## \* Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form990 for instructions and the latest information.	îKV4	Inspection
Go to www.irs.gov/Forms90 for instructions and the latest information.	10	inspection

A	F	or the	2017 cale	endar year, or tax year beginning July 1 , 2017, and ending	Jun	e 30	, 20 18
В	С	heck if	applicable	C Name of organization Nosotros, Inc.		D Employ	er identification number
97	) A	ddress	change	Doing business as			86-0271490
20	lΝ	ame ch	=	Number and street (or P O box if mail is not delivered to street address) Room/suit	е	E Telepho	ne number
σĒ	_	itial ret	=	440 N. Grande Avenue			520-624-1023
•			n/terminated	200	· · · · · · · · · · · · · · · · · · ·		<u> </u>
<b>-</b>	,		d return	Tucson, Arizona 85745-2703		<b>G</b> Gross re	eceipts \$ 2,799,177
M			on pending				subordinates? Yes No.
		ppiicati	on pending	- 7			s included? Yes No
PAR							a list (see instructions)
Ç	_	ebsite:	npt status	501(c)(3) 501(c) ( ) 4 (inset(10) 5 4947(a)(1) 01 5 5 5	H(c) Group		
		_		✓ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formati	<del></del>	<del></del>	
STARK		rt i			on 1973	IVI State	of legal domicile AZ
8	ان د		Summ		uda agaial sa		disadvantanad
B,	.		-	escribe the organization's mission or most significant activities: To prov	ide sociai se	rvices	ousadvantaged
	2		members	of the Mexican American community of Southern Arizona.			
	2	_			£	0504 -4	.444.
	2			his box ▶☐ if the organization discontinued its operations or disposed o		1 1	its net assets.
Ċ	5			of voting members of the governing body (Part VI, line 1a)		3	4
٥	8			of independent voting members of the governing body (Part VI, line 1b)		4	4
				, , , , , , , , , , , , , , , , , , , ,		5	65
-	<u> </u>			mber of volunteers (estimate if necessary)		6	0
•	۲			related business revenue from Part VIII, column (C), line 12		7a	0
_	$\perp$	b	Net unre	lated business taxable income from Form 990-T line 34		7b	0
				RECEIVED	Prior Ye	ar	Current Year
9	ַ	8	Contribu	tions and grants (Part VIII, line 1h)		590,239	590,692
	Levenue			service revenue (Part VIII, line 2g) . MAY 1.3.2019.	2	,063,336	2,185,601
	<u> </u>	10		ent income (Part VIII, column (A), lines 3, 4 and 7d)		332	434
E	٠	11	Other rev	venue (Part VIII, column (A), lines 5, 6d, 8c, 9 <del>c, 10c, and 11c)</del> 🖺		13,532	22,450
		12	Total rev	enue – add lines 8 through 11 (must equal Part (III) Column (A) (III) (12)	2	,667,439	2,799,177
_		13	Grants a	nd similar amounts paid (Part IX, column (A), lines 1-3)			
		14	Benefits	paid to or for members (Part IX, column (A), line 4)			
	ا م	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-10)	1	,816,152	1,931,831
	Expenses	16a	Profession	onal fundraising fees (Part IX, column (A), line 11e)			
	<u> </u>			idraising expenses (Part IX, column (D), line 25) ▶			· · · · · · · · · · · · · · · · · · ·
ú	ו נ	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e)		689,712	778,358
		18		penses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2	,505,864	
		19		eless expenses. Subtract line 18 from line 12		161,575	
_	s				eginning of Cui		End of Year
P. S.	a	20	Total ass	sets (Part X, line 16)	1	,220,870	1,263,180
Ass		21		pilities (Part X, line 26)		173,356	
ž	21			ets or fund balances. Subtract line 21 from line 20	1	,047,514	1,136,502
_ [	_			ture Block	·	,017,011	1,100,002
// <b>=</b>	_			ury, I declare that I have examined this return, including accompanying schedules and staten	nents and to th	e best of r	my knowledge, and belief it is
	rue,	correct		elete Declaration of preparer (other than officer) is based on all information of which preparer			ny miomody and bone, mis
ANNES			<b>A</b> 4	1 1 De la AQuella	12	<u>~</u>	8-19
ms.	iar		Sign	Pature of officer	LA	<u>و ح</u>	
O <sub>H</sub>	er.			GUADALUAE RUMERD TREATURER/SELRETARY			
ב''			Type	e or print name and title			
⋤_			<u> </u>	/pe preparer's name Preparer's signature Dai	a	Τ	PTIN
	aid			DIENO.	18/19	Check self-em	Ļ サ଼│
		pare	'			<u> </u>	PO1218573
ہرا	lse	Onl	y Firm's r			's ElN ▶	
으_	• -	41 45		address > 7838 E. Linden Ct. Tucson, AZ 85715	Phoi	ne no	520-722-3643
_	_			s this return with the preparer shown above? (see instructions)		· · ·	✓ Yes No
F	or F	aperw	ork Redu	action Act Notice, see the separate instructions. Cat No	11282Y		Form <b>990</b> (2017)

Page	2
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	Statement of Program Service Accomplishments  Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
	To provide social services to disadvantaged members of the Mexican American community of Southern Arizona.
	•
2	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ?
<sup>-</sup> 3	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.
4a	(Code ) (Expenses \$ 2,000,411 including grants of \$ ) (Revenue \$ 2,410,165)
	Charter School - This program established a charter/high school, middle school, and elementary school for grades K-12 that was
	approved by the Arizona State Board for Charter Schools. The purpose of this program is to provide an alternative to the
	traditional high school, middle school, and elementary school environment. This program uses public funds provided by the
	Arizona Department of Education and is open to all eligible high school, middle school, and elementary school students.
	Nosotros, Inc. operates the charter school through its 100% ownership of Nosotros Academy, LLC, a disregarded tax entity.
	The operation of the charter school began in August 2002. The Internal Revenue Service was informed about this activity
	and issued a letter dated November 5, 2002 advising Nosotros, Inc that the uses of Nosotros Academy, LLC and the operation of
	a charter school did not effect Nosotros, Inc.'s exempt status.
4b	(Code: ) (Expenses \$ 360,593 including grants of \$ ) (Revenue \$ 388,935)
	Day Care - Includes breakfast, lunch, snacks, bilingual education, homework support, socialization activities, field trips, and after
	school care. This program has a capacity of 85 children.
4-	
4c	(Code) (Expenses \$
4c	
<b>4</b> c	
	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	(Code) (Expenses \$including grants of \$) (Revenue \$)
	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

