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TIN: 82-1322053

OMB No. 1545-0047

Form **990** 



Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

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

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

► Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

2020

Open to Public Inspection

A Fo	or th	1e 2020 c	alendar year, or tax year beginning 01-01-2020 $$ , and endi	ng 12-3	1-2020			
_		applicable:	C Name of organization FUNDACION HERMANOS DE LA CALLE INC					ication number
		hange				82-1322	:053	
O Init		-	Doing business as					
O Fina	ıl retur	rn/terminated				E Talanhan		
		ed return	Number and street (or P.O. box if mail is not delivered to street address)	Room/su	ite	E Telephone	3 number	
O App	olicati	ion pending	240 CRANDON BLVD STE 263			(305) 95	51-5477	
			City or town, state or province, country, and ZIP or foreign postal code KEY BISCAYNE, FL 33149			<b>G</b> Gross red	cointe ¢ 4°	22 581
			F Name and address of principal officer:		11/5) 7 11:			22,301
			NARCISO MUNOZ		<b>H(a)</b> Is this		urn for	
			628 FERNWOOD RD		H(b) Are al	dinates? Lsubordinati	es	☐Yes ☑No
T Tax	-6461	mpt status:	KEY BISCAYNE, FL 33149	<u> </u>	includ	ed?		☐ Yes ☐No
				J 527				instructions)
J W	ebsi	ite:▶ HT	FP://WWW.HERMANOSDELACALLE.ORG/		H(c) Group	exemption	number	•
K Forn	n of o	organization	: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶		<b>L</b> Year of forma	ation: 2017	M State	of legal domicile: FL
Pa	ırt I	Sum	mary					
	1	Briefly des	scribe the organization's mission or most significant activities:					
			ANIZATION'S MISSION IS TO OFFER HELP AND SUPPORT TO HOME TY TO HELP THE HOMELESS GAIN BACK THEIR DIGNITY AND PLAC			ND CREATE	4WAREN	ESS IN THE LOCAL
nce								
na	į.							
Ve	,							
Activities & Governance	_		is box ► U of voting members of the governing body (Part VI, line 1a)				La	7
*8	3	-						
es	4	Number	4	7				
M	5	Total nun	5	2				
Acti	6	Total nun	6 7a	600				
1		a Total unrelated business revenue from Part VIII, column (C), line 12						0
	b	Net unrel	lated business taxable income from Form 990-T, line 39			•	7b	
					Pri	or Year		Current Year
90	8	Contribut	tions and grants (Part VIII, line 1h)			190,7	72	372,716
nue	9	Program	service revenue (Part VIII, line 2g)			62,7	57	49,865
Revenue	10	Investme	ent income (Part VIII, column (A), lines 3, 4, and 7d )					0
ш	11	Other rev	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					0
	12	Total reve	enue—add lines 8 through 11 (must equal Part VIII, column (A), lin	e 12)		253,5	29	422,581
	13	Grants ar	nd similar amounts paid (Part IX, column (A), lines 1–3 )	-				0
			paid to or for members (Part IX, column (A), line 4)				_	0
			other compensation, employee benefits (Part IX, column (A), lines			27,3	84	39,305
Exp enses			onal fundraising fees (Part IX, column (A), line 11e)	-		2,75	-	0
8				•	-		_	
ă			raising expenses (Part IX, column (D), line 25) 0	246.7	110	247 107		
-			penses (Part IX, column (A), lines 11a-11d, 11f-24e)		246,7	_	347,107	
		-	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		274,1		386,412	
	19	Revenue	less expenses. Subtract line 18 from line 12	•		-20,5		36,169
Ces					Beginning	of Current Yo	ar	End of Year
Net Assets or Fund Balances	20	Total ass	.97	95,470				
As B			ets (Part X, line 16)	•		1,9		3,087
det un			ts or fund balances. Subtract line 21 from line 20			56,2	_	92,383
Street Sales	~~	ושכנ מסטפו	is or rung palatices. Subtract line ZI HOIII IIIE ZU	•	1	30,2		32,303

gn 7	Signature of officer			Date		
ا ا	NARCISO MUNOZ DIRECTOR, PRESIDENT					
7	Type or print name and title					
•	Print/Type preparer's name	Preparer's signature	Date 2021-11-15	Check if	PTIN P01318095	
aid			2021-11-13	self-employed		
eparer	Firm's name  DE LA HOZ PEREZ	& BARBEITO PLLC		Firm's EIN 🕨 8	86-1316204	
se Only	Firm's address > 304 PALERMO AVE	NUE		Phone no. (305	5) 448-5585	
	CORAL GABLES, FL	_ 33134				
v the IRS di	scuss this return with the preparer s	shown above? (see instructions)			. Oyes O	No
	k Reduction Act Notice, see the	, ,		lo. 11282Y		<b>990</b> (202
		Page 2				
m 990 (202	•					Page
	Statement of Program Service					_
	theck if Schedule O contains a response	onse or note to any line in this Part	III		<u></u>	. 🗸
•	escribe the organization's mission: OF FUNDACION HERMANOS DE LA (					
TH INDIVID	SUPPORTING AND REHABILITATIN: UALS TO REINTEGRATE THEM AS CO NTAL AND EMOTIONAL SUPPORT, AC D FAITH.	ONTRIBUTING AND DIGNIFIED ME	MBERS OF SOCIETY.	WE DO THIS	BY PROVIDING SA	FE
Did the	organization undertake any significa	nt program services during the ve	ar which were not lis	ted on		
	Form 990 or 990-EZ?	, ,			☐ Yes	<b>☑</b> No
•	describe these new services on Sch					
Did the	organization cease conducting, or m	ake significant changes in how it o	conducts, any progra	m		
services	?				. Tes	No 🔽 No
If "Yes,"	describe these changes on Schedul	e O.				
Section :	the organization's program service 501(c)(3) and 501(c)(4) organization enue, if any, for each program servio	ons are required to report the amo				
AND SAFE LIVING A	) (Expenses \$ OUR ORGANIZATION HAS SUCCEEDED I TO STAY. WE HAVE ALSO PROVIDED FOR CCOMMODATIONS AT 3 SECURE HOUSES 35 HOMELESS PEOPLE.	R NECESSITIES SUCH AS WHEELCHAIRS	HE HOMELESS AND THO S, MEDICINE, FOOD, AN	D CLEANINGS. V	VE HAVE PROVIDED A	ERE CLEAN DDITIONAL
	) (Expenses \$  ND TRANSPORTATION TO REUNITE FAMIL DING TRAVEL ASSISTANCE TO THE HOME	2,963 including grants of s	THROUGH TRANSPORTA	HMENTS FOR CO		
TRAVEL A IN PROVI	THEM. WE HAVE ALSO PROVIDED TRAVE	ELESS IN ORDER FOR THEM TO GET TO EL ASSISTANCE TO REUNITE THE HOMEL		11.5.		
TRAVEL A IN PROVI WILL AID  C (Code: REHABILI ABLE TO		2L ASSISTANCE TO REUNITE THE HOMEL 39,756 including grants of 3 E HAVE EMPLOYED A CASE MANAGER TO	ESS WITH THEIR FAMIL  THE HOMELESS.	) (Revenue \$		
TRAVEL A IN PROVI WILL AID  C (Code: REHABILI ABLE TO LEGAL,ME	) (Expenses \$ TATION AND PLACEMENT ASSISTANCE W PROVIDE HELP IN THE REHABILITATION F EDICAL, AND OTHERS.	39,756 including grants of E HAVE EMPLOYED A CASE MANAGER TO PROCESS FOR THE HOMELESS AND PRO	ESS WITH THEIR FAMIL  THE HOMELESS.	) (Revenue \$		
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TRAVEL A IN PROVI WILL AID  C (Code: REHABILI ABLE TO LEGAL,ME  I Other pr (Expens Total pr	) (Expenses \$ TATION AND PLACEMENT ASSISTANCE W PROVIDE HELP IN THE REHABILITATION F EDICAL, AND OTHERS.  rogram services (Describe in Schedues \$ incli rogram service expenses	39,756 including grants of set the HOMEL set	ESS WITH THEIR FAMIL  THE HOMELESS.  VIDE ADDITIONAL ASSI	) (Revenue \$ WITH THE CASE STANCE WITH N	EEDS SUCH AS JOB P	LACEMENT,

