990-EZ

Short Form Return of Organization Exempt From Income Tax

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

2021

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form, as it may be made public.
 Go to www.irs.gov/Form990EZ for instructions and the latest information.

Α	For the	2021 calenda	ar year, or tax y	ear beginning	g		, and	ending					
В	Check if a	applicable:	C Name of org	anization					D Emp	loyer iden	ntification	number	
	Address	change	JACINTO	CONVIT	WORLD	ORGANIZATIO	N INC	3	**-	***5	774		
	Name ch	ange	Number and stre	et (or P.O. box	if mail is not de	elivered to street address)		Room/suite	E Tele	phone nun	nber		
	Initial retu	urn	508 MIST	TY OAKS	DR				(95	(954)970-9176			
	Final retu	urn/terminated	City or town, stat	te or province, c	ountry, and ZIP	or foreign postal code			F Grou	up Exemp	otion		
	Amended return									nber 🕨			
	Application	on pending	POMPANO	BEACH,	FL 330)69							
G	Account	ing Method:	Cash 2	X Accrual C	Other (specify	y) >		H	l Check	▶ ☐ if t	he organi	zation is not	
1	Website	e: ▶ www.	jacinto	convit.	org				required	to attach	n Schedul	е В	
J	Tax-exe	mpt status (c	heck only one) - 🛭	501(c)(3)	501(c) () ◀ (insert no.)	4947(a)(1) o	r 527	(Form 9	90).			
ĸ	Form of	organization:	X Corporation	on 🔲 Tru	ust	Association	Other						
L	Add line:	s 5b, 6c, and	7b to line 9 to de	etermine gross	receipts. If gr	oss receipts are \$200,0	000 or more	e, or if total as	sets				
(Pa	art II, colu	umn (B)) are \$	5500,000 or more	e, file Form 99	0 instead of F	orm 990-EZ				. 🕨 \$	4	45,852.	
	art I					ssets or Fund Bala)		
		Check if th	ie organization u	sed Schedule	O to respond	to any question in this	Part I					X	
	1	Contributions	s, gifts, grants, a	and similar amo	ounts received	l				1	4	£5,827.	
	2	Program ser	vice revenue inc	luding governm	nent fees and	contracts				2			
	3	Membership	dues and asses	sments						3			
	4	Investment in	ncome							4		25.	
	5 a	Gross amou	nt from sale of a	ssets other tha	an inventory .		5 a						
	b	Less: cost or other basis and sales expenses											
	С	Gain or (loss	s) from sale of as	ssets other tha	n inventory (s	ubtract line 5b from line	5a)		14	5c			
_	6	Gaming and	fundraising ever	nts:									
	a	Gross incom	ne from gaming (attach Schedu	le G if greate	r than							
ηe		\$15,000) .					6a						
Revenue	b	Gross incom	ne from fundraisi	ng events (not	including \$ _			of contribution	ns				
8		from fundraising events reported on line 1) (attach Schedule G if the											
		sum of such gross income and contributions exceeds \$15,000)											
	С	Less: direct	expenses from g	gaming and fur	ndraising even	nts	6c						
	d	Net income of	or (loss) from ga	ming and fund	raising events	s (add lines 6a and 6b a	nd subtrac	:t					
		line 6c)								6d			
	7 a	Gross sales	of inventory, less	s returns and a	allowances .		7a						
	b	Less: cost of	goods sold				7b						
	С	Gross profit	or (loss) from sa	ales of inventor	y (subtract lin	e 7b from line 7a)				7c			
	8		•	,						8			
_	9									9	4	<u> 45,852.</u>	
	10			• •	•					10			
	11	•								11			
ses	12		•							12			
ens	13			-		ntractors				13	1	L7,103.	
Expenses	14									14			
_	15	• .			-					15		2,441.	
	16									16		<u>44,160.</u>	
	17									17		53,704.	
ţs	18					9)				18		L7,852.	
SSe	19					line 27, column (A)) (n	_				_		
Net Assets		-								19	9	95,454.	
	20	•				Schedule O)				20	=	6,027.	
	21	Net assets o	r fund balances	at end of year.	Combine line	es 18 through 20				21	8	33,629.	

Part	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part	: V		X
		-	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		x
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O. See instructions	34		x
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37b		х
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were	37.5		_^
Jua	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		х
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved	Jua		^
39	Section 501(c)(7) organizations. Enter:	_		
	Initiation fees and capital contributions included on line 9			
a b	Gross receipts, included on line 9, for public use of club facilities	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	-		
40a	section 4911 ; section 4912 ; section 4955			
L				
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year	40h		3,5
_	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
_	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	40		
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed \(\sum_{\text{CA}}\)	\ 0.0		101
42a	The organization's books are in care of ▶REYNOLDS MOSS LLC Telephone no. ▶ (954)		8-0	192
	Located at ▶ 18331 PINES BLVD Ste. 213 PEMBROKE PINES, FL ZIP+4 ▶ 3302	9	1	L
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	401	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).	40		
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here.			• □
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44b		<u> </u>
С	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		<u> </u>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 000 E7 See instructions	15h		1

SCHEDULE A

(Form 990)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Name of the organization Employer identification number										
JACINTO CONVIT WORLD O					**-***5774					
Part I Reason for Public Cha						ons.				
The organization is not a private foundation		•		•	•					
1 A church, convention of church					0(b)(1)(A)(i).					
2 A school described in section		•	•							
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4 X 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: CANCER RESEARCH INSTITUTE NEW YORK NY, DANA FARBER CANCER INSTIT BOSTON MA, MEMORIAL SLOAN KETTERING NEW										
nospital's name, city, and state	CANCER RESEARCH	INSTITUTE NEW YORK NY, I	DANA FARBER	CANCER IN	STIT BOSTON MA, MEMORI	AL SLOAN KETTERING NEW				
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 described in section 170(b)(1		•	ort from a	a governr	nental unit or from t	he general public				
8 A community trust described in	n section 170(b))(1)(A)(vi). (Complete	e Part II.)							
9 An agricultural research organ	ization described	d in section 170(b)(1)(A)(ix) o	perated in	n conjunction with a	land-grant college				
or university or a non-land-gra	nt college of agr	iculture (see instruction	ons). Ente	er the nai	me, city, and state o	of the college or				
university:										
acquired by the organization a	An organization that normally receives (1) more than 33 1/3% 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 33 1/3% 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.)									
12 An organization organized and	•		•			out the purposes of				
one or more publicly supported	•	•				• •				
the box on lines 12a through 1	2d that describe	s the type of supporti	ng organi	ization ar	nd complete lines 12	e, 12f, and 12g.				
a Type I. A supporting organiz	ation operated,	supervised, or control	lled by its	supporte	ed organization(s), ty	pically by giving				
the supported organization(s) the power to re	egularly appoint or ele	ct a majo	ority of the	e directors or trustee	es of the supporting				
organization. You must con	nplete Part IV, S	Sections A and B.								
b Type II. A supporting organize control or management of the	•				. •					
organization(s). You must co	omplete Part IV	, Sections A and C.								
c Type III functionally integra	ated. A supportii	ng organization opera	ited in co	nnection	with, and functional	ly integrated with,				
its supported organization(s)	(see instruction	s).You must comple	te Part I	V, Sectio	ns A, D, and E.					
d Type III non-functionally in that is not functionally integral.	ated. The organi	zation generally must	t satisfy a	distribut	ion requirement and	• , ,				
requirement (see instructions	•	· ·								
e Check this box if the organiz						II, Type III				
functionally integrated, or Ty	•	onally integrated supp	porting or	ganizatio	n.					
f Enter the number of supported of	•									
g Provide the following information	1									
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	listed in you	organization ur governing ment?		(vi) Amount of other support (see instructions)				
			Yes	No						
(A)										
(B)										
(C)										
(D)										
(E)										
Total										
					1					