ADOR Page 3

art	Checklist of Required Schedules			
			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	<u> </u>	ļ_
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		<b>✓</b>
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		1
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? If "Yes," complete Schedule C, Part II	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		<b>√</b>
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		<b>✓</b>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D, Part VI	11a	<u> </u>	
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, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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	11e		<b>√</b>
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
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	<b>√</b>	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a		14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		<b> </b> ✓
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		1
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		<b>√</b>
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		<b>√</b>
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		<i>√</i>
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		1

Part I	Checklist of Required Schedules (continued)			
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	-	_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			_
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	_	✓
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		✓
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		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		<b>  •</b>
_ , ,	\$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		✓
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	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		/
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	234		
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	;		
	If "Yes," complete Schedule L, Part I	25b		✓
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	1		
	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,	20		<del>                                     </del>
	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		✓
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):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	006		,
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28b		<b>✓</b>
·	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
04	conservation contributions? If "Yes," complete Schedule M	30		<b>✓</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	<del> </del>		<b>'</b>
	complete Schedule N, Part II	32		1
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,			
05-	or IV, and Part V, line 1	34	✓	
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		<b>✓</b>
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
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,			1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37		-
-	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	✓	ĺ

**c** Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year? . . .

**b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

orm 99	0 (2017)			Page !
Part	Statements Regarding Other IRS Filings and Tax Compliance			-
	Check if Schedule O contains a response or note to any line in this Part V		,	. $\square$
-			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	P		1967
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	12. 6. 34	(ジンデン 数52デン	3. a. v.
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	37,75		
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	Service of the servic	<b>*</b>	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 65	سنتسد	ختـــُنْدُ	ئىرىڭ ئىرىنىڭ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		<u> </u>	35.0
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<b>√</b>
<ul> <li>Did the organization have unrelated business gross income of \$1,000 or more during the year?</li> <li>If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O</li> <li>At any time during the calendar year, did the organization have an interest in, or a signature or other author over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</li> <li>If "Yes," enter the name of the foreign country ►</li> <li>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account (FBAR).</li> <li>Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</li> <li>Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</li> <li>If "Yes" to line 5a or 5b, did the organization file Form 8886-T?</li> <li>Does the organization have annual gross receipts that are normally greater than \$100,000, and did to organization solicit any contributions that were not tax deductible as charitable contributions?</li> <li>If "Yes," did the organization include with every solicitation an express statement that such contributions gifts were not tax deductible?</li> <li>Organizations that may receive deductible contributions under section 170(c).</li> <li>Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good and services provided to the payor?</li> <li>If "Yes," did the organization notify the donor of the value of the goods or services provided?</li> <li>Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it we required to file Form 8282?</li> </ul>		8.78	MX.i	100
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	, \		
			أَثْمُونَهِ فَأَنْهُ	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b		5b		✓
С		5c		ļ
6a				_
b-	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		<b>✓</b>
		6b		\$41.0°Z
	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		✓
b		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	3,777,58	X 37.	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	<b>7</b> f		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8,899 as required?	7g		ļ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	45 1 1 4 6 15 X	- A
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		712×24 21 - 42	142
	sponsoring organization have excess business holdings at any time during the year?	8	u.86773	#4742.
9	Sponsoring organizations maintaining donor advised funds.	<del></del>		1
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<b> </b>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	8 2	1 1 1 1
10	Section 501(c)(7) organizations. Enter	1		
a	Initiation fees and capital contributions included on Part VIII, line 12	1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	7 7	3	
11	Section 501(c)(12) organizations. Enter  Gross income from members or shareholders	1,40,48		
a b	Gross income from members or shareholders	1 3		
D	against amounts due or received from them.)			
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	12a	The other	Medi
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	100 k (2.78)		1
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	2, 4	1 222
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	To the	就	E CO
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	かの金		