_	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🥦	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
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		No
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No
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		No
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		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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		No
	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		No
	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		No
	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	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 1	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
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		No
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		No
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		No
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		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No

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Part IV Checklist of Required Schedules (continued)

				,,
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	orm <b>99</b>	No
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   0		163	.40
	Check if Schedule O contains a response or note to any line in this Part V		Yes	U No
Par	3			
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
	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):			
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L,</i> Part I	25a		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
<b>4 4</b>	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and  Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
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		
	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		No
b	If "Yes," enter the name of the foreign country:			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
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?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Connection apprinting arcintaining described funds. Did a described fund arcintained by the			
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
D	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	9b		
10	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
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			
С	Enter the amount of reserves on hand			
14a	14a		No	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule $O$	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?. If "Yes," complete Form 4720, Schedule O.	16		No

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Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	•		lines
Sa	Check if Schedule O contains a response or note to any line in this Part VI	• •		
36	Ction A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year   1a   7			
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent  1b  7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a	Yes	
11a	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the		Yes	
11a b	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		Yes	No
11a b 12a	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a	Yes	No
11a b 12a b	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	11a 12a	Yes	No
11a b 12a b	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13	11a 12a 12b	Yes	No No
11a b 12a b	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	11a 12a 12b	Yes	
11a b 12a b c	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	11a 12a 12b 12c 13	Yes	No
11a b 12a b c	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?	11a 12a 12b 12c 13	Yes	No
11a b 12a b c 13 14 15	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	11a 12a 12b 12c 13	Yes	No No
11a b 12a b c 13 14 15	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official	11a 12a 12b 12c 13 14	Yes	No No
11a b 12a b c 13 14 15 a b	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization	11a 12a 12b 12c 13 14	Yes	No No
11a b 12a b c 13 14 15 a b	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	11a 12a 12b 12c 13 14	Yes	No No No
11a b 12a b c 13 14 15 a b	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  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 similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt	11a 12a 12b 12c 13 14 15a 15b	Yes	No No No
11a b 12a b c 13 14 15 a b	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  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 similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	11a 12a 12b 12c 13 14 15a 15b	Yes	No No No
11a b 12a b c 13 14 15 a b	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  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 similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	11a 12a 12b 12c 13 14 15a 15b	Yes	No No No
11a b 12a b c 13 14 15 a b 16a b	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  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 similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Ction C. Disclosure  List the states with which a copy of this Form 990 is required to be filed▶  Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	11a 12a 12b 12c 13 14 15a 15b	Yes	No No No
11a b 12a b c 13 14 15 a b 16a b	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  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 similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Ction C. Disclosure  List the states with which a copy of this Form 990 is required to be filed  Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	11a 12a 12b 12c 13 14 15a 15b	Yes	No No No

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	. age /
Form 990 (2	020)
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C) (D) (F) (A) (B) (E) Name and title Position (do not check more Reportable Reportable Average Estimated hours per amount of other than one box, unless person compensation compensation week (list is both an officer and a from the from related compensation any hours director/trustee) organization organizations from the (W-2/1099-(W-2/1099for related organization and Individual to or director Former organizations MISC) MISC) related lighest compens Institutional below dotted organizations emplo line) trustee Trustee 15.00 (1) SANTIAGO BERGONZI Χ DIRECTOR, TR 5.00 (2) ALEJANDRO RODRIGUEZ BLANCO Х DIRECTOR 15.00 (3) REYNALDO FIGUEREDO Χ DIRECTOR, VI 15.00 (4) LUIS GUTIERREZ Х DIRECTOR 40.00 (5) MALENA LEGARRE ..... 30.00 (6) NARCISO MUNOZ Х Х DIRECTOR, PR 5.00 (7) HUMBERTO RAMIREZ DIRECTOR

												Form <b>99</b>	<b>0</b> (2020)
					Page	e 8							
Form	990 (2020)												Page <b>8</b>
	rt VII Section A. Officers, Direc	tors, Trustees	s, Key	Emp	loye	ees,	and	Higl	nest Co	ompensate	d Employees (co	ntinued)	rage <b>o</b>
	(A)	(B)			(C	)				(D)	(E)	(F	)
	Name and title	Average hours per week (list any hours	than	Position (do not check more than one box, unless person is both an officer and a director/trustee)						portable pensation om the lization (W-	Reportable compensation from related organizations (W-	Estim amount of compen from	ated of other sation
		for related organizations below dotted	Indiv or di	Inst	Officer	Key	High	Former	2/10	)99-MISC)	2/1099-MISC)	organizat relat organiz	:ed
		line)	Individual trustee or director	Institutional Truste	e.	Key employee	Highest compensated employee	Jer.					
			trust	al Tr		уөө	mpe						
			6	Istee			nsate						
				+	-		ğ	+					
				+				+					
				+				+					
		1						H					
								t					
								+					
	Sub-Total	 Part VII. Section	 A .	•		•	<b>*</b> *						
	Total (add lines 1b and 1c)		<u></u>				•						
2	Total number of individuals (including of reportable compensation from the		to the	se list	ed a	bov	e) who	o rec	eived m	ore than \$10	00,000		
												Yes	No
3	Did the organization list any <b>former</b> line 1a? <i>If "Yes," complete Schedule</i>	•		stee, k •	ey e •	mpl	oyee,	or hi	ghest co	ompensated		3	No
4	For any individual listed on line 1a, is organization and related organization individual										the	4	No
5	Did any person listed on line 1a rece services rendered to the organization		•						_	zation or indi	vidual for	5	No
	ection B. Independent Contrac		امنا	na	nt -		- ct	the c i	<b>*</b> 0.55.	d mere the	#100 000 af	nootie:-	
1	Complete this table for your five high from the organization. Report compe	ensation for the o	calenda	pende ar yea	r end	ding	with o	tnat or wit	hin the	organization	's tax year.		
	Name	(A) and business addr	ess							Descr	(B) iption of services	Compe	
												1	

	the organiz	ation 🕨					Form <b>990</b> (2
							101111 330 (2
				Page 9			
orm 990 (2020)							Pa
Part VIII Statem	ent of Re	venue					
Check if S	Schedule O	contains a res	ponse or note to any	/ line in this Part VIII		<u> </u>	
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded fro tax under sect 512 - 514
derated campaign	ns	1a		<u>,                                    </u>			
derated campaigr		1b					
(A)		1c					
lated organization	ns	1d					
vernment grants (co	ontributions)	1e					
110,000 An other contributions, and similar amounts no	, gifts, grants, ot included						
above 262,716		<u>1f</u>					
g Noncash contributions i	included in	1					
lines 1a - 1f:\$		1g					
h Total. Add lines 1a-	-1f		372,716				
			Business Code				
2a HOUSING			531110	49,865	49,865		
9							
=							
ennee.							
Se Reven							
arvice Reven							
n Service Reven							
gram Service Reven							
ram Service Re							
Footage Program Service Beveril	m service re	evenue.					
Program Service Re			49,865				
f All other program  Total. Add lines  3 Investment incom	s 2a–2f <b></b> ne (includin	g dividends, ir					
f All other program  Total. Add lines  3 Investment incomsimilar amounts)	s 2a-2f me (includin	g dividends, ir	nterest, and other				
f All other program  Total. Add lines  Investment income similar amounts)  Income from investment income	s 2a-2f me (includin estment of t	g dividends, ir	nterest, and other				
f All other program  Total. Add lines  Investment income similar amounts)  Income from investment income	s 2a-2f me (includin estment of t	g dividends, ir	nterest, and other				
f All other program  Total. Add lines  Investment incomsimilar amounts)  Income from investment from investment incomsimilar amounts.	s 2a-2f me (includin estment of t	g dividends, ir ax-exempt bo	nterest, and other nd proceeds				
f All other program  Total. Add lines  Total. Add lines  Investment incomsimilar amounts)  Income from inves  Royalties  Ga Gross rents	s 2a-2f me (includin estment of t	g dividends, ir ax-exempt bo	nterest, and other nd proceeds				
f All other program  Total. Add lines  Investment incomsimilar amounts)  Income from investment from investment incomsimilar amounts.	s 2a-2f me (includin estment of t	g dividends, ir ax-exempt bo	nterest, and other nd proceeds				
f All other program  Total. Add lines  Investment incomsimilar amounts)  Income from inve  Royalties  Ga Gross rents  b Less: rental expenses  c Rental income	s 2a-2f me (includin estment of t  6a  6b	g dividends, ir ax-exempt bo	nterest, and other nd proceeds				
f All other program g Total. Add lines 3 Investment incomsimilar amounts) 4 Income from inve 5 Royalties  6a Gross rents b Less: rental expenses c Rental income or (loss)	s 2a-2f  me (includin estment of t  6a  6b  6c	g dividends, ir	nterest, and other and proceeds (ii) Personal				
f All other program  Total. Add lines  Investment incomsimilar amounts)  Income from inve  Royalties  Ga Gross rents  b Less: rental expenses  c Rental income	s 2a-2f  me (includin  estment of t  6a  6b  6c  me or (loss)	g dividends, ir	nterest, and other and proceeds (ii) Personal				
f All other program g Total. Add lines 3 Investment incomsimilar amounts) 4 Income from inve 5 Royalties  6a Gross rents b Less: rental expenses c Rental income or (loss)	s 2a-2f  me (includin  estment of t  6a  6b  6c  me or (loss)	g dividends, ir	nterest, and other and proceeds (ii) Personal				

