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October 06, 2020

Rafael Sanchez
American Nicaraguan Foundation Inc
1000 NW 57th Court, Suite 170
Miami, FL 33126

Dear Rafael:

Enclosed are the original and client copies of the following returns for the year ended December 31, 2019:

- Return of Organization Exempt from Income Tax (Form 990)
- Exempt Organization Business Income Tax Return (Form 990-T)
- Florida Corporate Income/Franchise and Emergency Excise Tax (Form F-1120)

The Form 990 has been electronically filed on your behalf. The Form 990-T and Florida Form F-1120 should be filed in accordance with the instructions attached to the front of each return.

Enclosed is a copy of the Form 990 to be provided to those individuals requesting to review or obtain a copy of the tax return. The public disclosure and inspection requirements mandate that the annual information returns (Form 990) be available for inspection for three years after the later of the due date of the return or the date the return is filed. It is also required that the original Application for Exemption (Form 1023) and the IRS letter that grants the organization its exempt status be available for inspection. Copies of these documents are required to be provided to any individual upon written or in-person request without charge, other than reasonable fees for copying and postage. You may fulfill this requirement by placing these documents on the Internet. Penalties may be imposed for failure to comply with the public inspection requirements.

It is understood that you have provided us with the basic information required for preparation of the return. The tax laws provide that the obligation of a preparer is based only on information of which the preparer has knowledge. Accordingly, the completeness and accuracy of the information you provide us remain the responsibility of your management. You have final and full responsibility for the income tax returns and therefore should review them carefully before signing. You must retain the documentation that supports the filed return. We understand that your staff is responsible for all other tax returns not included here, such as payroll, property, and sales tax returns.

We recommend that these returns be sent certified mail, return receipt requested, in order to document the timely filing of the returns.

Any tax advice expressed in this communication by Crowe LLP should not be construed as a formal tax opinion unless expressly stated. If you have any questions regarding the enclosed forms or the filing procedures, please call Brittney Kocaj at (954) 202-8601, Gina Ardillo at (954) 202-8541, or Juan Ramirez at (312) 605-3342.

Sincerely,

A handwritten signature in black ink that reads "Brittney Kocaj".

BRITTNEY KOCAJ

Enclosures

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2019, or fiscal year beginning _____, 2019, and ending _____, 20_____

2019

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization
AMERICAN NICARAGUAN FOUNDATION INC

Employer identification number
65-0326517

Name and title of officer
RAFAEL SANCHEZ, EXECUTIVE DIRECTOR

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12) . . .	1b <u>15,190,130</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5) . . .	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize CROWE LLP to enter my PIN

2	6	5	1	7
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 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ *Rafael Sanchez* Date ▶ October, 2-2020

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

3	5	5	6	2	4	2	1	6	8	0
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Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.**

ERO's signature ▶ *Bethany Roca* Date ▶ 10/6/2020

**ERO Must Retain This Form – See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

Return of Organization Exempt From Income Tax

2019

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

A For the **2019** calendar year, or tax year beginning **2019**, and ending **20**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization **AMERICAN NICARAGUAN FOUNDATION INC**
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1000 NW 57TH COURT SUITE 170
 City or town, state or province, country, and ZIP or foreign postal code
MIAMI, FL 33126

D Employer identification number
65-0326517

E Telephone number
(305) 374-3391

F Name and address of principal officer: **F. ALFREDO PELLAS, JR.**
1000 NW 57TH COURT, SUITE 170, MIAMI, FL 33126

G Gross receipts \$ **15,488,776**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.ANFNICARAGUA.ORG**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1992**

M State of legal domicile: **FL**

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>ANF HELPS THE NEEDIEST SECTORS IN NICARAGUA BY STRENGTHENING MEDICAL ASSISTANCE, INCREASING EDUCATIONAL ATTAINMENT, BUILDING SAFE SHELTERS & DELIVERING HUMANITARIAN AID TO IMPOVERISHED COMMUNITIES.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	27
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	25
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	4
	6	Total number of volunteers (estimate if necessary)	6	26
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 39	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 33,869,842	Current Year 8,952,365
	9	Program service revenue (Part VIII, line 2g)	6,073,873	5,872,969
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	100,621	135,617
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	277,460	229,179
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	40,321,796	15,190,130
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	47,720,918	5,829,656
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,753,088	1,657,405
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 267,909		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	6,503,536	5,711,524
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	55,977,542	13,198,585	
19	Revenue less expenses. Subtract line 18 from line 12	(15,655,746)	1,991,545	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 11,525,336	End of Year 13,289,628
	21	Total liabilities (Part X, line 26)	2,109,473	1,746,775
	22	Net assets or fund balances. Subtract line 21 from line 20	9,415,863	11,542,853

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: RAFAEL SANCHEZ, EXECUTIVE DIRECTOR Date: _____
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **BRITTNEY KOCAJ** Preparer's signature: *Brittney Kocaj* Date: **10/6/2020** Check if self-employed PTIN: **P01320603**
 Firm's name ▶ **CROWE LLP** Firm's EIN ▶ **35-0921680**
 Firm's address ▶ **401 EAST LAS OLAS BLVD, SUITE 1100, FORT LAUDERDALE, FL 33301-4230** Phone no. **(954) 202-8600**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

AMERICAN NICARAGUAN FOUNDATION (ANF) IS A RELIEF AND DEVELOPMENT ORGANIZATION WHOSE MISSION IS TO REDUCE THE IMPACT OF POVERTY IN THE LIVES OF THE MOST VULNERABLE POPULATIONS ACROSS NICARAGUA. ANF TAKES A HOLISTIC APPROACH TO POVERTY ALLEVIATION, WORKING ACROSS THE RELIEF-DEVELOPMENT SPECTRUM IN (CONTINUED ON SCHEDULE O)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 11,818,785 including grants of \$ 5,829,656) (Revenue \$ 6,086,023)

AMERICAN NICARAGUAN FOUNDATION (ANF) IS A RELIEF AND DEVELOPMENT ORGANIZATION WHOSE MISSION IS TO REDUCE THE IMPACT OF POVERTY IN THE LIVES OF THE MOST VULNERABLE POPULATIONS ACROSS NICARAGUA. ANF TAKES A HOLISTIC APPROACH TO POVERTY ALLEVIATION, WORKING ACROSS THE RELIEF-DEVELOPMENT SPECTRUM IN THE AREAS OF HOUSING, HEALTHCARE, NUTRITION, EDUCATION, WATER, SANITATION, AGRICULTURE, AND HUMANITARIAN ASSISTANCE.

MAIN SERVICE PROGRAM ACCOMPLISHMENTS IN 2019 INCLUDE THE FOLLOWING:

EDUCATION

25,572 STUDENTS RECEIVED DAILY MEALS IN 229 BENEFITED SCHOOLS

13,096 STUDENTS BENEFITED FROM SCHOOL SUPPLIES

(CONTINUED ON SCHEDULE O)

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **11,818,785**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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)? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	✓
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	✓
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	✓
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	✓
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	✓
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, Part III</i>	27	✓
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a 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	✓
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	✓
c 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	✓
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	✓
30 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	✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	✓
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	✓
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	✓
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	✓
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. 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	✓
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? <i>If "Yes," complete Schedule R, Part VI</i>	37	✓
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	✓

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

Part V **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

		Yes	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 2a <input type="text" value="4"/>		
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)	<input checked="" type="checkbox"/>	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		<input checked="" type="checkbox"/>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<input checked="" type="checkbox"/>	
b	If "Yes," enter the name of the foreign country ▶ <u>NU</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<input checked="" type="checkbox"/>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<input checked="" type="checkbox"/>
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		<input checked="" type="checkbox"/>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	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?	<input checked="" type="checkbox"/>	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<input checked="" type="checkbox"/>	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<input checked="" type="checkbox"/>
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d <input type="text" value=""/>		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<input checked="" type="checkbox"/>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<input checked="" type="checkbox"/>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a <input type="text" value=""/>		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b <input type="text" value=""/>		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a <input type="text" value=""/>		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b <input type="text" value=""/>		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b <input type="text" value=""/>		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
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 13b <input type="text" value=""/>		
c	Enter the amount of reserves on hand 13c <input type="text" value=""/>		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		<input checked="" type="checkbox"/>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
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? If "Yes," see instructions and file Form 4720, Schedule N.		<input checked="" type="checkbox"/>
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.		<input checked="" type="checkbox"/>

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 27		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 25		
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?	<input checked="" type="checkbox"/>	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
7b			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	<input checked="" type="checkbox"/>	
8a			
b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
8b			
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 on Schedule O		<input checked="" type="checkbox"/>

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
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			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
12b			
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<input checked="" type="checkbox"/>	
12c			
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
15a			
b	Other officers or key employees of the organization		<input checked="" type="checkbox"/>
15b			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<input checked="" type="checkbox"/>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► FL
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ►
DAMARIS OPORTA, 1000 NW 57TH COURT, SUITE 170, MIAMI, FL 33126, (305) 374-3391