14a

Part	Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule (				ions.				
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		<u>.</u>	<u> </u>				
Secti	on A. Governing Body and Management								
	<b>-</b>	l .	(\$50.5 m. 15)	Yes	No				
1a Enter the number of voting members of the governing body at the end of the tax year 1a 4									
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee explain in Schedule O.									
	committee, explain in Schedule O.								
_									
ь 2	Did any officer, director, trustee, or key employee have a family relationship or a business in				300				
_	any other officer, director, trustee, or key employee?		2		<b>✓</b>				
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, or trustees, or key employees to a management company or other	er person? .	3		<b>✓</b>				
4	Did the organization make any significant changes to its governing documents since the prior Form 99		5		<b>✓</b>				
5									
6	Did the organization have members or stockholders?		6		<b>✓</b>				
7a	Did the organization have members, stockholders, or other persons who had the power to one or more members of the governing body?	elect or appoint			,				
<b>h</b>	Are any governance decisions of the organization reserved to (or subject to approval		7a		<b></b>				
b	stockholders, or persons other than the governing body?		7b		<b>/</b>				
8	Did the organization contemporaneously document the meetings held or written actions un	dertaken during	W.S.	1	100 m				
	the year by the following								
а									
b	Each committee with authority to act on behalf of the governing body?		8b	✓					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be a section of the section								
04	the organization's mailing address? If "Yes," provide the names and addresses in Schedule C		9	/- \	✓				
Secti	on B. Policies (This Section B requests information about policies not required by the	e internai Rever	iue C	oae.) Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?		10a	103	1				
b	If "Yes," did the organization have written policies and procedures governing the activities of	f such chapters	IUa		<del>- •</del>				
-	affiliates, and branches to ensure their operations are consistent with the organization's exem		10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before		11a	1					
b									
12a									
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	e rise to conflicts?	12b	✓					
С	Did the organization regularly and consistently monitor and enforce compliance with the particle in Schedule O how this was done	oolicy? If "Yes,"	12c	✓					
13	Did the organization have a written whistleblower policy?		13	<b>✓</b>					
14	Did the organization have a written document retention and destruction policy?		14	✓					
15	Did the process for determining compensation of the following persons include a review a		8. Q.		₩.				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation								
а	The organization's CEO, Executive Director, or top management official		15a	<b>√</b>					
b	Other officers or key employees of the organization		15b	12 (1365)	1. n/w/. #				
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or simi	lar arrangament		**					
	with a taxable entity during the year?		16a	3030	<b>✓</b>				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization				影響				
	participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements?		16b		التستة				
Section	on C. Disclosure				L				
17	List the states with which a copy of this Form 990 is required to be filed ► Arizona								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a available for public inspection. Indicate how you made these available. Check all that apply.	nd 990-T (Sectio	n 501(	c)(3)s	only)				
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Sci	hedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing docume	•	erest (	policy	, and				
	financial statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization	on's books and re	cords	<b>&gt;</b>	•				
State the name, address, and telephone number of the person who possesses the organization's books and records Ronald D. Kovar Jr. 440 N. Grande Avenue Tucson, AZ 85745 (520)722-3643									

Dogo	7
Page	•

Form	990	(201	7

_	•	•										
Part V	Ш	Com	pensat	ion of	Officers,	Directors,	Trustees,	Key Employ	yees, Highest	Compensated	l Employees	, and
	_	Inde	enden	t Cont	ractors							

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 no	r any relate	d orga	anız	atio	n c	ompe	nsa	ited any currer	t officer, directo	r, or trustee.	
(A) Name and Title	(B) Average hours per week (list any	(C) Position (do not check more that box, unless person is be officer and a director/fin					one n an tee)	(D) Reportable compensation	(E) Reportable compensation from	<b>(F)</b> Estimated	
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) Guadalupe Romero											
Treasurer/Secretary	2	✓		1				0	o		0
(2) Luis Kamei								li .			_
Board Member	2	✓						o	o		0
(3) Margaret Romero											_
Board Member	2	✓_						į o	0		0
(4) Rudy Gallego											
Board Member	2	✓						o	o		0
(5) Paul Felix											
Executive Director	40				✓			112,471	0		0
(6)											
(7)				-							_
(8)											_
(9)											
(10)											
(11)											
(12)											_
(13)	<u> </u>										_
(14)				_							_

Part	Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees			lighes	st C	ompensated E	mployees (co	ntinued)		
	(A) Name and title		(B) (Go not check more than box, unless person is be officer and a director/tru			ıs both	an	(D)  Reportable compensation from	(E) Reportable compensation fi		(F) stimated mount of other		
		week (list any hours for related organizations below dotted (line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	SC) f org ar	npensation rom the ganization id related janizations	
(15)													
(16)													
(17)													
(18)													
(19)												<del></del>	
(20)													
(21)											-		
(22)													
(23)									· · ·				
(24)							·						
(25)												- · <u>-</u>	
1b c	Sub-total			<u>.</u>			· ·	<b>▶ ▶</b>	112,471 0 112,471		0		 0 0
2	Total number of individuals (including but reportable compensation from the organic	t not limited			_			e) w		ore than \$100	<del></del>		
3	Did the organization list any <b>former</b> of employee on line 1a? <i>If "Yes," complete a</i>	ficer, direc						emp	oloyee, or high	est compens	sated 3		No ✓
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th	an \$1	150,	000	)? <i>I</i> i	f "Ye:	s," ·	complete Sch	edule J for	such 4		<u>/</u>
5	Did any person listed on line 1a receive of for services rendered to the organization.									zation or indiv	ridual5		<b>,</b>
Section	on B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization Repyear.												·
	(A) Name and business add	Iress							(B) Description of s	ervices	Compe	c) nsation	
								<u> </u>	<del></del>		<del> </del>		
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who			 

Form 9	90 (2017	7)						Page <b>9</b>
Part	VIII	Statement of Reve Check if Schedule O		oonse or note to	o any line in this	Part VIII	· · · <u>· · ·</u>	·
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ints nts	1a	Federated campaigns						
Grants nounts	b	•	1b	· · · · · · · · · · · · · · · · · · ·				
Gifts, ılar Ar	·C	Fundraising events .						
	d e	Related organizations Government grants (con		590,692	¥.			1,000
ons	f	All other contributions, gi		390,692				
buti ther		and similar amounts not inc	- 1	,				
Contributions, and Other Sim	g	Noncash contributions includ	led in lines 1a-1f \$		2016.00		14. 14.	
	h	Total. Add lines 1a-1	f ′ <u>.</u>	590,692			A Automotive Company	
nue	٠, .			Business Code	76.34			
eve	2a	Daycare Parent Fees	· · · · · · · · · · · · · · · · · · ·	624410	99,978			
. es	b	State Equalization Assistance Classroom Site Projects		611110	1,915,957			-
ervi	l a	Classicolii Site i roject		611110 .	169,666	169,666		
Program Service Revenue	e							-
ogra	f	All other program sen	vice revenue .	,				
<u> </u>	g	Total. Add lines 2a-2		▶	2,185,601	and a company		AND COMPANY OF SEE
	3	Investment income				,	1	•
	4	and other similar amo	· ·		434	434		
	5	D 11	· · · · · ·	ona proceeds ►		,	1	
		Tioyanioo	(i) Real	(II) Personal	THE RESERVE OF			
	6a	Gross rents						
3	, b	Less: rental expenses		•			14	
	С	Rental income or (loss)		1	لتفاقينا			
	d	Net rental income or (	loss) (i) Secunties	(ii) Other	THE CREATERS OF STREET	THE SECOND OF THE SECOND	Lacelographic in Ress	
	7a <sub>.</sub>	Gross amount from sales of assets other than inventory	(i) Securities	(II) Otrier				
,	ь	Less cost or other basis						
		and sales expenses						
	С	Gain or (loss)	r.					
	d	Net gain or (loss) .		•				
<u>a</u>								
n a	8a	Gross income from fu events (not including \$	indraising					
ě		of contributions reporte	ed on line 1c)					
er F		See Part IV, line 18 .						
Other Revenue	b	Less <sup>-</sup> direct expenses	s <b>b</b>	•				
	С	Net income or (loss) fi		events . <b>&gt;</b>				
	9a	Gross income from ga	aming activities.					
		See Part IV, line 19	· a	==				
	b	Less: direct expenses Net income or (loss) fi		vities •				
		Gross sales of in		, , ,				
	٠	returns and allowance						
	b	Less cost of goods s						
	c_	Net income or (loss) for			2 contrastications and the	2-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0	"Id City Professionan and a second	Manager of the second s
		Miscellaneous R		Business Code				
	11a b	Miscellaneous		611110	22,450	22,450		
•	C							
•	ď	All other revenue .						
	е	Total. Add lines 11a-		▶	22,450	r es alla de la companya de la comp		
	40	Total revenue Socur	actructions	_		l	l	