	<b>b</b> Less: cost or other basis and sales expenses	7b						
	c Gain or (loss)	7c						
	<b>d</b> Net gain or (loss)			•	_			
Revenue	a Gross income from fur (not including \$ contributions reported See Part IV, line 18 b Less: direct expens	on line 1c).	of 8a					
ě	c Net income or (loss			ents				
Other	See Part IV, line 19  b Less: direct expens c Net income or (loss	ses	9a . 9b ming activiti	es				
	10aGross sales of inver returns and allowar b Less: cost of goods	nces .	· 10a					
	c Net income or (loss	-			1			
	Miscellaneo	us Revenu	e	Business Code	_			
	b							
	С							
	<b>d</b> All other revenue							
	e Total. Add lines 11	la-11d .		<b>•</b>				
	12 Total revenue. Se	e instructi	ons					
					422,58	1 49,86	5	5 000 (2020)
					— Page 10 ———			Form <b>990</b> (2020)
	n 990 (2020)				Tage 10			Page <b>10</b>
Pa	Section 501(c				complete all columns.	All other organization	ons must complete co	olumn (A).
					ny line in this Part IX			<u> </u>
	not include amounts 8b, 9b, and 10b of Pa	reported			(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assis domestic governments					·		·
2	Grants and other assis Part IV, line 22	stance to d	omestic ind	viduals. See				
3	Grants and other assis governments, and fore and 16	eign individ	duals. See P	art IV, lines 15				
	Benefits paid to or for							
	Compensation of curre key employees							
6	Compensation not incl defined under section section 4958(c)(3)(B)	4958(f)(1)	)) and perso	ns described in				
7	Other salaries and wag	ges			35,900	35,900		
	Pension plan accruals 401(k) and 403(b) em	ployer cor	ntributions)					
	Other employee benef				2.405	2.405		
	Payroll taxes Fees for services (non-				3,405	3,405		
		- PIOYEC	~ / •					ī

									<u> </u>	
ā	<b>a</b> Mana	gement								
t	<b>)</b> Legal									
•	: Accou	inting		1,028				1,028		
		/ing								
•	Profe	ssional fundraising services. See Part IV, line 17								
		tment management fees								
g		to (If line 11g amount exceeds 10% of line 25, columount, list line 11g expenses on Schedule O)	umn	12,836			1	12,836		
12	Adve	tising and promotion		705				705		
		e expenses								
14	Infor	mation technology								
15	Royal	ties								
16	Occu	pancy								
	Trave									
18		ents of travel or entertainment expenses for any al, state, or local public officials .								
19	Confe	erences, conventions, and meetings								
20	Inter	est								
21	Paym	ents to affiliates								
22	Depre	eciation, depletion, and amortization								
23	Insur	ance								
24	misce excee	expenses. Itemize expenses not covered above ( ellaneous expenses in line 24e. If line 24e amount eds 10% of line 25, column (A) amount, list line 2 sses on Schedule O.)	t							
	<b>a</b> HOU	JSING		280,980	280,980					
	<b>b</b> UTI	LITIES FOR RENTALS		35,743	35,743					
	c INS	URANCE		7,408	7,408					
	<b>d</b> TRA	NSPORTATION		2,150	2,150					
	e All o	other expenses		6,257	6,257					
25	Tota	functional expenses. Add lines 1 through 24e		386,412	371,843		1	4,569		0
26	repor educa	costs. Complete this line only if the organization ted in column (B) joint costs from a combined ational campaign and fundraising solicitation.								
				<u> </u>					Form <b>9</b>	<b>990</b> (2020)
				— Page 11 ———						
		(2020)								Page <b>11</b>
۲	art X	Balance Sheet		_						0
		Check if Schedule O contains a response or note	e to an	y line in this Part IX .			<del></del>		· · ·	. U
					( <b>A)</b> Beginning of	year			( <b>B)</b> End of ye	ear
	1	Cash-non-interest-bearing	<del></del>	•		44,916	1			71,289
	2	Savings and temporary cash investments					2	İ		
	3	Pledges and grants receivable, net					3			
	4	Accounts receivable, net					4			
	5	Loans and other receivables from any current or trustee, key employee, creator or founder, subst controlled entity or family member of any of the	tantial (	contributor, or 35%			5			
	6	Loans and other receivables from other disqualif section $4958(f)(1)$ , and persons described in se			r		6			
S	7	Notes and loans receivable, net					7			
Assets	8	Inventories for sale or use					8			
Asi	9	Prepaid expenses and deferred charges					9		<u> </u>	
		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a							
	۱ ۲	Lacer accumulated depreciation	10h		$\dashv$		100	l		

	U	Less: accumulated depreciation		100 1			
	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	13,281	15			24,181
	16	Total assets. Add lines 1 through 15 (must equal line 33)	58,197	16			95,470
	17	Accounts payable and accrued expenses		17			
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21			
iabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	22				
ĭ	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	1,983	25			3,087
	26	<b>Total liabilities.</b> Add lines 17 through 25	1,983	26			3,087
Balances		Organizations that follow FASB ASC 958, check here 🕨 🗹 and					_
anc	27	complete lines 27, 28, 32, and 33.  Net assets without donor restrictions	56,214	27			92,383
Bal	28	Net assets with donor restrictions	00,211	28			
Þ	20			20			
or Fund	29	Organizations that do not follow FASB ASC 958, check here  and complete lines 29 through 33.  Capital stock or trust principal, or current funds		29			
	30	Paid-in or capital surplus, or land, building or equipment fund		30			
Assets	31	Retained earnings, endowment, accumulated income, or other funds		31			
11-11-11	32	Total net assets or fund balances	56,214	32			92,383
Net	33	Total liabilities and net assets/fund balances	58,197	33			95,470
		Page 12 ————			For	m 990	(2020)
Form	990	(2020)				F	Page <b>12</b>
Pa	rt XI	Reconcilliation of Net Assets					
		Check if Schedule O contains a response or note to any line in this Part XI					
1		al revenue (must equal Part VIII, column (A), line 12)		1			422,581
2		al expenses (must equal Part IX, column (A), line 25)		2			386,412
3		venue less expenses. Subtract line 2 from line 1		3			36,169
4		assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		4			56,214
5		unrealized gains (losses) on investments		5 6			
6 7		estment expenses		7			
8		or period adjustments		8			
9		ner changes in net assets or fund balances (explain in Schedule O)		9			
		assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X,	, line 32. column (B))				92,383
	rt XII		, 52, 56.4 (2),				32/000
		Check if Schedule O contains a response or note to any line in this Part XII		_		_	
		eneck is deficulted a contains a response of flore to any line in this case.			1,	Yes	No
1	If t	counting method used to prepare the Form 990:					
2a		re the organization's financial statements compiled or reviewed by an independent acc			2a		No
		Yes,' check a box below to indicate whether the financial statements for the year were parate basis, consolidated basis, or both:	compiled or reviewed	on a			
		Separate basis Consolidated basis Both consolidated and sepa	arate hasis				

b	Were the organization's financial statements audited by an independent accountant?	2b	No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:	,	
	$\square$ Separate basis $\square$ Consolidated basis $\square$ Both consolidated and separate basis		
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule C	Э.	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	
		Form	<b>990</b> (2020)
orm	990 (2020)		
Ad	ditional Data	Return to	Form