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

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

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

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

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

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.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RAFAEL SANCHEZ EXECUTIVE DIRECTOR	40.0	✓		✓				146,100	0	0
(2) NICOLAS ARGUELLO BOARD MEMBER / GENERAL MANAGER	40.0	✓		✓				122,125	0	3,214
(3) F. ALFREDO PELLAS, JR. PRESIDENT	1.0	✓		✓				0	0	0
(4) RICARDO ROMAN, MD VICE PRESIDENT	0.5	✓		✓				0	0	0
(5) THERESA PELLAS VICE PRESIDENT	1.0	✓		✓				0	0	0
(6) EDWIN A. MENDIETA CH. SECRETARY	1.0	✓		✓				0	0	0
(7) VICENTE GREGORIO TREASURER	1.0	✓		✓				0	0	0
(8) AGUSTÍN ÁBALO BOARD MEMBER	0.5	✓						0	0	0
(9) ANA MARÍA GARCÍA BOARD MEMBER	0.5	✓						0	0	0
(10) BARNEY VAUGHAN BOARD MEMBER (THROUGH 4/2019)	0.5	✓						0	0	0
(11) CARLOS OSORIO BOARD MEMBER	0.5	✓						0	0	0
(12) CARLOS PELLAS BOARD MEMBER	0.5	✓						0	0	0
(13) CARLOS VICENTE BOARD MEMBER	1.0	✓						0	0	0
(14) CARMEN CH. DE PELLAS BOARD MEMBER	0.5	✓						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) DANIA BALTODANO BOARD MEMBER	1.0	<input checked="" type="checkbox"/>						0	0	0
(16) DANILO LACAYO R. BOARD MEMBER	0.5	<input checked="" type="checkbox"/>						0	0	0
(17) DANILO MANZANARES BOARD MEMBER	1.0	<input checked="" type="checkbox"/>						0	0	0
(18) EMILIO CHAMORRO BOARD MEMBER	1.0	<input checked="" type="checkbox"/>						0	0	0
(19) FRANK ROBLETO BOARD MEMBER	0.5	<input checked="" type="checkbox"/>						0	0	0
(20) HENRY B. HOWARD BOARD MEMBER	0.5	<input checked="" type="checkbox"/>						0	0	0
(21) JOHNNY SORDO BOARD MEMBER	1.0	<input checked="" type="checkbox"/>						0	0	0
(22) JULIO ROJAS BOARD MEMBER	0.5	<input checked="" type="checkbox"/>						0	0	0
(23) LIZA ARGÜELLO DE CREAMER BOARD MEMBER	0.5	<input checked="" type="checkbox"/>						0	0	0
(24) LUIS NAVAS BOARD MEMBER	1.0	<input checked="" type="checkbox"/>						0	0	0
(25) (SEE STATEMENT)										
1b Subtotal								268,225	0	3,214
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								268,225	0	3,214

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **2**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		<input checked="" type="checkbox"/>
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		<input checked="" type="checkbox"/>
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		<input checked="" type="checkbox"/>

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	6,993				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	8,945,372				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 7,794,224				
	h	Total. Add lines 1a-1f		8,952,365				
	Program Service Revenue			Business Code				
2a		FOOD AND FARMING	624200	463,098	463,098			
b		COMMUNITY IMPROVEMENT	900099	645,621	645,621			
c		IMPROVING EDUCATION	611710	565,405	565,405			
d		SANITATION	562000	835,350	835,350			
e		IMPROVING HOUSING	624200	1,888,502	1,888,502			
f		All other program service revenue . . .	900099	1,474,993	1,474,993	0		
g		Total. Add lines 2a-2f		5,872,969				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		103,457		103,457		
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6a	Gross rents	(i) Real	59,269				
			(ii) Personal					
			6b	Less: rental expenses	51,081			
			6c	Rental income or (loss)	8,188	0		
	d	Net rental income or (loss)		8,188		8,188		
	7a	Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other		272,268			
			7b	Less: cost or other basis and sales expenses		240,108		
			7c	Gain or (loss)	0	32,160		
	d	Net gain or (loss)		32,160		32,160		
	8a	Gross income from fundraising events (not including \$ 6,993 of contributions reported on line 1c). See Part IV, line 18			13,497			
			8b	Less: direct expenses	6,509			
			c	Net income or (loss) from fundraising events . . .		6,988		6,988
	9a	Gross income from gaming activities. See Part IV, line 19			1,897			
9b			Less: direct expenses	948				
c			Net income or (loss) from gaming activities		949		949	
10a	Gross sales of inventory, less returns and allowances							
		10b	Less: cost of goods sold					
		c	Net income or (loss) from sales of inventory . . .					
Miscellaneous Revenue			Business Code					
	11a	FOREIGN CURRENCY TRANSLATION	900099	175,554	175,554			
	b	RECYCLING INCOME	900099	34,553	34,553			
	c	OTHER INCOME	900099	2,947	2,947			
	d	All other revenue		0	0	0		
e	Total. Add lines 11a-11d		213,054					
12	Total revenue. See instructions		15,190,130	6,086,023	0	151,742		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	5,829,656	5,829,656		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	271,439	271,439	0	0
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	987,803	393,267	473,301	121,235
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	100,153	37,280	47,597	15,276
10	Payroll taxes	298,010	180,593	95,666	21,751
11	Fees for services (nonemployees):				
a	Management				
b	Legal	282	32	250	0
c	Accounting	40,625	0	40,625	0
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	56,726	0	56,726	0
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	44,377	37,117	7,260	0
12	Advertising and promotion	534	0	0	534
13	Office expenses	101,585	53,046	34,359	14,180
14	Information technology	16,324	5,497	9,695	1,132
15	Royalties				
16	Occupancy	237,293	161,912	14,663	60,718
17	Travel	92,392	59,588	26,751	6,053
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	159	0	159	0
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	201,499	112,258	71,862	17,379
23	Insurance	4,790	0	71	4,719
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	IMPROVING HOUSING	1,498,565	1,498,565	0	0
b	AGRICULTURE	769,490	769,490	0	0
c	COMMUNITY IMPROVEMENT	638,049	638,049	0	0
d	SANITATION	593,426	593,426	0	0
e	All other expenses	1,415,408	1,177,570	232,906	4,932
25	Total functional expenses. Add lines 1 through 24e	13,198,585	11,818,785	1,111,891	267,909
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	3,038,557	2	1,584,277
	3 Pledges and grants receivable, net	1,582,760	3	1,347,468
	4 Accounts receivable, net		4	
	5 Loans and other receivables from 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	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	4,325,451	8	6,260,315
	9 Prepaid expenses and deferred charges	71,301	9	88,351
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,252,984		
	b Less: accumulated depreciation	10b 891,955	1,495,932	10c 1,361,029
	11 Investments—publicly traded securities	1,011,335	11	2,648,188
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 33)	11,525,336	16	13,289,628	
Liabilities	17 Accounts payable and accrued expenses	2,109,473	17	1,746,775
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	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	0	22	0
	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	0	25	0
	26 Total liabilities. Add lines 17 through 25	2,109,473	26	1,746,775
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	5,542,338	27	6,890,812
	28 Net assets with donor restrictions	3,873,525	28	4,652,041
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	9,415,863	32	11,542,853
33 Total liabilities and net assets/fund balances	11,525,336	33	13,289,628	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,190,130
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,198,585
3	Revenue less expenses. Subtract line 2 from line 1	3	1,991,545
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,415,863
5	Net unrealized gains (losses) on investments	5	135,445
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	11,542,853

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	✓	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		✓
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 on Schedule O and describe any steps taken to undergo such audits.		

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(25) MARTHA LILLIAM ARGÜELLO ----- BOARD MEMBER	0.5 -----	✓						0	0	0
(26) PADRE JOSÉ RAMÍREZ ----- BOARD MEMBER	1.0 -----	✓						0	0	0
(27) SILVIO PELLAS ----- BOARD MEMBER	1.0 -----	✓						0	0	0
(28) SILVIO SOLÓRZANO P. ----- BOARD MEMBER	0.5 -----	✓						0	0	0
(29) DAMARIS OPORTA ----- CFO	40.0 -----			✓				0	0	0

SCHEDULE A
(Form 990 or 990-EZ)

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization AMERICAN NICARAGUAN FOUNDATION INC	Employer identification number 65-0326517
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

(i) Name of supported 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		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	116,571,835	91,241,573	103,914,008	33,869,842	8,952,365	354,549,623
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	116,571,835	91,241,573	103,914,008	33,869,842	8,952,365	354,549,623
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)						3,031,016
6 Public support. Subtract line 5 from line 4						351,518,607

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	116,571,835	91,241,573	103,914,008	33,869,842	8,952,365	354,549,623
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	22,511	49,477	60,631	101,589	162,726	396,934
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	512,551	677,325	384,212	298,021	228,448	2,100,557
11 Total support. Add lines 7 through 10						357,047,114
12 Gross receipts from related activities, etc. (see instructions)					12	30,754,666
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	98.45 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	97.07 %
16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C—Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Part VI

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

Return Reference - Identifier	Explanation						
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	Description	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	GROSS INCOME FROM FUNDRAISING EVENTS	128,960	388,404	147,896	36,810	13,497	715,567
	GROSS INCOME FROM GAMING ACTIVITIES	85,042	58,100	70,289	5,008	1,897	220,336
	OTHER INCOME	298,549	230,821	166,027	256,203	213,054	1,164,654
	Total	512,551	677,325	384,212	298,021	228,448	2,100,557

Schedule of Contributors

2019

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

Name of the organization
AMERICAN NICARAGUAN FOUNDATION INC

Employer identification number
65-0326517

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization AMERICAN NICARAGUAN FOUNDATION INC	Employer identification number 65-0326517
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FOOD FOR THE POOR ----- 6401 LYONS ROAD ----- COCONUT CREEK, FL 33073 -----	\$ 2,591,723 -----	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	AMERICARES ----- 88 HAMILTON AVENUE ----- STAMFORD, CT 06902 -----	\$ 4,895,366 -----	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization AMERICAN NICARAGUAN FOUNDATION INC	Employer identification number 65-0326517
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	FOOD, MEDICAL SUPPLIES AND HOUSEHOLD GOODS ----- ----- -----	\$ 2,591,723	12/31/2019
2	FOOD, MEDICAL SUPPLIES AND HOUSEHOLD GOODS ----- ----- -----	\$ 4,895,366	12/31/2019
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----

Name of organization AMERICAN NICARAGUAN FOUNDATION INC	Employer identification number 65-0326517
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Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization: AMERICAN NICARAGUAN FOUNDATION INC; Employer identification number: 65-0326517

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form for Part II Conservation Easements, including questions 1-9 and a table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, 2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions 1a, 1b, 2, and 2a, 2b.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment _____ %
- b** Permanent endowment _____ %
- c** Term endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		222,524		222,524
b Buildings		912,705	97,378	815,327
c Leasehold improvements		448,528	338,123	110,405
d Equipment		584,436	380,998	203,438
e Other		84,791	75,456	9,335
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,361,029

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
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 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	0

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

Part XIII

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference - Identifier	Explanation	
SCHEDULE D, PART XI, LINE 2(D) - OTHER REVENUES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount
	FUNDRAISING EVENT EXPENSE	6,509
	GAMING EXPENSE	948
	RENTAL EXPENSE	51,081
SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount
	FUNDRAISING EVENT EXPENSE	6,509
	GAMING EXPENSE	948
	RENTAL EXPENSE	51,081