Part IX Sta	atement	of	Functio	nal Exp	enses	

Sectio	n 501(c)(3) and 501(c)(4) organizations must cor				olumn (A)
	Check if Schedule O contains a respon				<u></u> . 🗆
	t include amounts reported on lines 6b, 7b, , 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				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	,			
3	Grants and other assistance to foreign			<b>基础的。</b> 参约为约	37X333454574X351
	organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16		•		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,626,961	1,397,481	229,480	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	99,330	77,190	22,140	
9	Other employee benefits	63,907		<u> </u>	
10	Payroll taxes	141,633			
11	Fees for services (non-employees)	,	-		
а	Management			<u>-</u>	
b	Legal		•		•
C	Accounting	26,152	5,674	20,478	
d	Lobbying				
e f	Investment management fees				,
g	Other (If line 11g amount exceeds 10% of line 25, column				-
•	(A) amount, list line 11g expenses on Schedule O.) .	124,354	117,395	6,959	
12	Advertising and promotion	23,804			<del></del>
13	Office expenses	51,129			
14	Information technology	1			
15	Royalties				-
16	Occupancy				
17	Travel	8,137		8,137	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials		_	t	
19	Conferences, conventions, and meetings .	14,050	14,050		
20	Interest				
21 22	Payments to affiliates	04.050	04.050		
23	Insurance	81,958 36,510			
24	Other expenses, Itemize expenses not coveréd		January Commission of the Comm	3,933	
	above (List miscellaneous expenses in line 24e If	To The State of th	Taring Control of the	dender 22 me de territor	
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Miscellaneous	46,480	39,929	6,551	
b	Supplies	249,151			
C	Utilities	48,510			
d	Repairs & Maintenance	59,730			
е 25	All other expenses Telephone Total functional expenses. Add lines 1 through 24e	8,393			
26	Joint costs. Complete this line only if the	2,710,189	2,361,004	349,185	
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	ırt X		
		·	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	723,962	1	. 816,373
`	2	Savings and temporary cash investments	<u>-</u>	2	
	3	Pledges and grants receivable, net	44,983	3	33,960
	4	Accounts receivable, net	90,163	4	30,751
	5	Loans and other receivables from current and former officers, directors,			
S		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net	-	7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	15,098	9	62,073
	10a	Land, buildings, and equipment cost or	500.50000000000000000000000000000000000	<b>360</b>	AZZIVENSKIM
		other basis Complete Part VI of Schedule D 10a 1,389,773			
	b	Less: accumulated depreciation 10b 1,069,750	WO SHE SHAPE AND ADDRESS OF TAXABLE IN	10c	320,023
	11	Investments—publicly traded securities		11	,
	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)	1,220,870	16	1,263,180
	17	Accounts payable and accrued expenses	173,356		126,678
	18	Grants payable	·	18	,
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
S	22	Loans and other payables to current and former officers, directors,			ALCENIA NET ACTUAL
Liabilities		trustees, key employees, highest compensated employees, and			
abi		disqualified persons. Complete Part II of Schedule L		22	
Ë	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	173,356		126,678
		Organizations that follow.SFAS 117 (ASC 958), check here ▶ ☑ and		SEE SEE	
ses		complete lines 27 through 29, and lines 33 and 34.			
an	27	Unrestricted net assets	1,047,514	27	1,136,502
Bal	28	Temporarily restricted net assets		28	
рq	29	Permanently restricted net assets	1	29	
Fu		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and	2.70	330	
or l		complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	•
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ΙÀ	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Ne	33	Total net assets or fund balances	1,047,514	33	1,136,502
	34	Total liabilities and net assets/fund balances	1,220,870	34	1,263,180

n	_ 1	2
Pag	e i	~

Part	XI Reconciliation of Net Assets					_
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			2,79	9,177
2	Total expenses (must equal Part IX, column (A), line 25)	2			2,71	0,189
3	Revenue less expenses. Subtract line 2 from line 1	3			8	8,988
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			1,04	7,514
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			1,13	6,502
Part	XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII			T	• •	
			_		Yes	No
1	Accounting method used to prepare the Form 990.   Cash Accrual Other		<del>.</del>			]
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	ın			l
_	Schedule O.			-		احب
2a	· · · · · · · · · · · · · · · · · · ·			2a ∣		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were com- reviewed on a separate basis, consolidated basis, or both.	pilea	or			- 1
					İ	,
	Separate basis Consolidated basis Both consolidated and separate basis		-	<del></del>  -	7	
D	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audit			2b	<u> </u>	i
	separate basis, consolidated basis, or both	eu on	a	٠	•	
	Separate basis Consolidated basis Both consolidated and separate basis		-			. 1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	versia	ht -	-		
C	of the audit, review, or compilation of its financial statements and selection of an independent account			2c	,	
	If the organization changed either its oversight process or selection process during the tax year, ex			+	•	
	Schedule O.	۰,			ŀ	١,٠
32	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	<sub>in</sub>	-		أنسس
Ja	the Single Audit Act and OMB Circular A-133?		- 1	Ba		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	erao th		<del>~</del> +		
~	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a			b		
				Form	990	(2017)

# SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

► Attach to Form 990 or Form 990-EZ.