**Software ID:** 

#### TIN: 82-1322053

### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

## **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 <u>www.irs.gov/Form990</u> for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

		<b>he organization</b> HERMANOS DE LA CALLE INC	:				Employer identific	ation number
							82-1322053	
	rt I	Reason for Public ration is not a private fou					See instructions.	
1	n gariiz	A church, convention of		•	J ,	, ,	(A)(i)	
2		•	,			( )( )	(A)(I).	
_		A school described in <b>s</b>			-			
3		A hospital or a cooperat	tive hospital ser	vice organization desc	ribed in <b>sectio</b>	n 170(b)(1)(A)(	iii).	
4		A medical research organisme, city, and state:	anization operat	ed in conjunction with	a hospital des	cribed in <b>section</b> :	170(b)(1)(A)(iii). E	nter the hospital's
5		An organization operate 170(b)(1)(A)(iv). (Co			rsity owned or	operated by a gov	ernmental unit descril	oed in <b>section</b>
6		A federal, state, or loca	l government or	governmental unit de	scribed in <b>sec</b>	tion 170(b)(1)(A	ı)(v).	
7	<b>✓</b>	An organization that no section 170(b)(1)(A)			s support from	a governmental u	init or from the genera	al public described in
8		A community trust desc	cribed in <b>section</b>	170(b)(1)(A)(vi).	(Complete Part	t II.)		
9		An agricultural research non-land grant college						ege or university or a
10		An organization that no from activities related t investment income and 30, 1975. See <b>section</b>	o its exempt fur unrelated busin	ections—subject to cer ess taxable income (le	tain exceptions	s, and (2) no more	than 331/3% of its su	pport from gross
11		An organization organiz			r public safety.	See section 509	(a)(4).	
12		An organization organiz more publicly supported in lines 12a through 12	d organizations (	described in section 5	09(a)(1) or s	section 509(a)(2)	). See <b>section 509(a</b>	
а		Type I. A supporting or organization(s) the pow complete Part IV, See	er to regularly a	appoint or elect a majo				
b		Type II. A supporting of management of the supmust complete Part I	porting organiz	ation vested in the sar				
С		Type III functionally supported organization						ted with, its
d		Type III non-function functionally integrated. instructions). You mus	The organizatio	n generally must satis	fy a distributio	n requirement and		
e		Check this box if the or				IRS that it is a Ty	pe I, Type II, Type III	functionally
f	Enter	integrated, or Type III i r the number of supporte		integrated supporting	-			
g		ide the following informat	•				- · · · · · · - <u>-</u>	
		organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
Tota								
For F	aperv	work Reduction Act No or 990-EZ.	tice, see the I		Cat. No. 112	85F S	Schedule A (Form 9	90 or 990-EZ) 2020
				Pa	yc 2			
C - '	ا ما الما	(Farma 000 a 000 FT) 01	220					_
scne	uuie A	(Form 990 or 990-EZ) 20	JZU					Page <b>2</b>

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.

If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Part II

	r fiscal year	(a) 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	<b>(e)</b> 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not		57,687	127,739	190,772	372,716	748,914
,	include any "unusual grant.") Tax revenues levied for the		,,,,	,		, ,	
2	organization's benefit and either paid						
3	to or expended on its behalf The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
4	<b>Total.</b> Add lines 1 through 3		57,687	127,739	190,772	372,716	748,914
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) <b>Public support.</b> Subtract line 5 from						
6 —	line 4.						748,914
	Section B. Total Support	Ī		ī	Ī	ī	
	r fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	( <b>d</b> ) 2019	(e) 2020	(f) Total
7 8	Amounts from line 4 Gross income from interest,		57,687	127,739	190,772	372,716	748,914
8	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						748,914
12		•	•			12	112,622
13		_			•		ization, check
_	this box and stop here			<u> </u>	<u> </u>	▶⊔	
14		• • •		column (f))		14	100.000 %
15	Public support percentage for 2019 Sch		•			15	100.000 70
16	33 1/3% support test—2020. If the	organization did n	ot check the box	on line 13, and line	e 14 is 33 1/3% or	more, check this I	oox
	and <b>stop here.</b> The organization quality						
ı	33 1/3% support test—2019. If the box and stop here. The organization	-		•		,	
17	a 10%-facts-and-circumstances test	<b>-2020.</b> If the or	ganization did not	check a box on lir	ne 13, 16a, or 16b	, and line 14	
	is 10% or more, and if the organization in Part VI how the organization meets	n meets the "facts the "facts-and-cir	s-and-circumstanc cumstances" test	es" test, check thi	s box and <b>stop he</b> qualifies as a publ	ere. Explain	
	organization			_			▶ 🗆
t	10%-facts-and-circumstances tes	t-2019. If the o	rganization did no	t check a box on li	ine 13, 16a, 16b,	or 17a, and line	
	15 is 10% or more, and if the organiz Explain in Part VI how the organizatio						
	supported organization						🕨 🗆
18	<b>Private foundation.</b> If the organization						▶ □
-	instructions		<u> </u>		Schedu		r 990-EZ) 2020
					30		. , , , , , , , , , , , , , , , , , , ,
_			Page 3				
Sch	edule A (Form 990 or 990-EZ) 2020						Page <b>3</b>
	Part III Support Schedule fo						
	(Complete only if you the organization fails						er Part II. If
_	Section A. Public Support	to quality under	the tests listed	below, please c	complete rait II.	• /	
Ca	lendar year	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
(o 1			1	1	1	1	-
	membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions,						
	merchandise sold or services performed, or facilities furnished in						
	any activity that is related to the						
3	organization's tax-exempt purpose Gross receipts from activities that are						
	not an unrelated trade or business under section 513				1	1	