Part XIII

Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference - Identifier	Explanation
<p>SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE</p>	<p>THE FOUNDATION HAS RECEIVED DETERMINATION OF TAX EXEMPT STATUS FROM THE U.S. INTERNAL REVENUE SERVICE UNDER CODE SECTION 501(C)(3) AND, CONSEQUENTLY, THE INCOME GENERATED FROM ACTIVITIES RELATED TO THE FOUNDATIONS EXEMPT PURPOSE ARE NOT TAXED AND NO PROVISION FOR INCOME TAXES IS INCLUDED IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE FOUNDATION IS ALSO EXEMPT FROM STATE INCOME TAX. THERE WAS NO UNRELATED BUSINESS INCOME TAX PAYABLE FOR THE YEARS ENDING DECEMBER 31, 2019 AND 2018. THE FOUNDATION HAS ADOPTED ASC 958, NOT FOR PROFIT ENTITIES, WHICH ESTABLISHES A SINGLE MODEL TO ADDRESS ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS.</p> <p>IN NICARAGUA, THE FOUNDATION AND ASOCIACION NICARAGUENSE AMERICANA DE FOMENTO SOCIAL ARE NOT-FOR-PROFIT ORGANIZATIONS EXEMPT FROM INCOME TAXES IN ACCORDANCE WITH ARTICLE (11), SUBPARAGRAPH (4) OF THE EQUITABLE TAX LAW.</p> <p>THE FOUNDATION DOES NOT EXPECT THE TOTAL AMOUNT OF UNRECOGNIZED TAX BENEFITS TO SIGNIFICANTLY CHANGE IN THE NEXT 12 MONTHS.</p> <p>GENERALLY, THE FOUNDATION IS NOT SUBJECT TO EXAMINATION BY U.S. TAXING AUTHORITIES FOR YEARS PRIOR TO 2016. THE FOUNDATION IS NOT SUBJECT TO EXAMINATION BY NICARAGUAN AUTHORITIES FOR ANY YEAR PRIOR TO 2012. IF THE FOUNDATION WERE TO RECOGNIZE INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS, THESE WOULD BE RECORDED AS INTEREST AND INCOME TAX EXPENSE, RESPECTIVELY. THE FOUNDATION HAS NO AMOUNTS ACCRUED FOR INTEREST OR PENALTIES AS OF DECEMBER 31, 2019 AND 2018.</p>

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2019

Open to Public Inspection

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICAN NICARAGUAN FOUNDATION INC

Employer identification number

65-0326517

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTMAKING	DISTRIBUTION OF FOOD, MEDICINE, MEDICAL EQUIPMENT, CLOTHES, HOUSEHOLD GOODS, AND SUPPLIES	5,829,656
(2) CENTRAL AMERICA AND THE CARIBBEAN	1	99	PROGRAM SERVICES	PROMOTING ECONOMIC OPPORTUNITY AND IMPROVING LIVELIHOODS OF IMPOVERISHED FAMILIES	5,872,969
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	1	99			11,702,625
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	1	99			11,702,625

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	356,891	FOOD AND MEDICAL SUPPLIES	FMV
(2)			CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	344,515	FOOD AND MEDICAL SUPPLIES	FMV
(3)			CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	256,089	FOOD AND MEDICAL SUPPLIES	FMV
(4)			CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	233,796	FOOD AND MEDICAL SUPPLIES	FMV
(5)			CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	231,273	FOOD AND MEDICAL SUPPLIES	FMV
(6)			CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	208,596	FOOD AND MEDICAL SUPPLIES	FMV
(7)			CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	201,464	FOOD AND MEDICAL SUPPLIES	FMV
(8)			CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	193,573	FOOD AND MEDICAL SUPPLIES	FMV
(9)			CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	190,870	FOOD AND MEDICAL SUPPLIES	FMV
(10)			CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	177,885	FOOD AND MEDICAL SUPPLIES	FMV
(11)			CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	171,718	FOOD AND MEDICAL SUPPLIES	FMV
(12)			CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	170,403	FOOD AND MEDICAL SUPPLIES	FMV
(13)			CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	143,886	FOOD AND MEDICAL SUPPLIES	FMV
(14)			CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	142,082	FOOD AND MEDICAL SUPPLIES	FMV
(15)			CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	135,827	FOOD AND MEDICAL SUPPLIES	FMV
(16)			(SEE STATEMENT)						

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ 111

3 Enter total number of other organizations or entities ▶ 0

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States (continued)

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(16)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	131,642	FOOD AND MEDICAL SUPPLIES	FMV
(17)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	121,770	FOOD AND MEDICAL SUPPLIES	FMV
(18)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	79,781	FOOD AND MEDICAL SUPPLIES	FMV
(19)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	71,371	FOOD AND MEDICAL SUPPLIES	FMV
(20)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	69,782	FOOD AND MEDICAL SUPPLIES	FMV
(21)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	69,492	FOOD AND MEDICAL SUPPLIES	FMV
(22)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	63,893	FOOD AND MEDICAL SUPPLIES	FMV
(23)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	61,489	FOOD AND MEDICAL SUPPLIES	FMV
(24)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	59,918	FOOD AND MEDICAL SUPPLIES	FMV
(25)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	56,594	FOOD AND MEDICAL SUPPLIES	FMV
(26)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	46,718	FOOD AND MEDICAL SUPPLIES	FMV
(27)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	46,439	FOOD AND MEDICAL SUPPLIES	FMV
(28)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	46,011	FOOD AND MEDICAL SUPPLIES	FMV
(29)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	42,198	FOOD AND MEDICAL SUPPLIES	FMV
(30)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	41,671	FOOD AND MEDICAL SUPPLIES	FMV
(31)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	41,353	FOOD AND MEDICAL SUPPLIES	FMV
(32)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	41,267	FOOD AND MEDICAL SUPPLIES	FMV
(33)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	40,723	FOOD AND MEDICAL SUPPLIES	FMV
(34)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	38,010	FOOD AND MEDICAL SUPPLIES	FMV
(35)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	37,978	FOOD AND MEDICAL SUPPLIES	FMV
(36)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	32,335	FOOD AND MEDICAL SUPPLIES	FMV
(37)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	31,929	FOOD AND MEDICAL SUPPLIES	FMV
(38)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	28,806	FOOD AND MEDICAL SUPPLIES	FMV

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(39)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	28,323	FOOD AND MEDICAL SUPPLIES	FMV
(40)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	26,419	FOOD AND MEDICAL SUPPLIES	FMV
(41)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	26,083	FOOD AND MEDICAL SUPPLIES	FMV
(42)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	25,982	FOOD AND MEDICAL SUPPLIES	FMV
(43)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	25,916	FOOD AND MEDICAL SUPPLIES	FMV
(44)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	24,921	FOOD AND MEDICAL SUPPLIES	FMV
(45)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	24,661	FOOD AND MEDICAL SUPPLIES	FMV
(46)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	24,513	FOOD AND MEDICAL SUPPLIES	FMV
(47)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	24,152	FOOD AND MEDICAL SUPPLIES	FMV
(48)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	24,124	FOOD AND MEDICAL SUPPLIES	FMV
(49)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	23,273	FOOD AND MEDICAL SUPPLIES	FMV
(50)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	22,675	FOOD AND MEDICAL SUPPLIES	FMV
(51)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	22,621	FOOD AND MEDICAL SUPPLIES	FMV
(52)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	21,963	FOOD AND MEDICAL SUPPLIES	FMV
(53)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	21,680	FOOD AND MEDICAL SUPPLIES	FMV
(54)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	21,247	FOOD AND MEDICAL SUPPLIES	FMV
(55)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	21,057	FOOD AND MEDICAL SUPPLIES	FMV
(56)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	20,912	FOOD AND MEDICAL SUPPLIES	FMV
(57)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	18,736	FOOD AND MEDICAL SUPPLIES	FMV
(58)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	18,562	FOOD AND MEDICAL SUPPLIES	FMV
(59)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	16,758	FOOD AND MEDICAL SUPPLIES	FMV
(60)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	16,331	FOOD AND MEDICAL SUPPLIES	FMV
(61)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	16,318	FOOD AND MEDICAL SUPPLIES	FMV
(62)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	16,307	FOOD AND MEDICAL SUPPLIES	FMV

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(63)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	15,169	FOOD AND MEDICAL SUPPLIES	FMV
(64)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	14,437	FOOD AND MEDICAL SUPPLIES	FMV
(65)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	14,269	FOOD AND MEDICAL SUPPLIES	FMV
(66)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	14,190	FOOD AND MEDICAL SUPPLIES	FMV
(67)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	13,678	FOOD AND MEDICAL SUPPLIES	FMV
(68)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	13,529	FOOD AND MEDICAL SUPPLIES	FMV
(69)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	13,429	FOOD AND MEDICAL SUPPLIES	FMV
(70)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	13,411	FOOD AND MEDICAL SUPPLIES	FMV
(71)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	13,391	FOOD AND MEDICAL SUPPLIES	FMV
(72)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	13,390	FOOD AND MEDICAL SUPPLIES	FMV
(73)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	13,348	FOOD AND MEDICAL SUPPLIES	FMV
(74)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	13,230	FOOD AND MEDICAL SUPPLIES	FMV
(75)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	13,100	FOOD AND MEDICAL SUPPLIES	FMV
(76)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	12,756	FOOD AND MEDICAL SUPPLIES	FMV
(77)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	12,537	FOOD AND MEDICAL SUPPLIES	FMV
(78)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	11,901	FOOD AND MEDICAL SUPPLIES	FMV
(79)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	11,107	FOOD AND MEDICAL SUPPLIES	FMV
(80)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	10,635	FOOD AND MEDICAL SUPPLIES	FMV
(81)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	10,354	FOOD AND MEDICAL SUPPLIES	FMV
(82)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	10,117	FOOD AND MEDICAL SUPPLIES	FMV
(83)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	10,102	FOOD AND MEDICAL SUPPLIES	FMV
(84)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	10,055	FOOD AND MEDICAL SUPPLIES	FMV
(85)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	9,331	FOOD AND MEDICAL SUPPLIES	FMV
(86)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	9,326	FOOD AND MEDICAL SUPPLIES	FMV