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

20**17** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

86-0271490 Nosotros, Inc Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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 \( \sum \) 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 h 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, 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 I. Type III. 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). (III) Type of organization (i) Name of supported organization (ii) EIN (iv) Is the organization (vi) Amount of (v) Amount of monetary (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) . Yes No (A) (B) (C) (D) (E)

Part	Support Schedule for Organiza	ations Descr	ibed in Sect	ions 170(b)(1	)(A)(iv) and 1	170(b)(1)(A)(v	i) /
	(Complete only if you checked the						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					1 ( ) 00.17	(2/2)
	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	<b>(d)</b> 2016	<b>(e)</b> 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	-				,	
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		55.5 ×1005.67566.875×10	with the second plants.	**************************************	i de de la companya d	
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	000 miles	Contractor (Contractor)	/		<b>医器位性</b>	
	on B. Total Support	T				, , , , , , , , , , , , , , , , , , ,	
	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	/(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	J	/				
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.)				<b>(</b> )		
11 12	Gross receipts from related activities, etc	7	ons)			12	- 501/-\/0\
13	First five years. If the Form 990 is for the	/ -			<del>-</del>		
Section	organization, check this box and stop he on C. Computation of Public Suppor						· · • <u> </u>
14	Public support percentage for 2017 (Ime			1 column (fl)		14	- %
15 16a	Public support percentage from 20/6 Scl 33 <sup>1</sup> / <sub>3</sub> % support test—2017. If the organ box and stop here. The organization qua	hedule A, Part ization did not	II, line 14 . check the box		 nd line 14 is 33	15 31/3% or more,	%
b	331/3% support test—2016. If the organithis box and stop here. The organization	zation did not	check a box c	on line 13 or 16	a, and line 15	ıs 33 <sup>1</sup> /3% or m	_
17a							
· b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization resupported organization	ation meets th	e "facts-and-o	circumstances' stances" test.	test, check	this box and	stop here.
18	<b>Private foundation.</b> If the organization di	id not check a	box on line 13	, 16a, 16b, 17a	ı, or 17b, chec	k this box and	see ▶ □

### Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Secti	on A. Public Support	411401 1110 101	noted Bote	, piedee ee	mpioto i are i	,	
	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
1	Gifts, grants, contributions, and membership fees			`,	- ` '		
	received. (Do not include any "unusual grants.")	425,007	484,494	543,666	590,239	590,692	2,634,098
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	1,470,359	1,631,263	1,824,612	2,063,336	2,185,601	9,175,171
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	1,895,366	2,115,757	2,368,278	2,653,575	2,776,293	11,809,269
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с 8	Add lines 7a and 7b						11,809,269
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	1,895,366	2,115,757	2,368,278	2,653,575	2,776,293	11,809,269
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	614	576	357	332	434	2,313
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	614	576	357	332	434	2,313
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,	18,002	12,314	13,452	13,532	22,450	79,750
14	and 12)	_			-	2,799,177  ear as a section	
Secti	on C. Computation of Public Suppor						<u> </u>
15	Public support percentage for 2017 (line			3. column (fl)		15	99.3099 %
16	Public support percentage from 2016 Sc	• •	-			16	99 3301 %
	on D. Computation of Investment In						00 0001 70
17	Investment income percentage for 2017			/ line 13, colun	nn (f))	17	0.0195 %
18	Investment income percentage from 2010	-				18	0.0264 %
19a	331/3% support tests-2017. If the organ						6, and line
	17 is not more than 331/3%, check this box	•	_	-		-	_
b	$33^{1}$ /3% support tests – 2016. If the organization 18 is not more than $33^{1}$ /3%, check this						
20	Private foundation. If the organization d	id not check a t	oox on line 14,	19a, or 19b, c	heck this box	and see instruc	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.	All	Support	ing Or	ganizations
					3

1	Are all of the organization's supported organizations listed by name in the organization's governing
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by
	class or purpose, describe the designation If historic and continuing relationship, explain

- Did the organization have any supported organization that does not have an IRS determination of statu 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 th organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(E purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- Was any supported organization not organized in the United States ("foreign supported organization")? "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretio despite being controlled or supervised by or in connection with its supported organizations
- Did the organization support any foreign supported organization that does not have an IRS determinatio under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization use to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(E 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 Eli 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 actio 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 alread designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) t anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefite by one or more of its supported organizations, or (iii) other supporting organizations that also support of 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 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7 8 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Was the organization controlled directly or indirectly at any time during the tax year by one or mor disqualified persons as defined in section 4946 (other than foundation managers and organizations describe 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 whic 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.
- 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 integrate supporting organizations)? If "Yes," answer 10b below
  - 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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	6 A (Full 1990 OF, 990-E2) 2017			aye o
Part	Supporting Organizations (continued)	<del></del>		
		- Iranta	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	. X		أنكلة
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
		65.00	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.		Est.	E
	organizations and what conditions of restrictions, if any, applied to easily powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	1	March 3	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		Quis	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	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	激光激	Liv	激彩
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	3574 - 5		
•	or management of the supporting organization was vested in the same persons that controlled or managed	<b>数</b> 22		
	the supported organization(s)	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	12.77 T	<b>3</b>	x × 3
	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		i sar Sara d	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	~********	Andrew Albert
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		1	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		******
3	By reason of the relationship described in (2), did the organization's supported organizations have a	. A	3.5	
	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		<b>数</b> :""	14.45 (A)
	supported organizations played in this regard.	3	311 E- 113 E	
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	instru	ctions	s)
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•,
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below	/ ·		
С	☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (	see ms	struct	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	\$ ~ 1 × 3		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			2.5
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	تقسيستعم	**************************************
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	\$	5 85° pri 455° 586	12.30
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the		多餐	
	reasons for the organization's position that its supported organization(s) would have engaged in these		1	1
	activities but for the organization's involvement.	2b	20.4W.	alliettis
2	-	EASE	<b>NAM</b>	27981
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the agree instance have the power to regularly appoint or elect a majority of the officers, directors, or			
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? <i>Provide details in Part VI.</i>	2		
	· · · · · · · · · · · · · · · · · · ·	3a	Bally and the	· -22%31
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	24		ra d
	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 Org	<u>jan</u>	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			
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)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
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	•	<u> </u>
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	<b>第四个位数的一个现在分</b> 属	
5 Income tax imposed in prior year	5	理论是某个企业的	
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-functional instructions).	y in	tegrated Type III supporting	organization (see