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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
	on B. Total Support			_			
	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar						
	sources						
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.					12	
13	First 5 years. If the Form 990 is for the o						
Cooti	organization, check this box and stop he	rt Doroonto	<u> </u>				<u> ▶ </u>
Secti	on C. Computation of Public Suppo Public support percentage for 2021 (line 6	rt Percentag	ge divided by line	11 column (f)	<u>, </u>	144	0/
15	Public support percentage from 2020 Sch					15	<u>%</u>
16a	33 1/3 % support test—2021. If the organi					1 1	
IVa	box and stop here. The organization qua						
b	33 1/3 % support test-2020. If the organ	•		-			
~	check this box and stop here. The organi						
17a	10%-facts-and-circumstances test–202	•			•		• —
	10% or more, and if the organization me Part VI how the organization meets the fa	ets the facts-a	and-circumstar	ices test, chec	k this box and	stop here. Ex	φlain in
	organization						▶ 🔲
b	10%-facts-and-circumstances test–202 15 is 10% or more, and if the organization Explain in Part VI how the organization m	n meets the fa	acts-and-circun	nstances test,	check this box	and stop her	e.
	supported organization						
18	Private foundation. If the organization d instructions						

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

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

Secti	on A. Public Support						
Caler	ndar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
J	unrelated trade or business under section 513						
4	Tax revenues levied for the						
7	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						
	Amounts included on lines 1, 2, and 3						
<i>1</i> a	received from disqualified persons						
h	Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on 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 5 years. If the Form 990 is for the or	•			•		
	organization, check this box and stop here						<u> ▶ </u>
	on C. Computation of Public Support				(6)	T .= 1	
15	Public support percentage for 2021 (lin						<u>%</u>
16	Public support percentage from 2020 S			5	· · · · · · · ·	. 16	%
	on D. Computation of Investment Inc			by line 12	lump (f\)	17	0/
17	Investment income percentage for 2021 (-			<u>%</u>
18	Investment income percentage from 202						% %
19a	331/3 % support tests-2021. If the organ						
ı.	line 17 is not more than 331/3%, check this I	_	_	-			_
a	33 ¹ / ₃ % support tests-2020. If the organization 18 is not more than 331/2%, check this h						
20	line 18 is not more than 331/3%, check this be Private foundation. If the organization did						
20	r rivate roundation. Il the organization dit	a not oneon a	DUA UIT III IC 14,	13a, UL 13D,	OLICOK HIIS DOX	unu 300 11131111	onono 🚩 📗

Part IV Supporting Organizations

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

Section A. All Supporting Organizations	Section	A. All	Sup	porting	organizations
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			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
_	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	4		
	"Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination	40		
C	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer lines 5b and 5c below (if applicable). Also, provide detail in 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).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	,		
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? <i>If</i> "Yes," <i>complete Part I of Schedule L (Form 990).</i>	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?			
	If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons, as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit	0-		
100	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
l0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	iva		
IJ	determine whether the organization had excess business holdings.)	10b		

	A (Form 990) 2021 JACINTO CONVIT WORLD ORGANIZATION INC **-**	<u>*57</u>	74 F	age 5
Part I	Supporting Organizations (continued)			
44	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
11 a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
-	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
Section	n B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or memberships of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations's officers,			
	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 officers, 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,			
<u> </u>	supervised, or controlled the supporting organization.	2		
Section	n C. Type II Supporting Organizations		Vaa	Na
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Yes	NO
•	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	n 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 on line 2, above, 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.			
Soction	on E. Type III Functionally Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in		tions	.1
ı a	The organization satisfied the Activities Test. Complete line 2 below.	Suuc	uons	·)-
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental e	ntity (see	
	instructions).	ı		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, 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. <i>Answer lines 3a and 3b below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	2-		
l_		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		

Schedule A (Form 990) 2021 JACINTO CONVIT WORLD ORGANIZA	ATI	ON INC **-	***5774 Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgar	nizations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			n in Part VI).
See instructions. All other Type III non-functionally integrated supporting of	orgar	nizations must complete Se	ections 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) 7 Other expenses (see instructions)	6		
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 0.015 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 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 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 tay imposed in prior year	5		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

6

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

UYA Schedule A (Form 990) 2021

Part	Type III Non-Functionally Integrated 509(a)(ied)	
	on D - Distributions	o, eapperg e.g		1	Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		1	- Carrotte Foat
2	Amounts paid to perform activity that directly furthers exe		rted		
_	organizations, in excess of income from activity	shipt purposes or suppe	, itou	2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required	- provide details in Par	t VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to whic	h the organization is res	sponsive		
	(provide details in Part VI). See instructions.		•	8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Se	ection E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution	าร	Distributable
			Pre-2021		Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021				
	(reasonable cause required- explain in Part VI). See instr.				
3	Excess distributions carryover, if any, to 2021			-	
<u>a</u>	From 2016			-	
<u>b</u>	From 2017				
<u>C</u>	From 2018				
<u>d</u> _	From 2019				
<u>e</u> f	Total of lines 3a through 3e				
i_	Applied to underdistributions of prior years				
<u>9</u> h	Applied to 2021 distributable amount				
<u>;;</u>	Carryover from 2016 not applied (see instructions)				_
- 	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section				
4	D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
88	Breakdown of line 7:				
<u>a</u>	Excess from 2017				
b	Excess from 2018				

UYA

Schedule B (Form 990)

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF. 202

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.

2021

OMB No. 1545-0047

JACINTO CONVIT WORLD ORGANIZATION INC

Employer identification number

-*5774

Organization type (check one): Filers of: Section: Form 990 or 990-EZ **X** 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 33^{1/3} % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

Name of organization Employer identification number

JACINTO CONVIT WORLD ORGANIZATION INC

*	*	_	*	*	*	5	7	7	4	

Part I	Contributors (see instructions). Use duplicate copies of	es of Part I if additional space is needed.						
(a)	(b)	(c)	(d)					
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution					
1	MAIN STREET OF LECHERIA CON CALLE FOREIGN, LECHERIA, 6016, Venezuela	\$6,000.	Person X Payroll Complete Part II for noncash contributions.)					
(a) No.	(b)	(c)	(d)					
NO.	Name, address, and ZIP + 4	Total contributions	Type of contribution					
2	CHEVRON U.S.A. INC 1400 SMITH STREET Ste. ROOM 48084 HOUSTON, TX 77002	\$ 38,000.	Person X Payroll					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
	Client	500	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Oncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Complete Part II for noncash contributions.					

