f.	THE STREET CONTROL OF THE HERMITED STREET, STREET, MICHIGA.		
4	Distributions for 2019 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
<u> </u>	Applied to 2019 distributable amount			the Letters of the Company of the Co
С	Remainder. Subtract lines 4a and 4b from 4	Taranas cum 1		
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015 .		次是形型的一种的	
b	Excess from 2016		argebook area to the	
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

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.)
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