Part	Type III Non-Functionally Integrated 509(a)(3	S) Supporting Organi	izations (continued)	
Secti	on 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	empt purposes of suppo	orted	
	organizations, in excess of income from activity			
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)		<u> </u>	
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.	1		
8	Distributions to attentive supported organizations to which	h the organization is res	sponsive	
	(provide details in Part VI). See instructions.	J - J - J		
9	Distributable amount for 2017 from Section C, line 6	-		<del></del>
10	Line 8 amount divided by line 9 amount			
	,	P3	(ii)	(iii)
Se	ection E - Distribution Allocations (see instructions)	(I)	Underdistributions	Distributable
		Excess Distributions	Pre-2017	Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017	**************************************	7 . 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	
_	(reasonable cause required – explain in <b>Part VI</b> ). See			
	instructions.			
3				
a	Excess distributions carryover, if any, to 2017		NA PROPERTY OF THE PROPERTY OF	
. b	From 2013			
C	From 2014	Private		
d	From 2015			
e	From 2016			
f	Total of lines 3a through e	\$1.5 (B) \$1.6 (\$1.5 (\$1.		
	Applied to underdistributions of prior years .		System with a warm of desired to	
<u>g</u> h	Applied to underdistributions of prior years  Applied to 2017 distributable amount			Christian was ecestrolistic field
<u>''</u>	Carryover from 2012 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	LIST DOS LESSES CONTRACTOR		
4	Distributions for 2017 from	N. Franklisto Clissiský říško		
. *	Section D, line 7 \$			
	Applied to underdistributions of prior years			
<u>а</u> Ь	Applied to driderdistributions of prior years  Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.	Platfield in his or will have the property of		
<u>c</u>		Sacratica (Salate Salate Salat	#1000 TO 1000 BUT 100	
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result			<b>1</b> 55
	greater than zero, explain in <b>Part VI.</b> See instructions.		•	
			(M. 16. Maria 19. Ma	200 A 300 ST 25 L C 5 2 4 A 4 5 2 5 3 5 3
6	Remaining underdistributions for 2017. Subtract lines 3h			
•	and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
				The Anglish College of the Charles
7	Excess distributions carryover to 2018 Add lines 3j			
	and 4c.			RESTANCES SANCTON
8	Breakdown of line 7:		AND STATE OF THE AREA OF THE A	MANUFACTOR OF THE CONTRACTOR OF THE
a	Excess from 2013	DOMESTIC STATE OF STA		
<u>b</u>	Excess from 2014		CONTROL SERVICE SERVIC	
С	Excess from 2015			SECTION SECTIONS CARRIES CONTRACTOR
d	Excess from 2016	THE ARTIST PROPERTY OF THE PARTY OF THE PART		
e	Excess from 2017	115-255-22-00-0-27% G-0-0-2-3-4	AND STREET AND A STREET OF THE	PECLARY OFFICERS SET SEE

Part VI	<b>Supplemental Information.</b> 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.)
Part III, Line	e 12 - Miscellaneous income of \$79,750 = other income
	`
•••••	·····
	,

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

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

► Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 86-0271490 Nosotros, Inc. 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 Total number at end of year . . . . . . . 1 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) . 3 4 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? 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 easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b Number of conservation easements on a certified historic structure included in (a) . . . . 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ► Number of states where property subject to conservation easement is located ▶ 4 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 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 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. Assets included in Form 990, Part X . . . . . . . . . . . .