Name of organization **Employer identification number** **-***5774 JACINTO CONVIT WORLD ORGANIZATION INC Noncash (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (b) (c) (d) (a) No. from Part I Description of noncash property given FMV (or estimate) Date received (See instructions) (c) (d) (a) No. from Date received Description of noncash property given FMV (or estimate) Part I (See instructions) (d) (b) (c) (a) No. from Part I Description of noncash property given FMV (or estimate) Date received (See instructions) (b) (c) (d) (a) No. from Part I Description of noncash property given FMV (or estimate) Date received (See instructions) (d) (b) (c) (a) No. from Part I Date received Description of noncash property given FMV (or estimate) (See instructions) \$ (b) (c) (d) (a) No. from Date received FMV (or estimate) Description of noncash property given Part I (See instructions) \$

Employer identification number

Name of organization

JACINTO CONVIT WORLD ORGANIZATION INC **-***5774 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift from (c) Use of gift (d) Description of how gift is held Part (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. fŕom (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization JACINTO CONVIT WORLD ORGANIZATION INC **-***5774 Part III To conduct, support, and facilitate medical research and diagnosis Part III of different types of cancer and tropical infectious diseases, Part III among other diseases, affecting vulnerable populations in Part III Venezuela, where Dr. Jacinto Convit has based his Part III medical research and around the world. Part V, Line 35b Organization does not have any unrelated business gross income of Part V, Line 35b 1,000 or more during the year from business activities. Part V, Line 44d Organization does not have any tanning services. Part VI, Line 47 Organization does not engage in lobbying activities. Part VI, Line 48 Organization is not a school. Part VI, Line 49 Organization did not make any transfers to an exempt Part VI, Line 49 non-charitable related organization. Part VI, Line 50 There are NONE that received more than \$100,000 of compensation. Part VI, Line 51 There are NONE that received more than \$100,000 of compensation. Part I, Line 20 The \$6,027 deposited by FJC is not an an income/donation Part I, Line 20 ,it washed out at the beginning of 2022 and to return back to FJC.

Name of the organization	Employer identification number
JACINTO CONVIT WORLD ORGANIZATION INC	**-***5774
Part I Line 16	
Travel \$1113.00	
Part I Line 16	
Insurance \$37443.00	
Part I Line 16	
THEFT \$512.00	
Part I Line 16	
CELL LINES AND REGENTS \$4576.00	
Part I Line 16	
GIFT \$231.00	
Part I Line 16	
COURSE \$225.00	
Part I Line 16	
PLATFORM \$40.00	
Part I Line 16	
TAXES \$20.00	
Part I Line 20	
DUE TO SISTER ORGANIZATION FJC \$6027.00	
I HANT I	

-*5774

Date	Description	Description				
	Personnel and Insurance		37,443.00			
		Total	37,443.00			

Details for Form 990, Part IX, Line 13

-*5774

Date	Description	Amount
	PUBLICATION PATENT	1,990.00 282.00
	SHIPPING	168.99

Do Not File 2,440.99
Client Copy

990-EZ

Short Form Return of Organization Exempt From Income Tax

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

2020

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form, as it may be made public.
 Go to www.irs.gov/Form990EZ for instructions and the latest information.

Α	For the	2020 calenda	ar year, or tax y	ear beginning	g		, and	ending	_				
В	Check if a	applicable:	C Name of org	anization					D Emp	loyer ide	ntificatio	n number	
	Address	change	JACINTO	CONVIT	WORLD	ORGANIZATIO	ON INC	2	**-	. * * * 5	774		
同	Name ch	ange				elivered to street address)		Room/suite	E Tele	phone nu	mber		
Ħ	Initial retu	urn	508 MIST	TY OAKS	DR				(95	4)97	0-91	.76	
Ħ	Final retu	urn/terminated				or foreign postal code			_	up Exem			
Ħ	Amended	d return							Nun	nber 🕨			
Ħ	Application	on pending	POMPANO	BEACH.	FL 330	069							
G	Account	ing Method:		X Accrual (Н	Check	▶ ☐ if	the orga	nization is not	
		ū	jacinto						-		h Sched		
			heck only one) - 2		501(c) () (insert no.)	49 4 7(a)(1) o	r	'		EZ, or 9		
_		organization:				Association	Other	,			,	,	
		ŭ				oss receipts are \$200,		e, or if total as	sets				
				-		orm 990-EZ				S		24,349.	
	art I					ssets or Fund Bala					1)	21,5151	
				_		to any question in this	•				•		
_	1					1				1		24,276.	
	2					contracts				2		21,2701	
	3	-								3			
	4									4		73.	
	5 a											,,,	
	b			_	-					-			
	C					ubtract line 5b from line			L	5c			
	6		fundraising ever				, ou,						
	a	-	ne from gaming (ıle G if greate	r than							
ne	"			diadii Gonoda	iio o ii groato		6a						
Revenue	b							of contribution	f contributions				
Ŗ	"		sing events repo	•	_	dule G if the	`		·				
			-			5,000)	6b	1					
	C		-			nts				-			
	d				•	s (add lines 6a and 6b		 >t		-			
	"		, ,	J	ŭ			,,		6d			
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	b		· ·							-			
	C		•			ne 7b from line 7a)				7c			
	8	•	, ,		•					8			
	9		•	,						9		24,349.	
_	10									10		,	
	11									11			
õ	12	•								12			
nse	13		•			ntractors				13		14,561.	
Expenses	14				•					14		,_,	
û	15									15		499.	
	16	• .			-					16		61,447.	
	17									17		76,507.	
	18					9)				18	_	52,158.	
sets	19					line 27, column (A)) (r						,	
Ass	.						_			19	1	47,612.	
Net Assets	20		-			Schedule O)				20	-		
~	21	•				es 18 through 20				-		95,454.	

Pa						
	Check if the organization used Schedu	ile O to respond to	any question in			
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			140,216.		95,454.
23	Land and buildings.			0.		0.
24	Other assets (describe in Schedule O)			7,396.		0.
25	Total assets			147,612.	-	95,454.
26	Total liabilities (describe in Schedule O)			0.		0.
27	Net assets or fund balances (line 27 of column (B) m			147,612.	27	95,454.
Pai	t III Statement of Program Service Acco	-		,		
	Check if the organization used Schedu				(Bo	Expenses equired for section
	is the organization's primary exempt purpose? To conduct				١ ١	(c)(3) and 501(c)(4)
	ribe the organization's program service accomplis				ı -	ànizations; optional for
	easured by expenses. In a clear and concise man		vices provided, the	e number of	othe	rs.)
	ons benefited, and other relevant information for e				<u> </u>	
28	Molecular Diagnostics Program. Sp				l	
	underprivileged patients in South	America, To d	late, 757 ber	eficiaries.		
		cludes foreign grants, ch			28a	10,000.
29	Molecular Diagnostics and Cancer					
	develops a low cost, potentially					
	targeted to underprivileged					
	(Grants \$) If this amount in	cludes foreign grants, ch	neck here	X	29a	10,000.
30	Molecular Diagnostics Program. Sp	ecific and pre	cise diagnos	sis for		
	underprivileged patients in South	America, To d	late, 757 ber	eficiaries.	7	
		cludes foreign grants, ch	neck here	▶ X	30a	4,264.
31	Other program services (describe in Schedule O)				l	
	(Grants \$) If this amount in	cludes foreign grants, ch	neck here		31a	
	Total program service expenses (add lines 28a throug				32	
Par	t IV List of Officers, Directors, Trustees, and				ne ins	structions for Part IV
	Check if the organization used Schedu	le O to respond to			<u></u>	
		(b) Average	(c) Reportable compensation	(d) Health benefits, contributions to employe	00 (-)	
	(a) Name and title	hours per week	(Forms W-2/1099-MIS	C) benefit plans, and		Estimated amount of other compensation
		devoted to position	(if not paid, enter -0-) deferred compensatio		
ANZ	FEDERICA CONVIT					
	SIDENT	20.00			\perp	
	ONIO CONVIT					
DIF	ECTOR	00.50			\perp	
RAE	'AEL CONVIT					
DIF	ECTOR	00.50			\perp	
LII	IA CORREA					
DIF	ECTOR	00.50				_
JAM	RICO ARANGUREN					
DIF	ECTOR	00.50				_
JE]	SMAR CARBALLO					
MA]	N RESEARCHER	40.00	14,400	•		
GAI	RIEL MENDEZ					
MAI	KETING MANAGER	40.00	161	•	\perp	
EGI	YS GONZALEZ					
MA]	N RESEACHER	02.00			\perp	
					\top	