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(87)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	9,132	FOOD AND MEDICAL SUPPLIES	FMV
(88)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	8,967	FOOD AND MEDICAL SUPPLIES	FMV
(89)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	8,830	FOOD AND MEDICAL SUPPLIES	FMV
(90)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	8,495	FOOD AND MEDICAL SUPPLIES	FMV
(91)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	8,494	FOOD AND MEDICAL SUPPLIES	FMV
(92)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	8,157	FOOD AND MEDICAL SUPPLIES	FMV
(93)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	7,924	FOOD AND MEDICAL SUPPLIES	FMV
(94)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	7,843	FOOD AND MEDICAL SUPPLIES	FMV
(95)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	7,668	FOOD AND MEDICAL SUPPLIES	FMV
(96)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	7,622	FOOD AND MEDICAL SUPPLIES	FMV
(97)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	7,568	FOOD AND MEDICAL SUPPLIES	FMV
(98)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	7,473	FOOD AND MEDICAL SUPPLIES	FMV
(99)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	6,962	FOOD AND MEDICAL SUPPLIES	FMV
(100)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	6,527	FOOD AND MEDICAL SUPPLIES	FMV
(101)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	6,494	FOOD AND MEDICAL SUPPLIES	FMV
(102)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	6,375	FOOD AND MEDICAL SUPPLIES	FMV
(103)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	5,962	FOOD AND MEDICAL SUPPLIES	FMV
(104)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	5,940	FOOD AND MEDICAL SUPPLIES	FMV
(105)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	5,876	FOOD AND MEDICAL SUPPLIES	FMV
(106)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	5,863	FOOD AND MEDICAL SUPPLIES	FMV
(107)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	5,727	FOOD AND MEDICAL SUPPLIES	FMV
(108)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	5,584	FOOD AND MEDICAL SUPPLIES	FMV
(109)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	5,581	FOOD AND MEDICAL SUPPLIES	FMV
(110)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	5,425	FOOD AND MEDICAL SUPPLIES	FMV

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(111)		CENTRAL AMERICA AND THE CARIBBEAN	AID FOR POOR IN NICARAGUA	0	N/A	5,363	FOOD AND MEDICAL SUPPLIES	FMV

Part V

Supplemental Information. Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference - Identifier	Explanation
SCHEDULE F, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	THE ORGANIZATION WORKS VERY CLOSELY WITH GRANTEE ORGANIZATIONS TO ENSURE DONATED GOODS ARE USED FOR THEIR INTENDED PURPOSES. THE ORGANIZATION MAINTAINS SEVERAL WAREHOUSES AND AN OFFICE IN NICARAGUA TO HOUSE THE GOODS BEFORE THEY ARE DISTRIBUTED. THE ORGANIZATION CONDUCTS FIELD INVESTIGATIONS TO ENSURE GOODS ARE USED AS INTENDED. EMPLOYEES OF THE ORGANIZATION ARE ACTIVE IN THE COMMUNITIES THAT BENEFIT FROM THESE GRANTS AND ARE PRESENT TO SEE THE DISTRIBUTION OF THE GOODS, WHICH ENSURES THE GRANTS ARE USED FOR THEIR INTENDED PURPOSES.
SCHEDULE F, PART I, LINE 3 - METHOD TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	CENTRAL AMERICA AND THE CARIBBEAN: ACCRUAL
SCHEDULE F, PART II, LINE 1 - METHOD TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	CENTRAL AMERICA AND THE CARIBBEAN: ACCRUAL

**SCHEDULE G
(Form 990 or 990-EZ)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICAN NICARAGUAN FOUNDATION INC

Employer identification number

65-0326517

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>EL NOVILLO</u> (event type)	<u>VALENTIA</u> (event type)	<u>1</u> (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	8,406	6,075	6,009	20,490
	2 Less: Contributions	1,277	1,883	3,833	6,993
	3 Gross income (line 1 minus line 2)	7,129	4,192	2,176	13,497
Direct Expenses	4 Cash prizes				0
	5 Noncash prizes				0
	6 Rent/facility costs		50	2,217	2,267
	7 Food and beverages	487	1,212	68	1,767
	8 Entertainment	214		970	1,184
	9 Other direct expenses	752	431	108	1,291
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				6,509
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				6,988	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶					

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a	The organization’s facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization’s gaming/special events books and records:

Name ►

Address ►

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If “Yes,” enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$
- c If “Yes,” enter name and address of the third party:

Name ►

Address ►

16 Gaming manager information:

Name ►

Gaming manager compensation ► \$

Description of services provided ►

- Director/officer
 Employee
 Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization’s own exempt activities during the tax year ► \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization

AMERICAN NICARAGUAN FOUNDATION INC

Employer identification number

65-0326517

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	✓		247,472	MARKET VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	✓	37	968,793	MARKET VALUE
20 Drugs and medical supplies	✓	11	6,479,396	MARKET VALUE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (SCHOOL SUPPLIES)	✓	1	15,155	MARKET VALUE
26 Other ▶ (CONSTRUCTION MATERIAL)	✓	1	17,315	MARKET VALUE
27 Other ▶ (FURNITURE)	✓	3	66,093	MARKET VALUE
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		✓
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	✓	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		✓
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference - Identifier	Explanation
SCHEDULE M, PART I - EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS	CLOTHING AND HOUSEHOLD GOODS - NUMBER OF CONTAINERS
	DRUGS AND MEDICAL SUPPLIES - NUMBER OF CONTAINERS
	FOOD INVENTORY - NUMBER OF CONTAINERS
	OTHER - SCHOOL SUPPLIES NUMBER OF CONTAINERS
	OTHER - CONSTRUCTION MATERIAL NUMBER OF CONTAINERS
	OTHER - FURNITURE NUMBER OF CONTAINERS

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of 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 www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the Organization
AMERICAN NICARAGUAN FOUNDATION INC

Employer Identification Number
65-0326517

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION	THE AREAS OF HOUSING, HEALTHCARE, NUTRITION, EDUCATION, WATER, SANITATION, AGRICULTURE, AND HUMANITARIAN ASSISTANCE.
FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION	<p>102 PEOPLE TRAINED IN VOCATIONAL OCCUPATIONS 10 TEACHERS TRAINED WITH MONTESSORI METHODOLOGY 8 NEW SCHOOL CLASSROOMS BUILT</p> <p>HEALTH AND NUTRITION 13 CENTERS BENEFITED FROM NUTRITION PROGRAMS 776 CHILDREN RECOVERED FROM SEVERE MALNUTRITION 29,886 CHILDREN RECEIVED DE-WORMING TREATMENT 54 HEALTH CENTERS SUPPORTED WITH MEDICAL DONATIONS 174 DIABETIC PATIENTS RECEIVED SPECIALIZED CARE 11,305 CHILDREN AND ADULTS TRAINED THROUGH HEALTH & NUTRITION CAMPAIGNS 636 WHEELCHAIRS DELIVERED TO INDIVIDUALS TO IMPROVE THEIR MOBILITY AND QUALITY OF LIFE 191 CENTERS BENEFITED WITH FOOD AID 14,970 PEOPLE RECEIVED DAILY FOOD</p> <p>AGRICULTURE AND RURAL DEVELOPMENT 760 BEAN PRODUCERS SUPPORTED WITH TRAINING AND INPUTS 155 PRODUCERS PARTICIPATED IN HIGH-YIELD FRUIT INITIATIVES 707 PRODUCERS TRAINED IN CEA 75 BEEKEEPERS SUPPORTED WITH TECHNICAL ASSISTANCE AND EQUIPMENT 110 FAMILIES BENEFITED WITH BIODIGESTERS 20 FAMILIES BENEFITED FROM BIOINTENSIVE ORCHARDS 155 COFFEE AND COCOA FARMERS RECEIVED INPUTS AND TRAINING</p> <p>COMMUNITY DEVELOPMENT 650 NEW HOMES BUILT WITH THE SUPPORT OF ANF, BENEFITING APPROXIMATELY 3,250 PEOPLE. 122 ECOLOGICAL STOVES INSTALLED IN RURAL HOMES, REDUCING FIREWOOD CONSUMPTION 12 WATER WELLS WORKING (BUILT OR REHABILITATED) 872 SANITARY SOLUTIONS BUILT, BENEFITING MORE THAN 8,996 PEOPLE 963 WATER STATIONS AND 169 FILTERS INSTALLED, BENEFITING MORE THAN 8,996 PEOPLE 167 FAMILIES BENEFITED FROM ANIMAL HUSBANDRY INITIATIVES 50 FAMILIES SUPPORTED WITH ORNAMENTAL AND FRUIT PLANTS 14 WATER SUPPLY SYSTEMS 3,704 PEOPLE TRAINED IN WATER, HYGIENE AND SANITATION PRACTICES.</p>
FORM 990, PART VI, LINE 1A - DELEGATE BROAD AUTHORITY TO A COMMITTEE	THE ORGANIZATION'S EXECUTIVE COMMITTEE HAS AND MAY EXERCISE ALL THE AUTHORITY OF THE BOARD OF DIRECTORS, EXCEPT AS PROVIDED BY LAW. ALL MEMBERS OF THE EXECUTIVE COMMITTEE ARE VOTING MEMBERS OF THE GOVERNING BODY
FORM 990, PART VI, LINE 2 - FAMILY/BUSINESS RELATIONSHIPS AMONGST INTERESTED PERSONS	<p>F. ALFREDO PELLAS, JR., SILVIO PELLAS CH., THERESA PELLAS, CARMEN CH. DE PELLAS AND CARLOS PELLAS - FAMILY RELATIONSHIP F. ALFREDO PELLAS, JR., FRANK ROBLETO AND AGUSTIN ABALO AND CARLOS PELLAS - BUSINESS RELATIONSHIP RAFAEL SANCHEZ AND JOHNNY SORDO - BUSINESS RELATIONSHIP</p>
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	THE FORM 990 IS REVIEWED IN DETAIL BY MANAGEMENT. A COPY OF THE FORM 990 IS THEN PROVIDED TO EVERY MEMBER OF THE GOVERNING BODY PRIOR TO FILING.
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	AMERICAN NICARAGUAN FOUNDATION HAS ADOPTED A CONFLICT OF INTEREST POLICY THAT REQUIRES THE MEMBERS OF THE BOARD TO SUBMIT A CONFLICT OF INTEREST DISCLOSURE STATEMENT ANNUALLY. ONCE THE STATEMENTS ARE COMPLETED THE RESPONSES ARE REVIEWED AND IT IS DETERMINED WHETHER OR NOT THERE ARE ANY POTENTIAL CONFLICTS OF INTEREST. IF AN ACTUAL CONFLICT OF INTEREST IS DETERMINED TO EXIST, THAT PERSON IS EXCLUDED FROM ANY DECISIONS OR ACTIONS REGARDING THE CONFLICTING ISSUE.
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	THE EXECUTIVE DIRECTOR'S COMPENSATION IS REVIEWED AND APPROVED BY THE ADMINISTRATION COMMITTEE, WHICH IS A COMMITTEE OF BOARD MEMBERS. THE COMMITTEE USES COMPARABILITY DATA TO ENSURE COMPENSATION IS REASONABLE AND DOCUMENTS THE DECISIONS AND DELIBERATIONS IN THE EMPLOYEE'S FILE AND COMMITTEE MINUTES. THE COMPENSATION REVIEW AND APPROVAL IS DONE ANNUALLY.
FORM 990, PART VI, LINE 15B - PART VI, LINE 15B	THERE ARE NO OTHER OFFICERS OR KEY EMPLOYEES WHO RECEIVE COMPENSATION. THE FORM 990 INSTRUCTIONS INDICATE WHEN THIS QUESTION IS NOT APPLICABLE IT SHOULD BE ANSWERED "NO".
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE ORGANIZATION'S GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC THROUGH THE STATE OF FLORIDA. THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE.