Part								
3	Using the organization's acquisition,	accession, and oth	ner recor	ds, chec	k any of th	e follow	ving that are a	significant use of its
	collection items (check all that apply)			¬				
a	Public exhibition				or exchang			
b	Scholarly research		e I	Other				•••••
C	Preservation for future generations  Provide a description of the organizat		nd avala	un haur t	hau furthar	the era	anization's av	ampt purpose in Bost
4	XIII.	tion's collections a	по ехріа	un now u	ney lurther	trie org	anization s ex	shipt purpose in Part
5	During the year, did the organization	solicit or receive o	donation	s of art	historical tr	easures	s or other sim	ular
·	assets to be sold to raise funds rather							
Part								
	Complete if the organization	answered "Yes"	on For	m 990, F	Part IV, line	9, or	reported an a	mount on Form
	990, Part X, line 21.							
1a	5 ,							not
	included on Form 990, Part X?							· 🔲 Yes 🗌 No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	te the fo	llowing to	able:	_	· <del>1</del> ··	A
							· <del> </del>	Amount
С	Beginning balance					1c		
d	Additions during the year					1d	<del></del> -	
e	Distributions during the year					1e		
f	•					1f		+2
2a	Did the organization include an amount if "Yes," system the agreement in D							
	If "Yes," explain the arrangement in Pa	an Alli. Check here	ii the ex	cpianatio	i nas been	provide	d on Part Alli	· · · · · · ·
rar	Complete if the organization	answered "Ves"	on For	m ggn I	Part IV line	10 د		
	Complete ii the organization	(a) Current year	(b) Pric		(c) Two year		(d) Three years ba	ack (e) Four years back
1a	Beginning of year balance			<u> </u>				1
b	Contributions							
C	Net investment earnings, gains, and					- 1		
	losses					1		
d	Grants or scholarships							
e	Other expenditures for facilities and	1			-			
	programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of t	he current year end	d balanc	e (line 1g	ı, column (a	)) held a	as:	
а	Board designated or quasi-endowmer	nt 🕨	_%					
b	Permanent endowment ▶	. <u></u> %						
C	Temporarily restricted endowment ▶	%						
	The percentages on lines 2a, 2b, and	•						
3a	Are there endowment funds not in the	e possession of the	e organi	zation the	at are held	and ad	ministered for	
	organization by							Yes No
	(i) unrelated organizations							3a(i)
_	.,							. 3a(ii)
	If "Yes" on line 3a(ii), are the related o							. 3b
4	Describe in Part XIII the intended uses		n s enac	wment	urios			
Part	VI Land, Buildings, and Equip Complete if the organization		on For	m aan i	Part IV line	9 11a '	See Form 90	0 Part X line 10
	Description of property	(a) Cost or oth			or other basis		Accumulated	(d) Book value
	Description of property	(investme		· •	ther)		epreciation	(-) 5000 1000
1a	Land						<del></del>	
b	Buildings				676,175		399,878	277,297
С	Leasehold improvements							
d	Equipment				688,062		670,872	42,726
е	Other							
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 99	90, Part )	, column	n (B), line 10	Oc).	▶	320,023

Part VII	Investments - Other Securities.		•		
	Complete if the organization answ	vered "Yes" on For	m 990, Part IV, Iır	ne 11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)		(b) Book value		hod of valuation -of-year market value
(1) Financial					
· · ·	eld equity interests				
(3) Other					<u> </u>
(A)					
(B)		<i>-</i>			
(C) (D)				<u> </u>	<u> </u>
(E)				_	
(F)					· · · · · · · · · · · · · · · · · · ·
(G)					
(H)		••••			
	n) must equal Form 990, Part X, col (B) line 12) ▶			Water Control	
Part VIII	Investments-Program Related				
	Complete if the organization answ	ered "Yes" on For	m 990, Part IV, lir	ne 11c. See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book value		thod of valuation -of-year market value
(1)					
(2)					
(3)					
(4)		•			
(5)					
(6)			-		
(7)	×				
(8)		•			
(9) Total, (Column (	o) must equal Form 990, Part X, col (B) line 13.)				
Part IX	Other Assets.			28 B - B B C C L B B B B B B B B B B B B B B B	erromment to serve to extraction to the fi
	Complete if the organization answ	vered "Yes" on For	rm 990, Part IV, lir	ne 11d. See Form	990, Part X, line 15.
(1)	(5)				(4) 2001 1411
(2)					
(3)				-	•
(4)				•	-
(5)					
(6)					,
<u>(7)</u>					
(8)				•	
(9)	(1) (2) (3) (3) (4) (4)	(0) ( (5)			
	nn (b) must equal Form 990, Part X, co	i. (B) line 15.)			
Part X	Other Liabilities. Complete if the organization answ	iorad "Vaa" on Ear	rm 000 Part IV Ju	on the or the Sou	Eorm 000 Part V
	line 25.		III 990, Falt IV, III	TO THE OF THE SEC	ciasticarias rational following the same and the
1.	(a) Description of liability	(b) Book value	**************************************	, alabayah ayo dali Va yakinda a	
(1) Federal in	come taxes		ning mone down down down		
(2)					
(4)			Thing the first to say the first than the first than the first the		
<del>(5)</del> .		<del></del>		dodaristori, dosa disegni gant dena Mingland Alexandri esta esta esta de la decembra	
(G)					
-(7) <u></u>	,				
(8)		<del></del>			And the second s
(9)			Application South Proof and		
Total. (Column (l	n) must equal Form 990, Part X, col (B) line 25 )		CONTACT MESSES TO MANAGE AS		distriction to the second of t
	uncertain tax positions. In Part XIII, provid	e the text of the footn	ote to the organization	n's financial stateme	ents that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part	Reconciliation of Revenue per Audited Financial Statemers Complete if the organization answered "Yes" on Form 990, I			Return.	
1	Total revenue, gains, and other support per audited financial statements			1	2,839,177
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			•	2,039,177
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	40,000		
c	Recoveries of prior year grants	2c	40,000		
d		2d	<del></del>		
e	Add lines 2a through 2d			2e	40,000
3	Subtract line <b>2e</b> from line <b>1</b>			3	2,799,177
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines <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	12) .		5	2,799,177
Part	XII Reconciliation of Expenses per Audited Financial Statem	nents V	Vith Expenses pe	r Return	•
	Complete if the organization answered "Yes" on Form 990, I	Part IV,	line 12a.		
1	Total expenses and losses per audited financial statements			1	2,784,220
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.				
а	Donated services and use of facilities	2a	40,000		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	34,031		
e	Add lines <b>2a</b> through <b>2d</b>			2e	74,031
3	Subtract line 2e from line 1			3	2,710,189
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			" ]	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			•
b	Other (Describe in Part XIII.)	4b	0		
С	Add lines <b>4a</b> and <b>4b</b>			4c	0
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.	e 18.)		5	2,710,189
?, Par Part X	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part II line 2 d - Depreciation expense (\$34,031) reported by the affiliate Nosotros Part II line 4 b - Rent expenses (\$0) reported by Nosotros, Inc. and reported as rental	to provi	de any additional in	formation.	
					·
				-	
	<u></u>	<b></b>	••	••••	
					•

Schedule D (Fo	rm 990) 2017	Page 3
Part XIII	Supplemental Information (continued)	
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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

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Nosotros, Inc.	86-0271490
Form 990, Part VI, Line 11 - "Organization's Process Used to Review Form 990" A copy of the 990 form	ıs provided
to the Board Members prior to filing.	
Form 990, Part VI, Line 12c - "Enforcement of Conflicts Policy" Conficts of interest are resolved by the	Board of Directors.
Form 990, Part VI, Line 15a - "Compensation Process for Top Official" The compensation for the Exec	utive Director is determined
by the Board of Directors.	
Form 990, Part VI, Line 15b - "Compensation Process for Officers" No officers receive any compensation	ion.
Form 990, Part VI, Line 19 - The Organization makes its governing documents, conflict of interest police	y, and financial statements
available to the public upon request.	
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	r
	<i>f</i> ?