4	iax revenues ievieu ioi uie	İ	Ī	Ĩ	İ	Ī	i		
	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	<b>Total.</b> Add lines 1 through 5								
	Amounts included on lines 1, 2, and								
b	3 received from disqualified persons Amounts included on lines 2 and 3								
b	received from other than disqualified								
	persons that exceed the greater of \$5,000 or 1% of the amount on line								
	13 for the year.								
	Add lines 7a and 7b								
8	<b>Public support.</b> (Subtract line 7c from line 6.)								
Se	ection B. Total Support			I.	I.	<u>I</u>			
	endar year	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) T	otal	
•	fiscal year beginning in)	(4) 2010	(2) 2017	(0) 2010	(4) 2013	(6) 2020	(.,	otai	
9 10a	Amounts from line 6 Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties and income from similar sources.								
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses acquired after June 30,								
	1975.								
С	Add lines 10a and 10b.								
11	Net income from unrelated business activities not included in line 10b,								
	whether or not the business is								
12	regularly carried on. Other income. Do not include gain or								
	loss from the sale of capital assets								
13	(Explain in Part VI.) Total support. (Add lines 9, 10c,								
	11, and 12.)					504( )(0)	<u> </u>		
14	First 5 years. If the Form 990 is for the	=			·				$\neg$
- 56	check this box and stop here							0	
_	ction C. Computation of Public	Support Perce	entage			,		. 🕶	
56 15 16		Support Percene 8, column (f) d	entage livided by line 13,	column (f))		15			
15 16	Public support percentage for 2020 (lin Public support percentage from 2019 S	Support Perce ne 8, column (f) d Schedule A, Part I	entage livided by line 13, II, line 15	column (f))		15			
15 16	ection C. Computation of Public Public Support percentage for 2020 (lin	Support Perce ne 8, column (f) d Schedule A, Part I ment Income	entage livided by line 13, II, line 15 Percentage	column (f))		15			
15 16 Se 17 18	Public support percentage for 2020 (line Public support percentage from 2019 Section D. Computation of Invest Investment income percentage from 2013 Investment income percentage from 2013 Investment income percentage from 2013 Investment income percentage from 2013 Investment income percentage from 2013 Investment income percentage from 2013 Investment income percentage from 2013 Investment income percentage from 2013 Investment income percentage from 2013 Investment Income percentage from 2013 Investment Income percentage from 2013 Investment Income percentage from 2013 Investment Income percentage from 2013 Investment Income percentage from 2013 Investment Income percentage from 2013 Investment Income percentage from 2013 Investment Income percentage from 2013 Investment Investme	Support Percenter 8, column (f) de Schedule A, Part I ment Income 20 (line 10c, colu	entage livided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 .	column (f))	f))	15 16 17 18			
15 16 Se 17 18	Public support percentage for 2020 (line Public support percentage from 2019 Section D. Computation of Investage Investment income percentage for 2020)	Support Percenter 8, column (f) de Schedule A, Part I ment Income 20 (line 10c, colu	entage livided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 .	column (f))	f))	15 16 17 18			
15 16 Se 17 18 19a	Public support percentage for 2020 (ling Public support percentage for 2019 Section D. Computation of Invests: Investment income percentage from 2019 Investment I	Support Percene 8, column (f) dischedule A, Part I ment Income 20 (line 10c, column 19 Schedule A, proganization did not stop here. The or	entage livided by line 13, II, line 15  Percentage mn (f) divided by Part III, line 17 . oot check the box rganization qualifi	column (f))	f))	15 16 17 18 33 1/3%, and line ion	e 17 is . ▶ 〔	not	
15 16 Se 17 18 19a	Public support percentage for 2020 (ling Public support percentage for 2020 (ling Public support percentage from 2019 Station D. Computation of Investment income percentage from 2021 Investment income percentage from 2031/3% support tests—2020. If the comore than 33 1/3%, check this box and support tests—2019. If the	Support Percene 8, column (f) dischedule A, Part I ment Income 20 (line 10c, column 19 Schedule A, organization did netophere. The organization did	entage livided by line 13, II, line 15  Percentage mn (f) divided by Part III, line 17 . oot check the box rganization qualifi not check a box	column (f))	f))	15 16 17 18 33 1/3%, and line ion more than 33 1/3	e 17 is . ▶ 〔 .% and	not	18 is
15 16 Se 17 18 19a	Public support percentage for 2020 (ling Public support percentage for 2020 (ling Public support percentage from 2019 Station D. Computation of Invest Investment income percentage for 2021 Investment income percentage from 2 331/3% support tests—2020. If the computation of 133 1/3% support tests—2019. If the computation of 133 1/3% support tests—2019. If the continuous more than 33 1/3%, check this box	Support Percenters, column (f) deschedule A, Part I ment Income 20 (line 10c, column 19 Schedule A, organization did not be organization did and stop here.	entage livided by line 13, II, line 15  Percentage mn (f) divided by Part III, line 17 . ot check the box rganization qualifi not check a box The organization	column (f))	f))	15 16 17 18 33 1/3%, and line ion more than 33 1/3 anization	e 17 is . ▶ 〔	not	18 is
15 16 Se 17 18 19a	Public support percentage for 2020 (ling Public support percentage for 2020 (ling Public support percentage from 2019 Station D. Computation of Investment income percentage from 2021 Investment income percentage from 2031/3% support tests—2020. If the comore than 33 1/3%, check this box and support tests—2019. If the	Support Percenters, column (f) deschedule A, Part I ment Income 20 (line 10c, column 19 Schedule A, organization did not be organization did and stop here.	entage livided by line 13, II, line 15  Percentage mn (f) divided by Part III, line 17 . ot check the box rganization qualifi not check a box The organization	column (f))	f))	15 16 17 18 33 1/3%, and line ion more than 33 1/3 anization instructions	e 17 is . ▶ 〔 . ▶ □ ▶	not	
15 16 Se 17 18 19a	Public support percentage for 2020 (ling Public support percentage for 2020 (ling Public support percentage from 2019 Station D. Computation of Invest Investment income percentage for 2021 Investment income percentage from 2 331/3% support tests—2020. If the computation of 133 1/3% support tests—2019. If the computation of 133 1/3% support tests—2019. If the continuous more than 33 1/3%, check this box	Support Percenters, column (f) deschedule A, Part I ment Income 20 (line 10c, column 19 Schedule A, organization did not be organization did and stop here.	entage livided by line 13, II, line 15  Percentage mn (f) divided by Part III, line 17 . ot check the box rganization qualifi not check a box The organization	column (f))	f))	15 16 17 18 33 1/3%, and line ion more than 33 1/3 anization	e 17 is . ▶ 〔 . ▶ □ ▶	not	
15 16 Se 17 18 19a	Public support percentage for 2020 (ling Public support percentage for 2020 (ling Public support percentage from 2019 Station D. Computation of Invest Investment income percentage for 2021 Investment income percentage from 2 331/3% support tests—2020. If the computation of 133 1/3% support tests—2019. If the computation of 133 1/3% support tests—2019. If the continuous more than 33 1/3%, check this box	Support Percenters, column (f) deschedule A, Part I ment Income 20 (line 10c, column 19 Schedule A, organization did not be organization did and stop here.	entage livided by line 13, II, line 15  Percentage mn (f) divided by Part III, line 17 . ot check the box rganization qualifi not check a box The organization of a box on line 14,	column (f))	f))	15 16 17 18 33 1/3%, and line ion more than 33 1/3 anization instructions	e 17 is . ▶ 〔 . ▶ □ ▶	not	
15 16 Se 17 18 19a	Public support percentage for 2020 (ling Public support percentage for 2020 (ling Public support percentage from 2019 Station D. Computation of Invest Investment income percentage for 2021 Investment income percentage from 2 331/3% support tests—2020. If the computation of 133 1/3% support tests—2019. If the computation of 133 1/3% support tests—2019. If the continuous more than 33 1/3%, check this box	Support Percenters, column (f) deschedule A, Part I ment Income 20 (line 10c, column 19 Schedule A, organization did not be organization did and stop here.	entage livided by line 13, II, line 15  Percentage mn (f) divided by Part III, line 17 . ot check the box rganization qualifi not check a box The organization	column (f))	f))	15 16 17 18 33 1/3%, and line ion more than 33 1/3 anization instructions	e 17 is . ▶ 〔 . ▶ □ ▶	not	
15 16 Se 17 18 19a b	Public support percentage for 2020 (ling Public support percentage for 2019 Section D. Computation of Invests.  Investment income percentage from 2031/3% support tests—2020. If the computation of Investment income percentage from 2031/3% support tests—2019. If the computation of Investment income percentage from 2031/3% support tests—2019. If the computation of Investment income percentage from 2031/3% support tests—2019. If the computation of Investment income percentage from 2031/3%, check this box and some incomputation of Investment income incomputation. If the organization of Investment incomputation incom	Support Percenters, column (f) deschedule A, Part I ment Income 20 (line 10c, column 19 Schedule A, organization did not be organization did and stop here.	entage livided by line 13, II, line 15  Percentage mn (f) divided by Part III, line 17 . ot check the box rganization qualifi not check a box The organization of a box on line 14,	column (f))	f))	15 16 17 18 33 1/3%, and line ion more than 33 1/3 anization instructions	e 17 is . ▶ 〔 . ▶ □ ▶	not d line 1	2020
15 16 Se 17 18 19a b	Public support percentage for 2020 (ling Public support percentage for 2020 (ling Public support percentage from 2019 Station D. Computation of Invest Investment income percentage from 2021 Investment income percentage from 2021 Investment income percentage from 2021 Investment income percentage from 2021 Investment income percentage from 2021 Investment income percentage from 2021 Investment income percentage from 2021 Investment income than 33 1/3%, check this box and some support tests—2019. If the not more than 33 1/3%, check this box Private foundation. If the organization of the private foundation in the organization dulle A (Form 990 or 990-EZ) 2020	Support Percene 8, column (f) of Schedule A, Part I ment Income 20 (line 10c, column 10c) Schedule A, organization did not stop here. The organization did and stop here. The organization did not check a stop here.	entage livided by line 13, II, line 15  Percentage mn (f) divided by Part III, line 17 . ot check the box rganization qualifi not check a box The organization of a box on line 14,	column (f))	f))	15 16 17 18 33 1/3%, and line ion more than 33 1/3 anization instructions	e 17 is . ▶ 〔 . ▶ □ ▶	not d line 1	
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c	Dia the organization ensure that all support to such organizations was used exclusively for section 1/0(c)(2)(b) purposes?	ı		ı
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)$ ? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6		
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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .			
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9a 9b		
с	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .			
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding	9с		
	certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
	Schedule A (Form 990		0-EZ)	2020
	Page 5			
	dule A (Form 990 or 990-EZ) 2020		F	Page <b>5</b>
Pai	t IV Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		163	110
a	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the			
-	governing body of a supported organization?	11a		
b	A family member of a person described in 11a above?	11b		
c	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in <b>Part VI</b> .	11c		
Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the officers, 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.			
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	1		
2	operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization.			
Se	ection C. Type II Supporting Organizations	_	· <u>-</u>	
_	otton or type 12 supporting organizations		3.7	
_			Yes	No