Return Reference - Identifier	Explanation				
FORM 990, PART IX, LINE 24E - OTHER EXPENSES	(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses
	EDUCATION	406,520	406,520	0	0
	NUTRITION	471,626	471,626	0	0
	TRAINING	5,959	3,171	2,788	0
	DUES & SUBSCRIPTIONS	2,536	0	0	2,536
	FOREIGN CURRENCY EXCHANGE	171,184	0	171,184	0
	PASSIVE REMEDIATION	52,599	0	52,599	0
	ACCRUALS EXCESS ADJUSTMENTS	5,089	0	5,089	0
	OBSOLETE INVENTORY	1,745	1,745	0	0
	STORAGE & HANDLING	33,299	33,299	0	0
	OTHER	66,618	62,976	1,246	2,396
	IMPROVING HEALTH	198,233	198,233	0	0

Application for Automatic Extension of Time To File an Exempt Organization Return

(Rev. January 2020)

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. AMERICAN NICARAGUAN FOUNDATION INC	Taxpayer identification number (TIN) 65-0326517
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1000 NW 57TH COURT, SUITE 170	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MIAMI, FL 33126	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ▶ **DAMARIS OPORTA**

Telephone No. ▶ **(305) 374-3391** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11/15, 20 20, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year 20 19 or
 ▶ tax year beginning _____, 20 _____, and ending _____, 20 _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.



Crowe LLP
Independent Member Crowe International

Instructions for filing
American Nicaraguan Foundation
Form 990T - Exempt Org. Business Income
Tax Return for the period ended 12/31/2019

Signature...

The original return should be signed and dated by an authorized officer of the corporation.

Filing...

The original return should be filed on or before October 15, 2020 with the following:

Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

Overpayment...

There return shows an overpayment of \$2,500 of which \$0 is being applied to your 2020 estimated tax and \$2,500 should be refunded to you.

**Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))**

2019

For calendar year 2019 or other tax year beginning _____, 2019, and ending _____, 20 _____.

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

- A** Check box if address changed
- B** Exempt under section
- 501(C)(3)
 - 408(e) 220(e)
 - 408A 530(a)
 - 529(a)

Name of organization (Check box if name changed and see instructions.)
AMERICAN NICARAGUAN FOUNDATION INC

Number, street, and room or suite no. If a P.O. box, see instructions.
1000 NW 57TH COURT, SUITE 170

City or town, state or province, country, and ZIP or foreign postal code
MIAMI, FL 33126

D Employer identification number
(Employees' trust, see instructions.)
65-0326517

E Unrelated business activity code
(See instructions.)

C Book value of all assets at end of year
13,289,628

F Group exemption number (See instructions.) ▶

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust

H Enter the number of the organization's unrelated trades or businesses. ▶ _____ Describe the only (or first) unrelated trade or business here ▶ _____. If only one, complete Parts I–V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III–V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **DAMARIS OPORTA** Telephone number ▶ **(305) 374-3391**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales	0			
b Less returns and allowances	0			
c Balance ▶		0		
2 Cost of goods sold (Schedule A, line 7)		0		
3 Gross profit. Subtract line 2 from line 1c		0		0
4a Capital gain net income (attach Schedule D)		0		0
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		0		0
c Capital loss deduction for trusts		0		0
5 Income (loss) from a partnership or an S corporation (attach statement)		0		0
6 Rent income (Schedule C)		0	0	0
7 Unrelated debt-financed income (Schedule E)		0	0	0
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		0	0	0
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		0	0	0
10 Exploited exempt activity income (Schedule I)		0	0	0
11 Advertising income (Schedule J)		0	0	0
12 Other income (See instructions; attach schedule)		0		0
13 Total. Combine lines 3 through 12		0	0	0

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)				
14 Compensation of officers, directors, and trustees (Schedule K)				0
15 Salaries and wages				0
16 Repairs and maintenance				0
17 Bad debts				0
18 Interest (attach schedule) (see instructions)				0
19 Taxes and licenses				0
20 Depreciation (attach Form 4562)		0		
21 Less depreciation claimed on Schedule A and elsewhere on return		0		
22 Depletion				0
23 Contributions to deferred compensation plans				0
24 Employee benefit programs				0
25 Excess exempt expenses (Schedule I)				0
26 Excess readership costs (Schedule J)				0
27 Other deductions (attach schedule)				0
28 Total deductions. Add lines 14 through 27				0
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13				0
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)				0
31 Unrelated business taxable income. Subtract line 30 from line 29				0

Part III Total Unrelated Business Taxable Income

32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	0
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	0
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35	0
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	0
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	0
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	0
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	39	0

Part IV Tax Computation

40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	0
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	41	
42	Proxy tax. See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	Tax on Noncompliant Facility Income. See instructions	44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0

Part V Tax and Payments

46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a	
b	Other credits (see instructions)	46b	
c	General business credit. Attach Form 3800 (see instructions)	46c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d	
e	Total credits. Add lines 46a through 46d	46e	0
47	Subtract line 46e from line 45	47	0
48	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	48	0
49	Total tax. Add lines 47 and 48 (see instructions)	49	0
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	
51a	Payments: A 2018 overpayment credited to 2019	51a	0
b	2019 estimated tax payments	51b	2,500
c	Tax deposited with Form 8868	51c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	51d	
e	Backup withholding (see instructions)	51e	
f	Credit for small employer health insurance premiums (attach Form 8941)	51f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other 0 Total	51g	0
52	Total payments. Add lines 51a through 51g	52	2,500
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	0
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	2,500
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax 0 Refunded	56	2,500

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶ <u>NU</u>	Yes	No
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		✓
59	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ 0		

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: _____ Date: _____ Title: **EXECUTIVE DIRECTOR**

May the IRS discuss this return with the preparer shown below (see instructions)? **Yes** **No**

Paid Preparer Use Only	Print/Type preparer's name BRITTNEY KOCAJ	Preparer's signature <i>Brittney Kocaj</i>	Date 10/6/2020	Check <input type="checkbox"/> if self-employed	PTIN P01320603
	Firm's name ▶ CROWE LLP	Firm's EIN ▶ 35-0921680		Phone no. (954) 202-8600	
	Firm's address ▶ 401 EAST LAS OLAS BLVD, SUITE 1100, FORT LAUDERDALE, FL 33301-4230				

Schedule A—Cost of Goods Sold. Enter method of inventory valuation ►

1 Inventory at beginning of year	1	0	6 Inventory at end of year	6	0
2 Purchases	2	0	7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	0
3 Cost of labor	3	0	8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a Additional section 263A costs (attach schedule)	4a	0			
b Other costs (attach schedule)	4b	0			
5 Total. Add lines 1 through 4b	5	0			<input checked="" type="checkbox"/>

Schedule C—Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property		
(1)		
(2)		
(3)		
(4)		
2. Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0	Total 0
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ►
		0

Schedule E—Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 × column 6)	8. Allocable deductions (column 6 × total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
			0	0
Total dividends-received deductions included in column 8				0

Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals			0	0

Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals		0		0

Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 25.
Totals		0	0			0

Schedule J—Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0	0	0		0

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶	0	0				0
Totals, Part II (lines 1-5) ▶	0	0				0

Schedule K—Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14 ▶			0

Date	Amount
08/07/2019	1,000
12/17/2019	1,500
Totals	2,500

Application for Automatic Extension of Time To File an Exempt Organization Return

(Rev. January 2020)

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. AMERICAN NICARAGUAN FOUNDATION INC	Taxpayer identification number (TIN) 65-0326517
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1000 NW 57TH COURT, SUITE 170	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MIAMI, FL 33126	

Enter the Return Code for the return that this application is for (file a separate application for each return) 07

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ▶ **DAMARIS OPORTA**

Telephone No. ▶ **(305) 374-3391** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box ▶
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ . If it is for part of the group, check this box ▶ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11/15, 20 20, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year 20 19 or
 ▶ tax year beginning _____, 20 _____, and ending _____, 20 _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	2,500
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.



Crowe LLP
Independent Member Crowe International

Instructions for filing
American Nicaraguan Foundation Inc
Form F-1120
Florida Corporate Income/Franchise Tax Return
for the period ended 12/31/2019

Signature...

The original return should be signed and dated by an authorized officer of the corporation.

Filing...

The signed return should be filed on or before 12/01/2020 with...

Florida Department of Revenue
5050 W.Tennessee St.
Tallahassee, FL 32399-0135

No payment due...

There is no tax due for the current year.