Part	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part	: V		X
		-	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O. See instructions	34		х
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37b		х
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		х
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Х
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958 ▶			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		Х
41	List the states with which a copy of this return is filed ▶ CA			
42a	The organization's books are in care of ▶REYNOLDS MOSS LLC Telephone no. ▶ (954)		8-0	192
	Located at ▶ 18331 PINES BLVD Ste. 213 PEMBROKE PINES, FL ZIP+4 ▶ 3302	9		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
.=	Financial Accounts (FBAR).	40		
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
40	If "Yes," enter the name of the foreign country			. —
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here.			<u>'</u>
	and enter the amount of tax-exempt interest received or accrued during the tax year			
110	Did the organization maintain any depart advised founds during the year? If IVes II Form 000 and the		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	440		37
h	completed instead of Form 990-EZ.	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	114		
^	completed instead of Form 990-EZ	44b		77
C C	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	44-1		
15 c	explanation in Schedule O	44d		v
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	45h		

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

vame	e of the organization Employer identification number							n number					
JA(CINTO CONVIT WORLD ORGANIZATION INC **-**5774												
	rt I	Reason for Public Cha			t comple	ete this c	art.) See instruction	ons.					
		nization is not a private founda											
1	_	A church, convention of church		•		•	•						
2	_												
	=	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
3	_							V:::\					
4	X												
_	_	hospital's name, city, and state: CANCER RESEARCH INSTITUTE NEW YORK NY, DANA FARBER CANCER INSTIT BOSTON MA, MEMORIAL SLOAN KETTERING NE An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
5	Ш			ollege or university ov	vned or o	perated b	y a governmental u	nit described in					
		section 170(b)(1)(A)(iv). (Cor	nplete Part II.)										
6		A federal, state, or local govern	nment or govern	mental unit described	d in secti	on 170(b)(1)(A)(v).						
7	\sqcap	An organization that normally	receives a subst	antial part of its supp	ort from a	a governr	nental unit or from t	he general public					
	_	described in section 170(b)(1)				J							
8	\Box	A community trust described in		•	Part II)								
9	H	An agricultural research organ				norated in	a conjunction with a	land grant college					
Э	Ш												
		or university or a non-land-gra	nt conege or agr	iculture (see instruction	ons). Ent	er the har	nie, city, and state d	i the college of					
		university:	1 (1)										
10	Ш	An organization that normally	receives (1) mor	e than 33 1/3% of its	support t	rom cont	ributions, members	hip fees, and gross					
		receipts from activities related support from gross investment	t income and un	related business taxa	ble incom	ne (less s	ection 511 tax) from	businesses					
		acquired by the organization a	fter June 30, 197	75. See section 509(a)(2) . (Co	omplete F	Part III.)						
11		An organization organized and	operated exclus	sively to test for public	c safety.	See sect	ion 509(a)(4).						
12		An organization organized and	operated exclus	ively for the benefit of	, to perfoi	m the fur	nctions of, or to carry	out the purposes of					
		one or more publicly supported	organizations de	escribed in section 50	9(a)(1) o	section	509(a)(2). See sect	ion 509(a)(3). Chec					
		the box in lines 12a through 12	2d that describes	the type of supporting	ng organi:	zation an	d complete lines 12d	e, 12f, and 12g.					
a	ı Г	Type I. A supporting organiz	ation operated.	supervised, or control	led by its	supporte	ed organization(s), to	vpically by giving					
	_	the supported organization(s											
		organization. You must con			or a maje	or the							
k		Type II. A supporting organization			nection w	ith ite eur	onorted organization	(s) by baying					
	′ ∟	control or management of the	•				. •						
		organization(s). You must co			ie saine p)CI30II3 II	iai control of manaç	ge the supported					
_	. –	• • • • • • • • • • • • • • • • • • • •	-		4			le di line de la mane de la constala					
C	· L	Type III functionally integra						ly integrated with,					
	. –	its supported organization(s)											
C	1 L	Type III non-functionally in	•		•		• • •	• , ,					
		that is not functionally integra						l an attentiveness					
		requirement (see instructions	s). You must co	mplete Part IV, Sect	ions A a	nd D, and	d Part V.						
e	• [Check this box if the organize	ation received a	written determination	from the	IRS that	it is a Type I, Type	II, Type III					
		functionally integrated, or Ty	pe III non-function	onally integrated supp	orting or	ganizatio	n.						
f	Е	nter the number of supported of	organizations										
ç		rovide the following information	-										
		Name of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of					
	(-)	Table 1 cappends a gameston	(-7 =	(described on lines 1-10	listed in you	ur governing	support (see	other support (see					
				above (see instructions))	docu	ment?	instructions)	instructions)					
					Yes	No							
					103	110							
A)													
B)													
C)													
D)													
-,													
E)													
_,													
Cota	1												

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.)

<u>Secti</u>	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3						
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,						
c	column (f)						
6 Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	(3, 30.0		(-,,-			(1) 1010
8	Gross income from interest, dividends,						
_	payments received on securities loans,						
	rents, royalties, and income from similar						
	sources						
9	Net income from unrelated business						
	activities, whether or not the business	,					
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.	•	•			12	
13	First 5 years. If the Form 990 is for the o						
	organization, check this box and stop her	<u>e</u>					🕨 🔼
	on C. Computation of Public Suppo	rt Percenta	ge	44 (0)			0/
14	Public support percentage for 2020 (line 6						<u>%</u>
15	Public support percentage from 2019 Sch 33 1/3 % support test–2020. If the organi					15	
16a	box and stop here. The organization qua						
h	33 1/3 % support test–2019. If the organ	-		-			_
b	check this box and stop here. The organi						
170	10%-facts-and-circumstances test–202	=	•		-		
17a	10% or more, and if the organization me	_					
	Part VI how the organization meets the fa						
	organization			-	=		>portou ▶ □
L							and line
b	10%-facts-and-circumstances test–201 15 is 10% or more, and if the organization						
	Explain in Part VI how the organization m						
	supported organization				-	-	L □
18	Private foundation. If the organization di						····► ∟ Isee
10	instructions						▶ □