each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).						
Se	Section D. All Type III Supporting Organizations					
	Strong Organizations				Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of tax year, (i) a written notice describing the type and amount of support provided durin Form 990 that was most recently filed as of the date of notification, and (iii) copies of	ng the	prior tax year, (ii) a copy of the			
	documents in effect on the date of notification, to the extent not previously provided?	the or	guinzacion o governing	1		
Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the						
organization maintained a close and continuous working relationship with the supported organization(s).						<u> </u>
3	By reason of the relationship described in line 2 above, did the organization's supported	ed orga	anizations have a significant	2		
	voice in the organization's investment policies and in directing the use of the organization during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported			3		
Se	ection E. Type III Functionally-Integrated Supporting Organizations					
1	Check the box next to the method that the organization used to satisfy the Integral Pa	art Tes	t during the year (see instruct	ons):		
а	The organization satisfied the Activities Test. Complete <b>line 2</b> below.					
b	The organization is the parent of each of its supported organizations. Complete	line :	<b>3</b> below.			
c	The organization supported a governmental entity. Describe in <b>Part VI</b> how yo	u supp	oorted a government entity (see	instru	ctions)	
2	Activities Test. Answer lines 2a and 2b below.				Yes	No
a	Did substantially all of the organization's activities during the tax year directly further					
	supported organization(s) to which the organization was responsive? If "Yes," then in organizations and explain how these activities directly furthered their exempt purp	oses, i	now the organization was			į
	responsive to those supported organizations, and how the organization determined the substantially all of its activities.	at thes	se activities constituted	2a		
ь	Did the activities described in line 2a, above constitute activities that, but for the orga					
	of the organization's supported organization(s) would have been engaged in? If "Yes," the organization's position that its supported organization(s) would have engaged in the					
	organization's involvement.	nese u	ctivities but for the	2b		<b></b>
3	Parent of Supported Organizations. Answer lines 3a and 3b below.					
а	Did the organization have the power to regularly appoint or elect a majority of the offi the supported organizations? If "Yes" or "No", provide details in <b>Part VI.</b>	cers, o	lirectors, or trustees of each of	За		
b	Did the organization exercise a substantial degree of direction over the policies, progra supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organizations?					
			Schedule A (Form 990	3b	00-EZ\	2020
			Schedule A (Form 990	, OI 93	,u-EZ)	2020
	Page 6					
Sche	dule A (Form 990 or 990-EZ) 2020				F	Page <b>6</b>
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru				e	
	instructions. All other Type III non-functionally integrated supporting organiza	itions i	i i		rent Yea	
	Section A - Adjusted Net Income		(A) I flor real		onal)	<u>'</u>
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		rent Yea onal)	r
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1				
	Average monthly value of securities	1a		-		
	b Average monthly cash balances  1b					
	Fair market value of other non-exempt-use assets	1c				
	Total (add lines 1a, 1b, and 1c)	1d				

е	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):					
2	Acquisition indebtedness applicable to non-exempt use	e assets	2			
3	Subtract line 2 from line 1d					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).					
5	Net value of non-exempt-use assets (subtract line 4 fr	om line 3)	5			
6	Multiply line 5 by 0.035		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, lin	e 8, Column A)	1			
2	Enter 85% of line 1		2			
3	Minimum asset amount for prior year (from Section B,	line 8, Column A)	3			
4	Enter greater of line 2 or line 3		4			
5	Income tax imposed in prior year		5			
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, u temporary reduction (see instructions)	nless subject to emergency	6			
7	Check here if the current year is the organizatio instructions)	n's first as a non-functionally-i	ntegrate	ed Type III sup	porting	g organization (see
		Page 7		Schedu	ıle A (	Form 990 or 990-EZ) 2020
Schoo	dule A (Form 990 or 990-EZ) 2020					Daga <b>7</b>
	rt V Type III Non-Functionally Integrated	E00(a)(2) Supporting (	)ranni	zations (cor	ntinued	Page <b>7</b>
	tion D - Distributions	supporting t	Jigaiii	Zations (cor	iciiiacc	Current Year
						ourrent rour
1	Amounts paid to supported organizations to accomplish	exempt purposes			1	
	Amounts paid to perform activity that directly furthers excess of income from activity	exempt purposes of supported	organiz	ations, in	2	
3	Administrative expenses paid to accomplish exempt pur	poses of supported organization	ns		3	
4	Amounts paid to acquire exempt-use assets				4	
5	Qualified set-aside amounts (prior IRS approval required	d - provide details in <b>Part VI</b> )			5	
6	Other distributions (describe in Part VI). See instructio	ns			6	
7 1	<b>Total annual distributions.</b> Add lines 1 through 6.				7	
	Distributions to attentive supported organizations to wh details in <b>Part VI</b> ). See instructions	ich the organization is respons	ive ( <i>pro</i>	ovide	8	
9	Distributable amount for 2020 from Section C, line 6				9	
<b>10</b> l	ine 8 amount divided by Line 9 amount				10	
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Und	(ii) Ierdistributioi Pre-2020	ns	(iii) Distributable Amount for 2020
1 [	Distributable amount for 2020 from Section C, line 6					
(	Inderdistributions, if any, for years prior to 2019 reasonable cause required explain in <b>Part VI</b> ). is in the interval of t					
	excess distributions carryover, if any, to 2020:					
	From 2015					
	From 2016					
	From 2018					
е	From 2019					
	Total of lines 3a through e					
	Applied to underdistributions of prior years  Applied to 2020 distributable amount					
	Carryover from 2015 not applied (see					
	instructions)					
	temainder. Subtract lines 3g, 3h, and 3i from line 3f. stributions for 2020 from Section D, line 7:					
	stributions for 2020 from Section D, line 7:					
а	Applied to underdistributions of prior years					

<b>b</b> Applied to 2020 distributable amount	I	1	I	
c Remainder, Subtract lines 4a and 4b fro	m line 4.			
<b>5</b> Remaining underdistributions for years p 2020, if any. Subtract lines 3g and 4a fr If the amount is greater than zero, <i>expl</i> See instructions.	rior to om line 2.			
6 Remaining underdistributions for 2020. S lines 3h and 4b from line 1. If the amou than zero, explain in <b>Part VI</b> . See instru	nt is greater			
<b>7 Excess distributions carryover to 202</b> 3j and 4c.	21. Add lines			
8 Breakdown of line 7:				
a Excess from 2016				
<b>b</b> Excess from 2017				
c Excess from 2018				
<b>d</b> Excess from 2019				
<b>e</b> Excess from 2020				
Schedule A (Form 990 or 990-EZ) 2020  Supplemental Information.  Section A, lines 1, 2, 3b, 3c, 4b  Part IV, Section D, lines 2 and 3  Section D, lines 5, 6, and 8; and	, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11 3; Part IV, Section E, lines 1c, 2	b, and 11c; Part IV, Section B a, 2b, 3a and 3b; Part V, line	s, lines 1 and 2; Pa 1; Part V, Section	art IV, Section C, line 1; B, line 1e; Part V
instructions).	d Part V, Section E, lines 2, 5, 8	and 6. Also complete this part	——————————————————————————————————————	information. (See
	Facts And Circu	mstances Test		
Return Reference		Explanation		
			Schedule A (Fo	orm 990 or 990-EZ) 202
Additional Data				Return to Form