Florida Corporate Income/Franchise Tax Return

F-1120
R. 01/20
Rule 12C-1.051, F.A.C.
Effective 01/20

Name AMERICAN NICARAGUAN FOUNDATION INC Page 1 of 6
Address 1000 NW 57TH COURT, SUITE 170
City/State/ZIP MIAMI, FL 33126



Use black ink. Example A - Handwritten Example B - Typed

0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9

6 5 0 3 2 6 5 1 7

Federal Employer Identification Number (FEIN)

For calendar year 2019 or tax year beginning _____, ending _____, Year end date 12/31/2019

Check here if any changes have been made to name or address

DOR use only / /

Computation of Florida Net Income Tax

		US Dollars		Cents
1. Federal taxable income (see instructions). Attach pages 1-5 of federal return	Check here if negative <input type="checkbox"/>	1. <input type="text"/>	.	<input type="text"/>
2. State income taxes deducted in computing federal taxable income (attach schedule)	Check here if negative <input type="checkbox"/>	2. <input type="text"/>	.	<input type="text"/>
3. Additions to federal taxable income (from Schedule I)	Check here if negative <input type="checkbox"/>	3. <input type="text"/>	.	<input type="text"/>
4. Total of Lines 1, 2, and 3.	Check here if negative <input type="checkbox"/>	4. <input type="text"/>	.	<input type="text"/>
5. Subtractions from federal taxable income (from Schedule II)	Check here if negative <input type="checkbox"/>	5. <input type="text"/>	.	<input type="text"/>
6. Adjusted federal income (Line 4 minus Line 5)	Check here if negative <input type="checkbox"/>	6. <input type="text"/>	.	<input type="text"/>
7. Florida portion of adjusted federal income (see instructions)	Check here if negative <input type="checkbox"/>	7. <input type="text"/>	.	<input type="text"/>
8. Nonbusiness income allocated to Florida (from Schedule R)	Check here if negative <input type="checkbox"/>	8. <input type="text"/>	.	<input type="text"/>
9. Florida exemption		9. <input type="text"/>	.	<input type="text"/>
10. Florida net income (Line 7 plus Line 8 minus Line 9)		10. <input type="text"/>	.	<input type="text"/>
11. Tax due: 4.458% of Line 10		11. <input type="text"/>	.	<input type="text"/>
12. Credits against the tax (from Schedule V)		12. <input type="text"/>	.	<input type="text"/>
13. Total corporate income/franchise tax due (Line 11 minus Line 12)		13. <input type="text"/>	.	<input type="text"/>

Payment Coupon for Florida Corporate Income Tax Return

Do not detach coupon.

F-1120
R. 01/20

To ensure proper credit to your account, enclose your check with tax return when mailing.

YEAR ENDING 1 2 3 1 1 9

If 6/30 year end, return is due 1st day of the 4th month after the close of the taxable year, otherwise return is due 1st day of the 5th month after the close of the taxable year.

Enter name and address, if not pre-addressed:

Name AMERICAN NICARAGUAN FOUNDATIO
Address 1000 NW 57TH COURT, SUITE 170
City/St MIAMI, FL 33126
ZIP

	US DOLLARS		CENTS
Total amount due from Line 17	<input type="text"/>	.	<input type="text"/>
Total credit from Line 18	<input type="text"/>	.	<input type="text"/>
Total refund from Line 19	<input type="text"/>	.	<input type="text"/>
FEIN Enter FEIN if not pre-addressed	<input type="text"/> 6 <input type="text"/> 5 <input type="text"/> 0 <input type="text"/> 3 <input type="text"/> 2 <input type="text"/> 6 <input type="text"/> 5 <input type="text"/> 1 <input type="text"/> 7		

F-1120



14. a) Penalty: F-2220 _____ 0 b) Other _____ 0 c) Interest: F-2220 _____ 0 d) Other _____ 0	Line 14 Total ▶ 14.	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>0</td></tr></table>											0	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>0</td><td>0</td></tr></table>											0	0	
										0																	
										0	0																
15. Total of Lines 13 and 14	15.	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>0</td></tr></table>											0	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>0</td><td>0</td></tr></table>											0	0	
										0																	
										0	0																
16. Payment credits: Estimated tax payments 16a \$ _____ 0 Tentative tax payment 16b \$ _____ 0	16.	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>0</td></tr></table>											0	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>0</td><td>0</td></tr></table>											0	0	
										0																	
										0	0																
17. Total amount due: Subtract Line 16 from Line 15. If positive, enter amount due here and on payment coupon. If the amount is negative (overpayment), enter on Line 18 and/or Line 19	17.	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>0</td></tr></table>											0	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>0</td><td>0</td></tr></table>											0	0	
										0																	
										0	0																
18. Credit: Enter amount of overpayment credited to next year's estimated tax here and on payment coupon	18.	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>0</td></tr></table>											0	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>0</td><td>0</td></tr></table>											0	0	
										0																	
										0	0																
19. Refund: Enter amount of overpayment to be refunded here and on payment coupon	19.	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>													<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												

This return is considered incomplete unless a copy of the federal return is attached.

If your return is not signed, or improperly signed and verified, it will be subject to a penalty. The statute of limitations will not start until your return is properly signed and verified. Your return must be completed in its entirety.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign here	Signature of officer (must be an original signature) <i>Brittney Kocaj</i>	Date 10/6/2020	Title EXECUTIVE DIRECTOR
Paid preparers only	Preparer's signature <i>Brittney Kocaj</i>	Date 10/6/2020	Preparer check if self-employed <input type="checkbox"/> Preparer's PTIN P 0 1 3 2 0 6 0 3
	Firm's name (or yours if self-employed) and address CROWE LLP 401 EAST LAS OLAS BLVD, SUITE 1100, FORT LAUDERDALE, FL	FEIN 3 5 0 9 2 1 6 8 0	ZIP 33301-4230

All Taxpayers Must Answer Questions A Through L Below — See Instructions

A. State of incorporation: <u>FLORIDA</u>	G-2. Part of a federal consolidated return? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If yes, provide: FEIN from federal consolidated return: _____ Name of corporation: _____												
B. Florida Secretary of State document number: <u>N48246</u>	G-3. The federal common parent has sales, property, or payroll in Florida? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>												
C. Florida consolidated return? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	H. Location of corporate books: <u>1000 NW 57TH COURT, SUITE 170</u> City: <u>MIAMI</u> State: <u>FL</u> ZIP: <u>33126</u>												
D. <input type="checkbox"/> Initial return <input checked="" type="checkbox"/> Final return (final federal return filed)	I. Taxpayer is a member of a Florida partnership or joint venture? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>												
E. Principal Business Activity Code (as pertains to Florida) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>													J. Enter date of latest IRS audit: _____
F. A Florida extension of time was timely filed? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	K. Contact person concerning this return: <u>DAMARIS OPORTA</u> a) Contact person telephone number: <u>(305)374-3391</u> b) Contact person email address: <u>DOPORTA@ANFNICARAGUA.ORG</u>												
G-1. Corporation is a member of a controlled group? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If yes, attach list.	L. Type of federal return filed <input type="checkbox"/> 1120 <input type="checkbox"/> 1120S or <u>990-T</u>												

New-Online Information Reporting Requirement

Visit the Department's website to obtain a list of the required information, due date, penalty rate and application to enter the information. (See section 220.27, Florida Statutes)

Where to Send Payments and Returns

Make check payable to and mail with return to:
Florida Department of Revenue
5050 W Tennessee Street
Tallahassee FL 32399-0135

If you are requesting a **refund** (Line 19), send your return to:
Florida Department of Revenue
PO Box 6440
Tallahassee FL 32314-6440

Remember:

- ✓ **Make your check payable to the Florida Department of Revenue.**
- ✓ **Write your FEIN on your check.**
- ✓ **Sign your check and return.**
- ✓ **Attach a copy of your federal return.**
- ✓ **Attach a copy of your Florida Form F-7004 (extension of time) if applicable.**

**Florida Tentative Income / Franchise Tax
Return and Application for Extension of Time to File Return**

You must write within the boxes. (example)

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

 If typing, type through the boxes. (example)

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

Write your numbers as shown and enter one number per box.

Name
Address
City/St
ZIP

AMERICAN NICARAGUAN FOUNDATION INC
1000 NW 57TH COURT, SUITE 170
MIAMI, FL 33126

FEIN

6	5	0	3	2	6	5	1	7
---	---	---	---	---	---	---	---	---

Taxable year end:

1	1	3	1	1	9
---	---	---	---	---	---

Type of federal return to be filed (Mark "X" in one box only)

1065	1120S
<input type="checkbox"/>	<input type="checkbox"/>

All other federal returns to be filed

Under penalties of perjury, I declare that I have been authorized by the above-named taxpayer to make this application, and that to the best of my knowledge and belief the statements herein are true and correct:

Sign here: Bethen Kocay Date: 05/22/2020

Tentative tax due (See reverse side)

US DOLLARS					CENTS	
				0	0	0

Make checks payable to and mail to: Florida Department of Revenue, 5050 W Tennessee St, Tallahassee FL 32399-0135

9100 0 20189999 0002005030 5 3999999999 0000 2

**Florida Tentative Income / Franchise Tax
Return and Application for Extension of Time to File Return**

You must write within the boxes. (example)

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

 If typing, type through the boxes. (example)

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

Write your numbers as shown and enter one number per box.

Name
Address
City/St
ZIP

F-7004

FEIN

--	--	--	--	--	--	--	--	--	--

Taxable year end:

M	M	D	D	Y	Y
---	---	---	---	---	---

Type of federal return to be filed (Mark "X" in one box only)

1065	1120S
<input type="checkbox"/>	<input type="checkbox"/>

All other federal returns to be filed

Under penalties of perjury, I declare that I have been authorized by the above-named taxpayer to make this application, and that to the best of my knowledge and belief the statements herein are true and correct:

Sign here: _____ Date: _____

Tentative tax due (See reverse side)

US DOLLARS					CENTS	

Make checks payable to and mail to: Florida Department of Revenue, 5050 W Tennessee St, Tallahassee FL 32399-0135

9100 0 20189999 0002005030 5 3999999999 0000 2

**Florida Tentative Income / Franchise Tax
Return and Application for Extension of Time to File Return**

You must write within the boxes. (example)

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

 If typing, type through the boxes. (example)

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

Write your numbers as shown and enter one number per box.