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees	. ,	` ,	. ,	<u> </u>	` ′	,,
	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						_
	line 6.)						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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						
С	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.)				COL 4	= .	1/)/0)
14	First 5 years. If the Form 990 is for the c	-			•		
	organization, check this box and stop he	re					<u> ▶ </u>
	on C. Computation of Public Suppo				1	145	
15	Public support percentage for 2020 (I	,	() /	•	(/ /		<u>%</u>
16	Public support percentage from 2019			15	<u> </u>	. 16	<u>%</u>
	on D. Computation of Investment In			l by line 40 -	alumn (f))	. 17	0/
17	Investment income percentage for 2020						<u>%</u>
18	Investment income percentage from 20						%
19a	33 1/3 % support tests-2020. If the orga						
L-	line 17 is not more than 33 ¹ / ₃ %, check this	-	-	•			_
b	33 1/3 % support tests—2019. If the organ						
	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d	はん かんき へんへんじょう					ıctions ▶ I I

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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? 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.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
_	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	• • • • • • • • • • • • • • • • • • • •	2		
0-	organization was described in section 509(a)(1) or (2).			
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in 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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer lines 5b and 5c below (if applicable). Also, provide detail in 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).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	-		
-	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
U	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</i>			
	Part VI.	6		
7		0		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
0	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	1		
8		0		
0-	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons, as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings.)	10b		

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or memberships of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations's officers, 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 officers, 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	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 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		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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 line 2, above, 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	on E. Type III Functionally Integrated Supporting Organizations			
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in the organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.	nstruc	tions	;).
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental instructions).	entity (see	
2	Activities Test. <i>Answer lines 2a and 2b below.</i>	I	Yes	No
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 line 2a, above, 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 lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," 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 O			
1 Check here if the organization satisfied the Integral Part Test as a qualifying			in Part VII)
See instructions. All other Type III non-functionally integrated supporting of			•
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		(5) 6
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 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		7
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 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 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions).

Part	y Type III Non-Functionally Integrated 509(a)(3) Supporting Orgar	nizations (continu	ıea)	
	ection D - Distributions				Current Year
1				1	
2	2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	3	
4	Amounts paid to acquire exempt-use assets	3		4	
5	Qualified set-aside amounts (prior IRS approval required	- provide details in Par	t VI)	5	
6	Other distributions (describe in Part VI). See instructions.		,	6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to whice (provide details in Part VI). See instructions.	sponsive	8		
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Se	(ii)		Underdistribution	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required- explain in Part VI). See instr.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D, line 7:				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI.</i> See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
С	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2020

Employer identification number

-*5774 JACINTO CONVIT WORLD ORGANIZATION INC Organization type (check one): Filers of: Section: Form 990 or 990-EZ **X** 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 33^{1/3} % 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 (entering "N/A" in column (b) instead of the contributor name and address), 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

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

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JACINTO CONVIT WORLD ORGANIZATION INC

-*5774

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
1	MAIN STREET OF LECHERIA CON CALLE FOREIGN, LECHERIA, 6016, Venezuela	\$	Person X Payroll		
(a) No.	(b)	(c) Total contributions	(d) Type of contribution		
140.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
2	CHEVRON U.S.A. INC 1400 SMITH STREET Ste. ROOM 48084 HOUSTON, TX 77002	\$10,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	Client	Son	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Occupate Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization

Employer identification number

JACINTO CONVIT WORLD ORGANIZATION INC

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Part II	Noncash Property (see instructions). Use duplicate copies	s of Part II if additional spa	ace is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) Na	Client (\$ 0 0	V
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	-
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		\$	
			orm 990 990-E7 or 990-PE)

Employer identification number

Name of organization

JACIN'	TO CONVIT WORLD ORGANIZ	ATION INC		**-***5774		
Part III	Exclusively religious, charitable, e		anizations desc	ribed in section 501(c)(7), (8), or		
	(10) that total more than \$1,000 for	r the year from any one o	contributor. Con	nplete columns (a) through (e) and		
	the following line entry. For organization	tions completing Part III, e	nter the total of	exclusively religious, charitable, etc.,		
	contributions of \$1,000 or less for t	he year. (Enter this inform	ation once. See i	instructions.) > \$		
	Use duplicate copies of Part III if add	- ·		Ψ		
(a) No.	· · · · · · · · · · · · · · · · · · ·	·				
from	(b) Purpose of gift	(c) Use of g	gift	(d) Description of how gift is held		
Part I						
	-	-				
<u> </u>						
		(e) Transfer	of gift			
L	Transferee's name, address	s, and ZIP + 4	Relation	tionship of transferor to transferee		
(a) No.	(1) 5	() !!	16.	(0.5		
from Part I	(b) Purpose of gift	(c) Use of (gift	(d) Description of how gift is held		
F		(e) Transfer	of gift			
		(e) Transier	or girt			
	Transferee's name, address	and 7IP	Polation	ship of transferor to transferee		
F	Transieree's flame, address	s, and zir + 4	Relation	slip of transferor to transferee		
				, , , , , , , , , , , , , , , , , , , 		
(a) No.		1	1			
from	(b) Purpose of gift	(c) Use of g	gift	(d) Description of how gift is held		
Part I						
		(e) Transfer	of gift			
	Transferee's name, address	s, and ZIP + 4	Relation	ship of transferor to transferee		
(a) No.	(h) Dama an of wife	(2) 1122 26		(d) December of how wife in held		
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
F	(e) Transfer of gift					
		(o) Transfer	g			
	Transferee's name, address	s. and 7IP + 4	Relation	ship of transferor to transferee		
<u> </u>	Transieree 3 name, address	, wild Ell T T	NGIALION	on a district to dalloletee		

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020
Open to Public Inspection

Employer identification number Name of the organization **-***5774 JACINTO CONVIT WORLD ORGANIZATION INC Part III To conduct, support, and facilitate medical research and diagnosis Part III of different types of cancer and tropical infectious diseases, Part III among other diseases, affecting vulnerable populations in Part III Venezuela, where Dr. Jacinto Convit has based his Part III medical research and around the world. Part V, Line 35b Organization does not have any unrelated business gross income of Part V, Line 35b 1,000 or more during the year from business activities. Part V, Line 44d Organization does not have any tanning services. Part VI, Line 47 Organization does not engage in lobbying activities. Part VI, Line 48 Organization is not a school. Part VI, Line 49 Organization did not make any transfers to an exempt Part VI, Line 49 non-charitable related organization. Part VI, Line 50 There are NONE that received more than \$100,000 of compensation. Part VI, Line 51 There are NONE that received more than \$100,000 of compensation.