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Schedule B

## **Schedule of Contributors**

TIN: 82-1322053 OMB No. 1545-0047

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service		to Form 990, 990-EZ, or 990-PF. .gov/Form990 for the latest infor	mation.	2020
Name of the organization FUNDACION HERMANOS			Employer id	lentification number
Organization type (che	eck one):		82-1322053	
Filers of:	Section:			
Form 990 or 990-EZ	☐ 501(c)( ) (enter number)	) organization		
	4947(a)(1) nonexempt ch	aritable trust <b>not</b> treated as a <sub>l</sub>	private foundation	
	☐ 527 political organization			
Form 990-PF	☐ 501(c)(3) exempt private	foundation		
	4947(a)(1) nonexempt ch	naritable trust treated as a priva	ate foundation	
	☐ 501(c)(3) taxable private	foundation		
money or othe contributions.  Special Rules  For an organiza under sections or received from a 990, Part VIII, lii  For an organiza during the year, purposes, or for purposes, or for this box is che purpose. Don't or religious, charitates.	tion described in section 501(c)(3) fill 509(a)(1) and 170(b)(1)(A)(vi), that cland one contributor, during the year, to the 1h, or (ii) Form 990-EZ, line 1. Contion described in section 501(c)(7), (a total contributions of more than \$1,0 or the prevention of cruelty to children tion described in section 501(c)(7), (a contributions exclusively for religious exclusively enter here the total contribution complete any of the parts unless the able, etc., contributions totaling \$5,00	ing Form 990 or 990-EZ that mecked Schedule A (Form 990 otal contributions of the greater mplete Parts I and II.  8), or (10) filing Form 990 or 990 exclusively for religious, character animals. Complete Parts I, I and II.  8), or (10) filing Form 990 or 990 or animals. Complete Parts I, I and II.  8), or (10) filing Form 990 or	net the 33 <sup>1</sup> /3% support test of or 990-EZ), Part II, line 13, of (1) \$5,000 or (2) 2% of the entire	of the regulations 16a, or 16b, and that the amount on (i) Form  y one contributor, or educational  y one contributor, aled more than \$1,000. eligious, charitable, etc., ived nonexclusively
990-EZ, or 990-PF), but	on that isn't covered by the General F t it <b>must</b> answer "No" on Part IV, line Part I, line 2, to certify that it doesn't n	2, of its Form 990; or check th	e box on line H of its Form	
For Paperwork Reduction for Form 990, 990-EZ, or 99	Act Notice, see the Instructions 90-PF.	Cat. No. 30613X	Schedule B (Form 990	, 990-EZ, or 990-PF) (2020)
		——— Page 2 —————		
Schodulo B (Form 000	000 E7 or 000 PE) (2020)			Page 2

Part I Contributor	Contributors (see instructions). Use duplicate copies of Part I if additional sp	ace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED	,	\$ RESTRICTED	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<u>    \$                                </u>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		<u> </u>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		<u>     \$                               </u>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		<u> </u>	Person Payroll Noncash (Complete Part II for noncash contributions.)
		Schedule B (Fo	orm 990, 990-EZ, or 990-PF) (2020)
Schedule B	(Form 990, 990-EZ, or 990-PF) (2020)		Page 3
Name of org	, , ,	Employer identification 82-1322053	
Part II (a)	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.	(c)	7-10
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received

	1		,,,,,,		
-				\$	
(a) No. from Part I	(b) Description of noncash	property given		(c) or estimate) instructions)	(d) Date received
-				\$_	
(a) No. from Part I	(b) Description of noncash	property given		(c) or estimate) instructions)	(d) Date received
-				\$_	
(a) No. from Part I	(b) Description of noncash	property given		(c) or estimate) instructions)	(d) Date received
-				\$_	
(a) No. from Part I	(b) Description of noncash	property given		(c) or estimate) instructions)	(d) Date received
-				\$.	
(a) No. from Part I	(b) Description of noncash	property given		(c) or estimate) instructions)	(d) Date received
-				\$_	
				Schedule B (Forn	n 990, 990-EZ, or 990-PF) (2020)
		———— Page 4 ————			
	B (Form 990, 990-EZ, or 990-PF) (2020)				Page <b>4</b>
	rganization IN HERMANOS DE LA CALLE INC			<b>Employer iden</b> 82-1322053	tification number
Part III	Exclusively religious, charitable, etc., con than \$1,000 for the year from any one con organizations completing Part III, enter the year. (Enter this information once. See ins Use duplicate copies of Part III if additional s	tributor. Complete columns (a) e total of exclusively religious, etructions.)  \$	) through (e)	and the following	g line entry. For
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descrip	otion of how gift is held
-					
	Transferee's name, address, and	L(e) Transfer of gif ZIP 4		p of transferor to	transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descrip	otion of how gift is held
-					
	Transferee's name, address, and	(e) Transfer of gif ZIP 4	t Relationshi	p of transferor to	transferee
(a)				I	

No. from Part I	(b) Purpose of gift		(c) Use of gift	(d) Description of how gift is held
· <u>  =</u>	Transferee's name, address, and Z		e) Transfer of gift Relatio	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	<u>-</u>	(c) Use of gift	(d) Description of how gift is held
· <u>  =</u>	Transferee's name, address, and Z		e) Transfer of gift Relatio	nship of transferor to transferee
			Sch	edule B (Form 990, 990-EZ, or 990-PF) (2020)

**Additional Data** 

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TIN: 82-1322053 OMB No. 1545-0047

**SCHEDULE D** 

(Form 990)

**Supplemental Financial Statements** 

Department of the Treasury Internal Revenue Service

► 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.

**Open to Public** 

		1990 Tot mistractions and the latest mile			spection				
	<b>me of the organization</b> DACION HERMANOS DE LA CALLE INC	Employer identification number							
			322053						
Pa	rt I Organizations Maintaining Donor Advis		or Acco	ounts.					
	Complete if the organization answered "Ye	(a) Donor advised funds	- (	(b) Funds and other	accounts				
1	Total number at end of year	(a) series davised rands	`	(2) : and and onle	40004.100				
2	Aggregate value of contributions to (during year)								
3	Aggregate value of grants from (during year)								
4	Aggregate value at end of year								
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?								
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?								
D-					J Yes □ No				
Ра	<b>**Conservation Easements.</b> Complete if the organization answered "Ye	s" on Form 990 Part IV line 7							
1	Purpose(s) of conservation easements held by the organ								
-	Preservation of land for public use (e.g., recreation		historio	cally important land	area				
		, 0			urcu				
	Protection of natural habitat	☐ Preservation of a c	certified	nistoric structure					
	☐ Preservation of open space								
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservation contribution in the for	rm of a F		-f th - V				
а	Total number of conservation easements		   2a	Held at the End	or the Year				
b	Total acreage restricted by conservation easements		2b						
c	Number of conservation easements on a certified historic		2c						
d	Number of conservation easements included in (c) acqui	, ,	2d						
u	structure listed in the National Register	rea dite. 7/23/00/ and not on a motorie	Zu						
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year								
4	Number of states where property subject to conservation	n easement is located 🕨		_					
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?								
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year								
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  \$\blacktrianglerightarrow\$\$\$\$\$\$\$								
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?								
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes								
Der	the organization's accounting for conservation easemen		o Cim	-ilau Assata					
	t III Organizations Maintaining Collections Complete if the organization answered "Ye	s" on Form 990, Part IV, line 8.			of out				
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.								
b	If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for publ following amounts relating to these items:								
(	3			<b>▶</b> \$					
2	If the organization received or held works of art, historic	cal treasures, or other similar assets for fina		-					
а									
_									
b (i	historical treasures, or other similar assets held for publication part XIII, the text of the footnote to its financial statem. If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for publication following amounts relating to these items:  i) Revenue included on Form 990, Part VIII, line 1  i) Assets included in Form 990, Part X	lic exhibition, education, or research in furth ents that describes these items. If 958, to report in its revenue statement are lic exhibition, education, or research in furth the statement are licensesses, or other similar assets for final ASC 958 relating to these items:	nd balan nerance	of public service, process sheet works of a of public service, process; service, pro	ovide, in rt, ovide the				