Name
Address
City/St
ZIP

F-7004

FEIN

--	--	--	--	--	--	--	--	--	--

Taxable year end:

M	M	D	D	Y	Y
---	---	---	---	---	---

Type of federal return to be filed (Mark "X" in one box only)

1065	1120S
<input type="checkbox"/>	<input type="checkbox"/>

All other federal returns to be filed

Under penalties of perjury, I declare that I have been authorized by the above-named taxpayer to make this application, and that to the best of my knowledge and belief the statements herein are true and correct:

Sign here: _____ Date: _____

Tentative tax due (See reverse side)

US DOLLARS					CENTS	

Make checks payable to and mail to: Florida Department of Revenue, 5050 W Tennessee St, Tallahassee FL 32399-0135

9100 0 20189999 0002005030 5 3999999999 0000 2

Information for Filing Florida Form F-7004

F-7004
R. 01/17

When to file — File this application on or before the original due date of the taxpayer's corporate income tax or partnership return. Do not file before the end of the tax year.

To file online go to www.floridarevenue.com

Penalties —If you are required to pay tax with this application, failure to pay all taxes due will void any extension of time and subject the taxpayer to penalties and interest. There is also a penalty for a late-filed return when no tax is due.

Signature — A person authorized by the taxpayer must sign Florida Form F-7004. They must be: an officer or partner of the taxpayer; a person currently enrolled to practice before the Internal Revenue Service (IRS); or an attorney or Certified Public Accountant qualified to practice before the IRS under Public Law 89-332.

The Florida Form F-7004 must be filed – To receive an extension of time to file your Florida return, Florida Form F-7004 must be timely filed, even if you have already filed a federal extension request. A federal extension by itself does not extend the time to file a Florida return.

An extension for Florida tax purposes may be granted, even though no federal extension was granted. See Rule 12C-1.0222, F.A.C., for information on the requirements that must be met for your request for an extension of time to be valid.

A. If applicable, state the reason you need the extension:

ADDITIONAL TIME IS NEEDED TO FILE A
COMPLETE AND ACCURATE RETURN

B. Type of federal return filed: 990-T

Contact person for questions: DAMARIS OPORTA

Telephone number: (305) 374-3391

Contact person email address: DOPORTA@ANFNICARAGUA.ORG

Extension of Time Request	Florida Income/ Franchise Tax Due
1. Tentative amount of Florida tax for the taxable year	1. 0
2. LESS: Estimated tax payments for the taxable year	2. 0
3. Balance due — You must pay 100% of the tax tentatively determined due with this extension request.	3. 0

Transfer the amount on Line 3 to **Tentative tax due** on reverse side.

Information for Filing Florida Form F-7004

F-7004
R. 01/17

When to file — File this application on or before the original due date of the taxpayer's corporate income tax or partnership return. Do not file before the end of the tax year.

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A. If applicable, state the reason you need the extension:

B. Type of federal return filed:

Contact person for questions:

Telephone number: ()

Contact person email address:

Extension of Time Request	Florida Income/ Franchise Tax Due
1. Tentative amount of Florida tax for the taxable year	1.
2. LESS: Estimated tax payments for the taxable year	2.
3. Balance due — You must pay 100% of the tax tentatively determined due with this extension request.	3.

Transfer the amount on Line 3 to **Tentative tax due** on reverse side.

Information for Filing Florida Form F-7004

F-7004
R. 01/17

When to file — File this application on or before the original due date of the taxpayer's corporate income tax or partnership return. Do not file before the end of the tax year.

To file online go to www.floridarevenue.com

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A. If applicable, state the reason you need the extension:

B. Type of federal return filed:

Contact person for questions:

Telephone number: ()

Contact person email address:

Extension of Time Request	Florida Income/ Franchise Tax Due
1. Tentative amount of Florida tax for the taxable year	1.
2. LESS: Estimated tax payments for the taxable year	2.
3. Balance due — You must pay 100% of the tax tentatively determined due with this extension request.	3.

Transfer the amount on Line 3 to **Tentative tax due** on reverse side.



NAME AMERICAN NICARAGUAN FOUNDATION INC

FEIN 65-0326517

TAXABLE YEAR ENDING 12/31/2019

Schedule I – Additions and/or Adjustments to Federal Taxable Income

1. Interest excluded from federal taxable income (see instructions)	1.	0
2. Undistributed net long-term capital gains (see instructions)	2.	0
3. Net operating loss deduction (attach schedule)	3.	0
4. Net capital loss carryover (attach schedule)	4.	
5. Excess charitable contribution carryover (attach schedule)	5.	
6. Employee benefit plan contribution carryover (attach schedule)	6.	
7. Enterprise zone jobs credit (Florida Form F-1156Z)	7.	
8. Ad valorem taxes allowable as enterprise zone property tax credit (Florida Form F-1158Z)	8.	
9. Guaranty association assessment(s) credit	9.	
10. Rural and/or urban high crime area job tax credits	10.	
11. State housing tax credit	11.	
12. Florida tax credit scholarship program credits	12.	
13. Florida renewable energy production tax credit	13.	
14. New markets tax credit	14.	
15. Entertainment industry tax credit	15.	
16. Research and Development tax credit	16.	
17. Energy Economic Zone tax credit	17.	
18. s.168(k), IRC special bonus depreciation	18.	
19. Other additions (attach schedule)	19.	0
20. Total Lines 1 through 19. Enter total on Line 20 and on Page 1, Line 3.	20.	0

Schedule II – Subtractions from Federal Taxable Income

1. Gross foreign source income less attributable expenses (a) Enter s. 78, IRC, income \$ _____ (b) plus s. 862, IRC, dividends \$ _____ (c) plus s. 951A, IRC, income \$ _____ (d) less direct and indirect expenses and related amounts deducted under s. 250, IRC \$ _____	1.	0
2. Gross subpart F income less attributable expenses (a) Enter s. 951, IRC, subpart F income \$ _____ (b) less direct and indirect expenses \$ _____	2.	0
Note: Taxpayers doing business outside Florida enter zero on Lines 3 through 6, and complete Schedule IV.		
3. Florida net operating loss carryover deduction (see instructions)	3.	
4. Florida net capital loss carryover deduction (see instructions)	4.	
5. Florida excess charitable contribution carryover (see instructions)	5.	
6. Florida employee benefit plan contribution carryover (see instructions)	6.	
7. Nonbusiness income (from Schedule R, Line 3)	7.	0
8. Eligible net income of an international banking facility (see instructions)	8.	
9. s.179, IRC, expense (see instructions)	9.	0
10. s. 168(k), IRC, special bonus depreciation (see instructions)	10.	0
11. Other subtractions (attach schedule)	11.	0
12. Total Lines 1 through 11. Enter total on Line 12 and on Page 1, Line 5.	12.	0



NAME AMERICAN NICARAGUAN FOUNDATION INC

FEIN 65-0326517

TAXABLE YEAR ENDING 12/31/2019

Schedule III – Apportionment of Adjusted Federal Income

III-A For use by taxpayers doing business outside Florida, except those providing insurance or transportation services.					
	(a) WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)	(c) Col. (a) ÷ Col. (b) Rounded to Six Decimal Places	(d) Weight If any factor in Column (b) is zero, see note on Page 9 of the instructions.	(e) Weighted Factors Rounded to Six Decimal Places
1. Property (Schedule III-B below)	0	0	0.000000	X 25% or 0.00	0.000000
2. Payroll	0	0	0.000000	X 25% or 0.00	0.000000
3. Sales (Schedule III-C below)	0	0	0.000000	X 50% or 0.00	0.000000
4. Apportionment fraction (Sum of Lines 1, 2, and 3, Column [e]). Enter here and on Schedule IV, Line 2.					0.000000
III-B For use in computing average value of property (use original cost).					
	WITHIN FLORIDA		TOTAL EVERYWHERE		
	a. Beginning of year	b. End of year	c. Beginning of year	d. End of year	
1. Inventories of raw material, work in process, finished goods	0	0	0	0	0
2. Buildings and other depreciable assets	0	0	0	0	0
3. Land owned	0	0	0	0	0
4. Other tangible and intangible (financial org. only) assets (attach schedule)	0	0	0	0	0
5. Total (Lines 1 through 4)	0	0	0	0	0
6. Average value of property					
a. Add Line 5, Columns (a) and (b) and divide by 2 (for within Florida) 6a. 0					
b. Add Line 5, Columns (c) and (d) and divide by 2 (for total Everywhere)..... 6b. 0					
7. Rented property (8 times net annual rent)					
a. Rented property in Florida..... 7a. 0					
b. Rented property Everywhere 7b. 0					
8. Total (Lines 6 and 7). Enter on Line 1, Schedule III-A, Columns (a) and (b).					
a. Enter Lines 6a. plus 7a. and also enter on Schedule III-A, Line 1, Column (a) for total average property in Florida..... 8a. 0					
b. Enter Lines 6b. plus 7b. and also enter on Schedule III-A, Line 1, Column (b) for total average property Everywhere..... 8b. 0					
III-C Sales Factor			(a) TOTAL WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)	
1. Sales (gross receipts)			N/A		
2. Sales delivered or shipped to Florida purchasers			N/A		
3. Other gross receipts (rents, royalties, interest, etc. when applicable)			0	0	
4. TOTAL SALES (Enter on Schedule III-A, Line 3, Columns [a] and [b])			0	0	
III-D Special Apportionment Fractions (see instructions)			(a) WITHIN FLORIDA	(b) TOTAL EVERYWHERE	(c) FLORIDA Fraction ((a) ÷ (b)) Rounded to Six Decimal Places
1. Insurance companies (attach copy of Schedule T–Annual Report)					0.000000
2. Transportation services					0.000000

Schedule IV – Computation of Florida Portion of Adjusted Federal Income

1. Apportionable adjusted federal income from Page 1, Line 6	1.	0
2. Florida apportionment fraction (Schedule III-A, Line 4)	2.	0.000000
3. Tentative apportioned adjusted federal income (multiply Line 1 by Line 2)	3.	0
4. Net operating loss carryover apportioned to Florida (attach schedule; see instructions)	4.	
5. Net capital loss carryover apportioned to Florida (attach schedule; see instructions)	5.	
6. Excess charitable contribution carryover apportioned to Florida (attach schedule; see instructions)	6.	
7. Employee benefit plan contribution carryover apportioned to Florida (attach schedule; see instructions)	7.	
8. Total carryovers apportioned to Florida (add Lines 4 through 7)	8.	0
9. Adjusted federal income apportioned to Florida (Line 3 less Line 8; see instructions)	9.	0