Name of the organization	Employer identification number
JACINTO CONVIT WORLD ORGANIZATION INC	**-***5774
Part I Line 16	
Insurance \$7022.00	
Part I Line 16	
Bank fee \$33.00	
Part I Line 16	
Certifications \$157.00	
Part I Line 16	
Strategic Alliance JCWO-F \$32468.00	
Part I Line 16	
Gift \$331.00	
Part II Line 24	
Prepaid expenses and deferred charges. Beginning:\$7396.0	0 Ending: \$0.00
LIO NOT EL	
Chent Cor	
	- y

990-EZ

Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

2019

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury

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

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

Α	For the	2019 calenda	ır year, or tax y		g		, and	ending			
В	Check if a	applicable:	C Name of org	anization					D Empl	oyer ide	ntification number
	Address	change	JACINTO	CONVIT	WORLD O	RGANIZATION	INC		46-	4905	5774
	Name cha	ange	Number and stre	eet (or P.O. box	if mail is not delive	red to street address)		Room/suite	E Telep	ohone nu	mber
	Initial retu	urn	508 MIST	TY OAKS	DR				(95	4)97	70-9176
	Final retu	ırn/terminated	City or town, stat	te or province, c	ountry, and ZIP or t	foreign postal code			F Grou	ıp Exem	ption
X	Amended	d return							Num	nber 🕨	
	Application	on pending	POMPANO	BEACH,	FL 3306	9					
G	Accounti	ing Method:	Cash 2	X Accrual (Other (specify)			Н	Check	▶ ☐ if	the organization is not
ı	Website	∷ ► www.	jacinto	convit.	org				required	to attac	h Schedule B
J	Tax-exe	mpt status (ch	neck only one) - 2	K 501(c)(3)	501(c) () ◀ (insert no.) 🗌 4947	'(a)(1) or	527	(Form 9	90, 990-	EZ, or 990-PF).
K	Form of	organization:	X Corporation	on Tru	ust	Association C	Other				
L	Add lines	s 5b, 6c, and 7	'b to line 9 to de	termine gross	receipts. If gross	receipts are \$200,000	or more	, or if total asse	ets		
(Pa	art II, colu	umn (B)) are \$	500,000 or more	e, file Form 99	0 instead of Form	n 990-EZ				. \$	102,323.
	Part I					ets or Fund Balance					
		Check if the	e organization u	sed Schedule	O to respond to a	any question in this Part	Ι				
	1									1	101,954.
	2	Program serv	ice revenue inc	luding governr	ment fees and cor	ntracts				2	•
	3	Membership	dues and asses	ssments	. 					3	
	4	Investment in	icome		. 					4	369.
	5 a						1				
	b	Less: cost or	other basis and	d sales expens	es		5b				
	С					ract line 5b from line 5a)				5c	
	6		fundraising ever		,						
	a	Gross incom	e from gaming (attach Schedu	ule G if greater tha	an					
ne		\$15,000)		·			6a				
Revenue	b	Gross incom	e from fundraisi	ng events (not	including \$		0	f contributions			
Re				•	(attach Schedule	G if the					
			-			00)	6b				
	C		-			·					
	d			-	-	dd lines 6a and 6b and s					
			, ,	•	,					6d	
	7 a	Gross sales	of inventory, less	s returns and a	allowances		7a				
	b		-								
	C	Gross profit of	or (loss) from sa	ales of inventor	y (subtract line 7	b from line 7a)				7c	
	8	Other revenu	e (describe in S	Schedule O)	· · · · · · · · · · ·					8	
	9	Total revenu	ue. Add lines 1	, 2, 3, 4, 5c, 6c	d, 7c, and 8					9	102,323.
	10									10	•
	11	Benefits paid	to or for member	ers						11	
S	12	Salaries, other	er compensation	n, and employe	e benefits					12	
)SU	13	Professional	fees and other p	payments to in	dependent contra	actors				13	33,353.
Expenses	14			•						14	<u> </u>
Ш	15									15	11,249.
	16				-					16	74,399.
	17									17	119,001.
<u> </u>	18									18	-16,678.
set	19	Net assets o	r fund balances	at beginning	of year (from line	27, column (A)) (must	agree v	vith			-
As							-			19	164,290.
Net Assets	20	-				hedule O)				20	•
_	21	_				8 through 20				21	147,612.
_					•						