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Nosotros, Inc.

Partl

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

1545-0047	
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OMB	(
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Open to Public

**Employer Identification number** Inspection

86-0271490

(g) Section 512(b)(13) controlled entity? (f)
Direct controlling
entity Schedule R (Form 990) 2017 ŝ Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Yes 1,098,496 N/A (f)
Direct controlling entity (e) End-of-year assets 509(a)(3) Type II N/A (e)
Public charity status
(if section 501(c)(3)) 2,410,165 (d) Total income (d) Exempt Code section 501(c)(3) (c)
Legal domicile (state or foreign country) Cat No 50135Y Arizona (c)
Legal domicile (state or foreign country) Oper of charter school (b) Pnmary activity Arizona (b) Primary activity Rents to Nosotros For Paperwork Reduction Act Notice, see the Instructions for Form 990. (1)Nosotros Academy, LLC 440 N. Grande Avenue Tucson, AZ 85745 (a) Name, address, and EIN (if applicable) of disregarded entity (1)Nosotros Properties, Inc 440 N. Grande Avenue Tucson, AZ (a) Name, address, and EIN of related organization 85745 EIN# 74-2451448 EIN #68-0509127 Part II 2 2 ල ₹ © 9 **⊙** € 3 9 5

Schedule R (Form 990) 2017

(i) (Section 512(b)(13) controlled entity? Schedule R (Form 990) 2017 (k) - Percentage ownership ž Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, 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 General or managing partner? Yes No (h) Percentage ownership amount in box 20 of Schedule K-1 (Form 1065) (i) Code V – UBI end-of-year assets (g) Share of (g) (h) Share of end-of- Disproportionate ŝ allocations? (f) Share of total Yes Income ine 34, because it had one or more related organizations treated as a corporation or trust during the tax year year assets (e)
Type of entity
(C corp, S corp, or trust) (f) Share of total income (d)
Direct controlling
entity tax under sections 512—514) (e)
Predominant
income (related,
unrelated,
excluded from (c) Legal domicile (state or foreign country) (d) Direct controlling Primary activity (c) Legal domicile (state or foreign country) Primary activity (a)
Name, address, and EIN of related organization Name, address, and EIN of related organization Part III Part IV Ξ 9 E ල € Ξ 2 ල € 3 2 3 9 5

Transactions With Related Organizations. Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule.				Yes	òN se
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	one or more related organ	nzations listed in Part	' ∠NI−II Si		
a Receipt of (i) interest. (ii) annuities. (iii) rovalties, or (iv) rent from a controlled entity				1a	<b>&gt;</b>
				9	>
				4	. `
				ا : د	<b>-</b>  `
<b>d</b> Loans or loan guarantees to or for related organization(s)				밀	>
e Loans or loan guarantees by related organization(s)				1e	<u> </u>
f Dividends from related organization(s)		•		14	>
a Sale of assets to related organization(s)				10	>
		•	•	4	<u> </u>
				= :	<b>&gt;</b>
i Exchange of assets with related organization(s)				<b>;=</b>	>
j Lease of facilities, equipment, or other assets to related organization(s)				` =	
				Ì	
k Lease of facilities, equipment, or other assets from related organization(s)				1 <b>k</b>	<b>&gt;</b>
I Performance of services or membership or fundraising solicitations for related organization(s)	(s)u			=	<i>&gt;</i>
m Performance of services or membership or fundraising solicitations by related organization(s)	· · · · (S)u			Ę	>
				5	\ <u>\</u>
Observe of road completion with related executions(e)				5	-
o Statilig of paid employees with related organization (s)				2	>
				1	<u> </u>  -
<b>p</b> Reimbursement paid to related organization(s) for expenses				4	>
<b>q</b> Reimbursement paid by related organization(s) for expenses				19	>
					-
r Other transfer of cash or property to related organization(s)				+	>
s Other transfer of cash or property from related organization(s)				1s	<b>/</b>
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	ıst complete this line, ınclı	uding covered relation	nships and transaction	on thresh	nolds.
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount involved	g amount ın	nvolved
	type (a—s)				
Nosotros, Inc. paid \$0 rent to Nosotros Properties, Inc. for the use of land and building during fiscal (1) 2018.	i j	0			
(2)					ļ
(3)					
(4)					
(5)					
(9)					
		i	Schedule R (Form 990) 2017	3 (Form 9	90) 2017

# 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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile	(d) Predominant	(e) Are all partners	(f) Share of		(h) Disproportionate			(k) Percentage
		(state or foreign country)	income (related, unrelated, excluded from tax under	section 501(c)(3) organizations?		end-of-year assets	allocations?	amount in box 20 of Schedule K-1 (Form 1065)	managing partner?	ownership
			sections 512—514)	Yes No			Yes No		Yes No	
(1)	•									
(2)	ļ									
(3)										
(4)										
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(8)	<u> </u>									
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(11)										
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(15)										
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•					1		· ·	Sche	Schedule R (Form 990) 2017	n 990) 2017

ichedule R (I	Form 990) 2017	Page <b>5</b>
art VII	Supplemental Information.  Provide additional information for responses to questions on Schedule R. See instructions.	
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