NAME AMERICAN NICARAGUAN FOUNDATION INC

FEIN 65-0326517

TAXABLE YEAR ENDING 12/31/2019

Schedule V – Credits Against the Corporate Income/Franchise Tax

1.	Florida health maintenance organization credit (attach assessment notice)	1.	
2.	Capital investment tax credit (attach certification letter)	2.	
3.	Enterprise zone jobs credit (from Florida Form F-1156Z attached)	3.	
4.	Community contribution tax credit (attach certification letter)	4.	
5.	Enterprise zone property tax credit (from Florida Form F-1158Z attached)	5.	
6.	Rural job tax credit (attach certification letter)	6.	
7.	Urban high crime area job tax credit (attach certification letter)	7.	
8.	Hazardous waste facility tax credit	8.	
9.	Florida alternative minimum tax (AMT) credit	9.	
10.	Contaminated site rehabilitation tax credit (attach tax credit certificate)	10.	
11.	State housing tax credit (attach certification letter)	11.	
12.	Florida tax credit scholarship program credits (attach certificate)	12.	
13.	Florida renewable energy production tax credit	13.	
14.	New markets tax credit	14.	
15.	Entertainment industry tax credit	15.	
16.	Research and Development tax credit	16.	
17.	Energy Economic Zone tax credit	17.	
18.	Other credits (attach schedule)	18.	0
19.	Total credits against the tax (sum of Lines 1 through 18 not to exceed the amount on Page 1, Line 11). Enter total credits on Page 1, Line 12	19.	0

Schedule R – Nonbusiness Income

Line 1. Nonbusiness income (loss) allocated to Florida

<u>Type</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
Total allocated to Florida (Enter here and on Page 1, Line 8)	1. _____ 0

Line 2. Nonbusiness income (loss) allocated elsewhere

<u>Type</u>	<u>State/country allocated to</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total allocated elsewhere		2. _____ 0

Line 3. Total nonbusiness income

Grand total. Total of Lines 1 and 2..... (Enter here and on Schedule II, Line 7)	3. _____ 0
---	------------



NAME

FEIN

TAXABLE YEAR ENDING

Estimated Tax Worksheet For Taxable Years Beginning On or After January 1,

- 1. Florida income expected in taxable year 1. \$ _____
- 2. Florida exemption \$50,000 (Members of a controlled group, see instructions on Page 14 of Florida Form F-1120N) 2. \$ _____
- 3. Estimated Florida net income (Line 1 less Line 2) 3. \$ _____
- 4. Total Estimated Florida tax (4.458% of Line 3) \$ _____
- Less: Credits against the tax \$ _____ 4. \$ _____

5. Computation of installments:

- Payment due dates and payment amounts:
- If 6/30 year end, last day of 4th month, otherwise last day of 5th month - Enter 0.25 of Line 4..... 5a. _____
 - Last day of 6th month - Enter 0.25 of Line 4 5b. _____
 - Last day of 9th month - Enter 0.25 of Line 4..... 5c. _____
 - Last day of taxable year - Enter 0.25 of Line 4 5d. _____

NOTE: If your estimated tax should change during the year, you may use the amended computation below to determine the amended amounts to be entered on the declaration (Florida Form F-1120ES).

- 1. Amended estimated tax 1. \$ _____
- 2. Less:
 - (a) Amount of overpayment from last year elected for credit to estimated tax and applied to date 2a. - \$ _____
 - (b) Payments made on estimated tax declaration (Florida Form F-1120ES).... 2b. - \$ _____
 - (c) Total of Lines 2(a) and 2(b) 2c. \$ _____
- 3. Unpaid balance (Line 1 less Line 2(c)) 3. \$ _____
- 4. Amount to be paid (Line 3 divided by number of remaining installments) 4. \$ _____

References

The following documents were mentioned in this form and are incorporated by reference in the rules indicated below. The forms are available online at floridarevenue.com/forms.

Form F-2220	Underpayment of Estimated Tax on Florida Corporate Income/Franchise Tax	Rule 12C-1.051, F.A.C.
Form F-7004	Florida Tentative Income/Franchise Tax Return and Application for Extension of Time to File Return	Rule 12C-1.051, F.A.C.
Form F-1156Z	Florida Enterprise Zone Jobs Credit Certificate of Eligibility for Corporate Income Tax	Rule 12C-1.051, F.A.C.
Form F-1158Z	Enterprise Zone Property Tax Credit	Rule 12C-1.051, F.A.C.
Form F-1120N	Instructions for Corporate Income/Franchise Tax Return	Rule 12C-1.051, F.A.C.
Form F-1120ES	Declaration/Installment of Florida Estimated Income/Franchise Tax	Rule 12C-1.051, F.A.C.

**Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))**

2019

For calendar year 2019 or other tax year beginning _____, 2019, and ending _____, 20 _____.

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Check box if address changed

B Exempt under section

- 501(C)(3)
- 408(e) 220(e)
- 408A 530(a)
- 529(a)

Print or Type

Name of organization (Check box if name changed and see instructions.)

AMERICAN NICARAGUAN FOUNDATION INC

Number, street, and room or suite no. If a P.O. box, see instructions.

1000 NW 57TH COURT, SUITE 170

City or town, state or province, country, and ZIP or foreign postal code

MIAMI, FL 33126

D Employer identification number
(Employees' trust, see instructions.)

65-0326517

E Unrelated business activity code
(See instructions.)

C Book value of all assets at end of year

13,289,628

F Group exemption number (See instructions.) ▶

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust

H Enter the number of the organization's unrelated trades or businesses. ▶ _____ Describe the only (or first) unrelated trade or business here ▶ _____. If only one, complete Parts I–V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III–V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **DAMARIS OPORTA** Telephone number ▶ **(305) 374-3391**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales	0			
b Less returns and allowances	0			
c Balance ▶		0		
2 Cost of goods sold (Schedule A, line 7)		0		
3 Gross profit. Subtract line 2 from line 1c		0		0
4a Capital gain net income (attach Schedule D)		0		0
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		0		0
c Capital loss deduction for trusts		0		0
5 Income (loss) from a partnership or an S corporation (attach statement)		0		0
6 Rent income (Schedule C)		0	0	0
7 Unrelated debt-financed income (Schedule E)		0	0	0
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		0	0	0
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		0	0	0
10 Exploited exempt activity income (Schedule I)		0	0	0
11 Advertising income (Schedule J)		0	0	0
12 Other income (See instructions; attach schedule)		0		0
13 Total. Combine lines 3 through 12		0	0	0

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)			0	
15 Salaries and wages			0	
16 Repairs and maintenance			0	
17 Bad debts			0	
18 Interest (attach schedule) (see instructions)			0	
19 Taxes and licenses			0	
20 Depreciation (attach Form 4562)	20	0		
21 Less depreciation claimed on Schedule A and elsewhere on return	21a	0	21b	0
22 Depletion			0	
23 Contributions to deferred compensation plans			0	
24 Employee benefit programs			0	
25 Excess exempt expenses (Schedule I)			0	
26 Excess readership costs (Schedule J)			0	
27 Other deductions (attach schedule)			0	
28 Total deductions. Add lines 14 through 27			0	
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13			0	
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)			0	
31 Unrelated business taxable income. Subtract line 30 from line 29			0	

Part III Total Unrelated Business Taxable Income

32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	0
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	0
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35	0
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	0
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	0
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	0
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	39	0

Part IV Tax Computation

40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	0
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	41	
42	Proxy tax. See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	Tax on Noncompliant Facility Income. See instructions	44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0

Part V Tax and Payments

46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a	
b	Other credits (see instructions)	46b	
c	General business credit. Attach Form 3800 (see instructions)	46c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d	
e	Total credits. Add lines 46a through 46d	46e	0
47	Subtract line 46e from line 45	47	0
48	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	48	0
49	Total tax. Add lines 47 and 48 (see instructions)	49	0
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	
51a	Payments: A 2018 overpayment credited to 2019	51a	0
b	2019 estimated tax payments	51b	2,500
c	Tax deposited with Form 8868	51c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	51d	
e	Backup withholding (see instructions)	51e	
f	Credit for small employer health insurance premiums (attach Form 8941)	51f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other 0 Total	51g	0
52	Total payments. Add lines 51a through 51g	52	2,500
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	0
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	2,500
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax 0 Refunded	56	2,500

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶ <u>NU</u>	Yes	No
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		✓
59	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ 0		

Sign Here ▶ Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer	Date	Title	EXECUTIVE DIRECTOR	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Paid Preparer Use Only	Print/Type preparer's name BRITTNEY KOCAJ	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01320603
	Firm's name ▶ CROWE LLP	Firm's EIN ▶ 35-0921680			
	Firm's address ▶ 401 EAST LAS OLAS BLVD, SUITE 1100, FORT LAUDERDALE, FL 33301-4230	Phone no. (954) 202-8600			

Schedule A—Cost of Goods Sold. Enter method of inventory valuation ►

1 Inventory at beginning of year	1	0	6 Inventory at end of year	6	0
2 Purchases	2	0	7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	0
3 Cost of labor	3	0	8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a Additional section 263A costs (attach schedule)	4a	0			
b Other costs (attach schedule)	4b	0			
5 Total. Add lines 1 through 4b	5	0			✓

Schedule C—Rent Income (From Real Property and Personal Property Leased With Real Property)
(see instructions)

1. Description of property		
(1)		
(2)		
(3)		
(4)		
2. Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0	Total 0
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ►
		0

Schedule E—Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 × column 6)	8. Allocable deductions (column 6 × total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
			0	0
Total dividends-received deductions included in column 8				0

Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals			0	0

Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals		0		0

Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 25.
Totals		0	0			0

Schedule J—Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0	0	0		0

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶	0	0				0
Totals, Part II (lines 1-5) ▶	0	0				0

Schedule K—Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14 ▶			0

Date	Amount
08/07/2019	1,000
12/17/2019	1,500
Totals	2,500