		for Part II)				
	Check if the organization used Schedu	ule O to respond to	any question in t			
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			164,290.		140,216.
23	Land and buildings.		F		23	0.
24	Other assets (describe in Schedule O)				24	7,396.
25	Total assets		L	164,290.		147,612.
26	Total liabilities (describe in Schedule O)		_		26	0.
27	Net assets or fund balances (line 27 of column (B) m			164,290	27	147,612.
Part		•		,		Expenses
\//hat i	Check if the organization used Schedu				(Red	quired for section
	s the organization's primary exempt purpose? <u>To condu</u>					c)(3) and 501(c)(4)
	ibe the organization's program service accomplise easured by expenses. In a clear and concise man				other	nizations; optional for rs.)
	ns benefited, and other relevant information for e		vices provided, trie	number of		- ,
			Drag grand Bar			
-	Molecular Diagnostics and Cancer JCWO personnel. Under the strateg					
-	specialists.	ic alliance wi	cii fuc, payii	siic co Foc		
-		cludes foreign grants, ch	neck here	▶ 🔽	28a	64,890.
-	Molecular Diagnostics and Cancer				204	04,090.
-	JCWO personnel. Under the strateg					
-	specialists.	ic alliance wi	cii roc, payin	enc to Foc		
-	•	cludes foreign grants, ch	neck here	ightharpoonup	29a	31,953.
-	Molecular Diagnostics Program. Th					31,755.
-	supports molecular diagnostics for					
-	countries such as Venezuela. R					
-		cludes foreign grants, ch			30a	5,050.
-	Other program services (describe in Schedule O)	ionados ronoigin granto, o.				3,030.
	. •	cludes foreign grants, ch	neck here		31a	
) II III all all all all all all all all	ioiaaoo ioioigii giaino, oi				
	Total program service expenses (add lines 28a through				32	101,893,
32	Total program service expenses (add lines 28a through List of Officers, Directors, Trustees, and	h 31a)			_	
		h 31a)	ist each one even if no	t compensated - see	he inst	tructions for Part IV
32	IV List of Officers, Directors, Trustees, an	h 31a)	ist each one even if no any question in t	t compensated - see his Part IV (d) Health benefits.	the inst	tructions for Part IV
32	IV List of Officers, Directors, Trustees, an	d Key Employees (I alle O to respond to (b) Average hours per week	ist each one even if no any question in t	t compensated - see his Part IV (d) Health benefits, contributions to employ	he inst	tructions for Part IV
32	List of Officers, Directors, Trustees, an Check if the organization used Schedu	d Key Employees (I ale O to respond to (b) Average	ist each one even if no any question in t	t compensated - see his Part IV. (d) Health benefits, contributions to employ benefit plans, and	the inst	tructions for Part IV
Part	List of Officers, Directors, Trustees, an Check if the organization used Schedu	d Key Employees (I alle O to respond to (b) Average hours per week	ist each one even if no any question in t (c) Reportable compensation (Forms W-2/1099-MISC	t compensated - see his Part IV	the inst	tructions for Part IV
Part	List of Officers, Directors, Trustees, an Check if the organization used Schedu (a) Name and title	d Key Employees (I alle O to respond to (b) Average hours per week	ist each one even if no any question in t (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	t compensated - see his Part IV	the inst	tructions for Part IV
Part ANA PRE	List of Officers, Directors, Trustees, and Check if the organization used Schedu (a) Name and title FEDERICA CONVIT	d Key Employees (I ule O to respond to (b) Average hours per week devoted to position	ist each one even if no any question in t (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	t compensated - see his Part IV	the inst	tructions for Part IV
Part ANA PRE	List of Officers, Directors, Trustees, and Check if the organization used Schedu (a) Name and title FEDERICA CONVIT SIDENT	d Key Employees (I ule O to respond to (b) Average hours per week devoted to position	ist each one even if no any question in t (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	t compensated - see his Part IV	the inst	tructions for Part IV
ANA PRE ANTO	List of Officers, Directors, Trustees, an Check if the organization used Schedu (a) Name and title FEDERICA CONVIT SIDENT ONIO CONVIT	d Key Employees (I alle O to respond to (b) Average hours per week devoted to position	ist each one even if no any question in t (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	t compensated - see his Part IV	the inst	tructions for Part IV
ANA PRE ANTO	List of Officers, Directors, Trustees, an Check if the organization used Schedu (a) Name and title FEDERICA CONVIT SIDENT ONIO CONVIT ECTOR	d Key Employees (I alle O to respond to (b) Average hours per week devoted to position	ist each one even if no any question in t (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	t compensated - see his Part IV	the inst	tructions for Part IV
ANA PRE ANT DIR RAF DIR	List of Officers, Directors, Trustees, an Check if the organization used Schedu (a) Name and title FEDERICA CONVIT SIDENT ONIO CONVIT ECTOR AEL CONVIT	th 31a)	ist each one even if no any question in t (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	t compensated - see his Part IV	the inst	tructions for Part IV
ANA PRE ANT DIR RAF LIL DIR	List of Officers, Directors, Trustees, an Check if the organization used Schedu (a) Name and title FEDERICA CONVIT SIDENT ONIO CONVIT ECTOR AEL CONVIT ECTOR IA CORREA ECTOR	th 31a)	ist each one even if no any question in t (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	t compensated - see his Part IV	the inst	tructions for Part IV
ANA PRE ANT DIR RAF LIL DIR	List of Officers, Directors, Trustees, an Check if the organization used Schedu (a) Name and title FEDERICA CONVIT SIDENT ONIO CONVIT ECTOR AEL CONVIT ECTOR IA CORREA	th 31a)	ist each one even if no any question in t (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	t compensated - see his Part IV	the inst	tructions for Part IV
ANA PRE ANT DIR LIL DIR MAU DIR	List of Officers, Directors, Trustees, an Check if the organization used Schedu (a) Name and title FEDERICA CONVIT SIDENT ONIO CONVIT ECTOR AEL CONVIT ECTOR IA CORREA ECTOR RICO ARANGUREN ECTOR	th 31a)	ist each one even if no any question in t (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	t compensated - see his Part IV	the inst	tructions for Part IV
ANA PRE ANT DIR LIL DIR MAU DIR JEI	List of Officers, Directors, Trustees, an Check if the organization used Schedu (a) Name and title FEDERICA CONVIT SIDENT ONIO CONVIT ECTOR AEL CONVIT ECTOR IA CORREA ECTOR RICO ARANGUREN ECTOR SMAR CARBALLO	th 31a)	ist each one even if no any question in t (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	t compensated - see his Part IV (d) Health benefits contributions to employ benefit plans, and deferred compensati	the inst	tructions for Part IV
ANA PRE ANT DIR LIL DIR MAU DIR JEI MAI	List of Officers, Directors, Trustees, an Check if the organization used Schedu (a) Name and title FEDERICA CONVIT SIDENT ONIO CONVIT ECTOR AEL CONVIT ECTOR IA CORREA ECTOR RICO ARANGUREN ECTOR SMAR CARBALLO N RESEARCHER	th 31a)	ist each one even if no any question in t (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	t compensated - see his Part IV (d) Health benefits contributions to employ benefit plans, and deferred compensati	the inst	tructions for Part IV
ANA PRE ANT DIR RAF DIR MAU DIR MAU DIR JEI MAI EGL	List of Officers, Directors, Trustees, an Check if the organization used Schedu (a) Name and title FEDERICA CONVIT SIDENT ONIO CONVIT ECTOR AEL CONVIT ECTOR IA CORREA ECTOR RICO ARANGUREN ECTOR SMAR CARBALLO N RESEARCHER YS GONZALEZ	h 31a)	ist each one even if no any question in t (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	t compensated - see his Part IV	the inst	tructions for Part IV
ANA PRE ANT DIR RAF DIR MAU DIR MAU DIR JEI MAI EGL	List of Officers, Directors, Trustees, an Check if the organization used Schedu (a) Name and title FEDERICA CONVIT SIDENT ONIO CONVIT ECTOR AEL CONVIT ECTOR IA CORREA ECTOR RICO ARANGUREN ECTOR SMAR CARBALLO N RESEARCHER	th 31a)	ist each one even if no any question in t (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	t compensated - see his Part IV	the inst	tructions for Part IV
ANA PRE ANT DIR RAF DIR MAU DIR MAU DIR JEI MAI EGL	List of Officers, Directors, Trustees, an Check if the organization used Schedu (a) Name and title FEDERICA CONVIT SIDENT ONIO CONVIT ECTOR AEL CONVIT ECTOR IA CORREA ECTOR RICO ARANGUREN ECTOR SMAR CARBALLO N RESEARCHER YS GONZALEZ	h 31a)	ist each one even if no any question in t (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	t compensated - see his Part IV	the inst	tructions for Part IV
ANA PRE ANT DIR LIL DIR MAU DIR JEI MAI EGL	List of Officers, Directors, Trustees, an Check if the organization used Schedu (a) Name and title FEDERICA CONVIT SIDENT ONIO CONVIT ECTOR AEL CONVIT ECTOR IA CORREA ECTOR RICO ARANGUREN ECTOR SMAR CARBALLO N RESEARCHER YS GONZALEZ	h 31a)	ist each one even if no any question in t (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	t compensated - see his Part IV	the inst	tructions for Part IV
ANA PRE ANT DIR RAF DIR MAU DIR MAU DIR JEI MAI EGL	List of Officers, Directors, Trustees, an Check if the organization used Schedu (a) Name and title FEDERICA CONVIT SIDENT ONIO CONVIT ECTOR AEL CONVIT ECTOR IA CORREA ECTOR RICO ARANGUREN ECTOR SMAR CARBALLO N RESEARCHER YS GONZALEZ	h 31a)	ist each one even if no any question in t (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	t compensated - see his Part IV	the inst	tructions for Part IV
ANA PRE ANT DIR RAF DIR MAU DIR MAU DIR JEI MAI EGL	List of Officers, Directors, Trustees, an Check if the organization used Schedu (a) Name and title FEDERICA CONVIT SIDENT ONIO CONVIT ECTOR AEL CONVIT ECTOR IA CORREA ECTOR RICO ARANGUREN ECTOR SMAR CARBALLO N RESEARCHER YS GONZALEZ	h 31a)	ist each one even if no any question in t (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	t compensated - see his Part IV	the inst	tructions for Part IV
ANA PRE ANT DIR LIL DIR MAU DIR JEI MAI EGL	List of Officers, Directors, Trustees, an Check if the organization used Schedu (a) Name and title FEDERICA CONVIT SIDENT ONIO CONVIT ECTOR AEL CONVIT ECTOR IA CORREA ECTOR RICO ARANGUREN ECTOR SMAR CARBALLO N RESEARCHER YS GONZALEZ	h 31a)	ist each one even if no any question in t (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	t compensated - see his Part IV	the inst	tructions for Part IV
ANA PRE ANT DIR RAF DIR MAU DIR MAU DIR JEI MAI EGL	List of Officers, Directors, Trustees, an Check if the organization used Schedu (a) Name and title FEDERICA CONVIT SIDENT ONIO CONVIT ECTOR AEL CONVIT ECTOR IA CORREA ECTOR RICO ARANGUREN ECTOR SMAR CARBALLO N RESEARCHER YS GONZALEZ	h 31a)	ist each one even if no any question in t (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	t compensated - see his Part IV	the inst	tructions for Part IV
ANA PRE ANT DIR RAF DIR MAU DIR MAU DIR JEI MAI EGL	List of Officers, Directors, Trustees, an Check if the organization used Schedu (a) Name and title FEDERICA CONVIT SIDENT ONIO CONVIT ECTOR AEL CONVIT ECTOR IA CORREA ECTOR RICO ARANGUREN ECTOR SMAR CARBALLO N RESEARCHER YS GONZALEZ	h 31a)	ist each one even if no any question in t (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	t compensated - see his Part IV	the inst	tructions for Part IV
ANA PRE ANT DIR RAF DIR MAU DIR MAU DIR JEI MAI EGL	List of Officers, Directors, Trustees, an Check if the organization used Schedu (a) Name and title FEDERICA CONVIT SIDENT ONIO CONVIT ECTOR AEL CONVIT ECTOR IA CORREA ECTOR RICO ARANGUREN ECTOR SMAR CARBALLO N RESEARCHER YS GONZALEZ	h 31a)	ist each one even if no any question in t (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	t compensated - see his Part IV	the inst	tructions for Part IV