 Schedule D (Form 990) 2020
 Page 2

Dar	t III	Organizations M	aintaining Col	lections of	Art Histori	cal Tro	asuros o	r Othor	Similar /	Accets (con	tinuad)
3	Using	the organization's acq	uisition, accessior								
а		(check all that apply): Public exhibition			d		_oan or exch	ange prod	ırams		
b		Scholarly research			e						
С		,	a ganarations								
4		Preservation for future le a description of the	_	lections and ex	oplain how the	ey furthe	er the organi	zation's ex	kempt purp	ose in	
5	Part X	III. g the year, did the orga	anization colicit or	roccivo donat	ions of art hi	ictorical	troacuros or	other sim	ilar		
3		to be sold to raise fur								☐ Yes	□ No
Pa	rt IV	Escrow and Cust Complete if the or- line 21.			n Form 990	, Part I'	V, line 9, o	r reporte	d an amo	unt on Forn	n 990, Part X,
1a		organization an agent ed on Form 990, Part I								☐ Yes	□ No
b	If "Yes	s," explain the arrange	ement in Part XIII	and complete	the following	table:				Amount	
c		ning balance		•	-			1c			<del></del> ,
d		ons during the year .						1d			
e		outions during the year						1e			
f		g balance						1f			
2a		e organization include						<u> </u>	ahility?	. Nes	□ No
b		s," explain the arrange							-	_	_ NO
	rt V	Endowment Fun		CHECK HEIE II	ине ехріанац	on nas t	been provide	u III Pait /	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
Ра	II L V	Complete if the or		vered "Yes" o	n Form 990	Part I	V line 10				
			<u>gaa a</u>	(a) Current y		rior year		years back	(d) Three y	ears back (e)	Four years back
1a	Beginni	ng of year balance .									_
b	Contrib	utions									
С	Net inve	estment earnings, gair	ns, and losses								
d	Grants	or scholarships									
е		expenditures for facilities	es								
f	Adminis	strative expenses .									_
g	End of y	year balance									
2 a		le the estimated perce designated or quasi-e	ndowment 🕨	•	alance (line 1	g, colum	n (a)) held a	as:			
b	Perma	nent endowment 🕨	<del></del>								
c	Term e	endowment 🕨									
•		ercentages on lines 2a	, 2b, and 2c shou	ld equal 100%	).						
3a		ere endowment funds ization by:	not in the posses	sion of the org	anization tha	t are hel	d and admin	nistered fo	r the		Yes No
	<b>(i)</b> Un	related organizations								. 3a(i)	)
	• •	elated organizations								. 3a(ii)	)
b		s" on 3a(ii), are the re								. 3b	
4		ibe in Part XIII the inte			endowment	tunds.					
Pa	rt VI	Land, Buildings,			n Form 000	Do T	/ line 11=	Coc Fee	m 000 D	nut V line 1	0
	Descrip	Complete if the ordering of th	(a) Cost or oth (investme	ner basis (t	b) Cost or other				IN 990, Pa		Book value
1a	Land .									+	
		gs								+	
		old improvements								+	
		•								+	
		ent								+	
		ines 1a through 1e. (C	Column (d) must a	equal Form 000	) Part Y colu	ımn (R)	line 10(c)			+	
~	arr Auu I	mes ia ambagn ie. (C	oranini (a) mast c	quui i Ullil 990	,, , u, colu	( <i>D)</i> ,	+0(0/./		m-1	1	

Part VII Investments - Other Securities.	Dowt IV line	- 11h	Coo Form 000 D	ort V line 12
Complete if the organization answered "Yes" on Form 990,  (a) Description of security or category	(b)	3 11D.		d of valuation:
(including name of security)	Book value			year market value
(1) Financial derivatives				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(I)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	•			
Part VIII Investments - Program Related. Complete if the organization answered 'Yes' on Form 990,	Part IV. line	e 11c.	See Form 990. P	art X. line 13.
(a) Description of investment			(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  Part IX Other Assets.		٠		
Complete if the organization answered 'Yes' on Form 990, F	Part IV, line	11d.	See Form 990, Part	
(a) Description				(b) Book value
(1)SECURITY DEPOSIT (2)OTHER ASSETS				23,641 540
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)				24,181
Part X Other Liabilities.  Complete if the organization answered 'Yes' on Form 990, F	Part IV, line	11e d	or 11f.See Form 9	90, Part X, line 25.
1. (a) Description of liability			222733	(b) Book value

(1) F	ederal income taxes			1	
(2)	ederal meonic taxes				
(3)					<u> </u>
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total.	(Column (b) must equal Form 990, Part X, col.(B) line 25.)			<b>•</b>	3,087
<b>2.</b> Lia	bility for uncertain tax positions. In Part XIII, provide the text of the footnote t	o the or	ganization's financial sta	tements	that reports the
orgar	ization's liability for uncertain tax positions under FIN 48 (ASC 740). Check her	re if the	text of the footnote has	been pro	ovided in Part XIII 🔲
				Sched	ule D (Form 990) 2020
	Page 4				
	Tuge 1				
Sched	lule D (Form 990) 2020				Page <b>4</b>
Par	t XI Reconciliation of Revenue per Audited Financial Statem	nents \	With Revenue per R	eturn.	
1 611	Complete if the organization answered 'Yes' on Form 990, Par			- Cui	
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b		1	
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d		1	
e	Add lines 2a through 2d			2e	
3	Subtract line <b>2e</b> from line <b>1</b>			3	
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			
c	Add lines <b>4a</b> and <b>4b</b>	<u> </u>		4c	
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.	)		5	
Par	XII Reconciliation of Expenses per Audited Financial States	nents	With Expenses per	Returr	 1.
	Complete if the organization answered 'Yes' on Form 990, Par	rt IV, lii	ne 12a.		
1	Total expenses and losses per audited financial statements $\dots$			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines <b>2a</b> through <b>2d</b>			2e	
3	Subtract line <b>2e</b> from line <b>1</b>			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 -	İ		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		4	
b	Other (Describe in Part XIII.)	4b		-          -	
_ C	Add lines <b>4a</b> and <b>4b</b>			4c	
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18	3.) .		5	
	t XIII Supplemental Information				
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 5 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a			t V, line 4	l; Part X, line 2; Part XI,
	Return Reference		Explanation		
	<u> </u>			Sched	ule D (Form 990) 2020

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ObjectId: 202143199349320024 - Submission: 2021-11-15

TIN: 82-1322053

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

## 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.

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization FUNDACION HERMANOS DE LA CALLE INC Employer identification number

82-1322053

	02 1322000
Return Reference	Explanation
FORM 990 - ORGANIZATIO MISSION	THE MISSION OF FUNDACION HERMANOS DE LA CALLE INC. IS TO OFFER HELP AND SUPPORT TO HOMELESS INSTITUTION OF FUNDACION HERMANOS DE LA CALLE INC. IS TO OFFER HELP AND SUPPORT TO HOMELESS INSTITUTION OF SAID FAMILIES TO VOLUNTEER IN DIFFERENT WAYS TO HELP THE HOMELESS GAIN BACK THEIR DIGNITY AND THEIR PLACE IN SOCIETY. HERMANOS DE LA CALLE IS A CHRISTIAN FAITH-BASED NON-PROFIT ORGANIZATION DEDICATED TO UPLIFTING, SUPPORTING AND REHABILITATING THOSE EXPERIENCING HOMELESSNESS IN MIAMI-DADE COUNTY. THE FOUNDATION WORKS WITH INDIVIDUALS TO REINTEGRATE THEM AS CONTRIBUTING AND DIGNIFIED MEMBERS OF SOCIETY. WE DO THIS BY PROVIDING SAFE HOUSING, MENTAL AND EMOTIONAL SUPPORT, ACCESS TO HEALTHCARE, LEGAL SERVICES, EMPLOYMENT OPPORTUNITIES, AND RECONNECTION TO FAMILY AND FAITH.
FORM 990, PAGE 6, PART VI, LINE 2	NARCISCO MUNEZ MALENA LAGARRE TRUSTEE/DIRE TRUSTEE/DIRE MARRIED
FORM 990, PAGE 6, PART VI, LINE 11B	THE FORM 990 IS UPLOADED TO SHARED SERVER WHERE ONLY THE MEMBERS OF THE GOVERNING BODY HAVE ACCESS TO IT. IT IS THEN REVIEWED BY THE GOVERNING BODY.
FORM 990, PAGE 6, PART VI, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, AND FINANCIAL STATMENTS ARE AVAILABLE TO THE PUBLIC BY PROVIDING COPIES UPON REQUEST.

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

Cat. No. 51056K

Schedule O (Form 990 or 990-EZ) 2020

**Additional Data** 

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