· arc	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part	٧		X
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		Х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O. See instructions	34		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
07-	during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	076		
b	Did the organization file Form 1120-POL for this year?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were	200		37
L	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
a b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
70u	section 4911 > ; section 4912 ; section 4955			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
-	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		x
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		Х
41	List the states with which a copy of this return is filed CA			
42a	The organization's books are in care of ▶REYNOLDS MOSS LLC Telephone no. ▶ (954)		8-0	192
	Located at ▶ 18331 PINES BLVD Ste. 213 PEMBROKE PINES, FL ZIP+4 ▶ 3302	9		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
_	Financial Accounts (FBAR).	120		37
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
73	and enter the amount of tax-exempt interest received or accrued during the tax year			′ Ш
	and office the amount of tax exempt interest received of accrete during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		. 63	140
	completed instead of Form 990-EZ.	44a		х
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44b		х
С	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ. See instructions	45b		ı

Use Only Firm's ac

Print/Type preparer's name

Greta K Reynolds

Firm's name ▶ REYNOLDS MOSS LLC

Firm's address ▶ 18331 Pines Blvd #213

Pembroke Pines, FL 33029

Preparer's signature

Check if self-employed P00829707

Firm's EIN ▶80-0432108

Phone no.

(954)368-0192

May the IRS discuss this return with the preparer shown above? See instructions . . .

►X Yes No Form **990-EZ** (2019)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Employer identification number

JAC:	INTO CONVIT WORLD O					46-4905774		
Part							ons.	
The or	rganization is not a private founda	ation because it i	is: (For lines 1 throug	h 12, che	ck only c	one box.)		
1 [A church, convention of churcl							
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3	3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4 2		•	•				· · ·	
	hospital's name, city, and state	e: Cancer Research	INSTITUTE NEW YORK NY, I	DABA FARBER	CANCER IN	STIT BOSTON MA, MEMORI	AL SLOAN KETTERING NEW	
5 _	An organization operated for the		ollege or university ov	vned or o	perated b	by a governmental u	nit described in	
۰ ۲	section 170(b)(1)(A)(iv). (Cor	-			470//	\/4\/4\/ \\		
6 [A federal, state, or local gover	-			_		والطبيع المعمومة وطا	
<i>'</i> L	An organization that normally described in section 170(b)(1		•	ort from a	a governi	nental unit or from t	ne general public	
8 T	A community trust described in		•	Dort II \				
9 [An agricultural research organ	•				n conjunction with a	land-grant college	
J L	or university or a non-land-gra				-	-		
	university:	int conlege of agr	Toditaro (000 motraotis	0110). Liit	or tho ha	ino, ony, and otato c	n the conege of	
10 ┌		receives: (1) mo	re than 33 1/3% of its	support	from con	tributions, members	ship fees, and gross	
	An organization that normally receipts from activities related support from gross investment	to its exempt fu	nctions-subject to cer	rtain exce	eptions, a	nd (2) no more than	33 1/3% of its	
	acquired by the organization a	t income and un fter June 30. 19	related business taxa 75. See section 509 (bie incom (a)(2). (Co	ne (ness s omplete f	ection 511 tax) from Part III.)	businesses	
11 [An organization organized and							
12 [An organization organized and	operated exclus	ively for the benefit of	, to perfo	rm the fui	nctions of, or to carry	out the purposes of	
	one or more publicly supported	•						
	the box in lines 12a through 12		• • • • • • • • • • • • • • • • • • • •			· · · · · · · · · · · · · · · · · · ·	-	
а	Type I. A supporting organiz	•	•	•				
	the supported organization(s		• • • • • • • • • • • • • • • • • • • •	ect a majo	ority of th	e directors or truste	es of the supporting	
	organization. You must con	•					(A) 1 1 2 1 2 1 2 1 2 2 2 2 2 2 2 2 2 2 2	
b	Type II. A supporting organize control or management of the	•						
	organization(s). You must c			ie sailie į	Jeisons ti	nat control of manag	ge trie supported	
С	Type III functionally integra	_		nted in co	nnection	with and functional	ly integrated with	
·	its supported organization(s)						iy intogratod with,	
d	Type III non-functionally in	•	•		-		ted organization(s)	
	that is not functionally integra	•		•		• •	• , ,	
	requirement (see instructions							
е	Check this box if the organiz						II, Type III	
	functionally integrated, or Ty			orting or	ganizatio	n.		
f	Enter the number of supported of							
g	Provide the following information		oorted organization(s)			T	-	
((i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing		(vi) Amount of other support (see	
			above (see instructions))		ment?	instructions)	instructions)	
				Yes	No	-		
				163	140			
(A)								
(D)								
(B)								
(C)								
(0)								
(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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.").	<u> </u>					
2	Tax revenues levied for the organization's benefit and either paid						
	to or expended on its behalf.	<u></u>					
3	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
6 Secti	on B. Total Support						<u> </u>
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	(4) 20 10	(2)2010	(6) 20 11	(4) 2010	(6) 20 10	(1) 1 0101
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar						
	sources	_					
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
4.4	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10	/i				40	
12	Gross receipts from related activities, etc					12	F04(-)(0)
13	First five years. If the Form 990 is for the organization, check this box and stop he						
Socti	on C. Computation of Public Suppo	rt Parcentac	10				🗩 🔼
14	Public support percentage for 2019 (line 6	a column (f) c	livided by line	11 column (f))		14	%
15	Public support percentage from 2018 Sch					15	
16a	33 1/3 % support test-2019. If the organi						
	box and stop here. The organization qua						
b	33 1/3 % support test-2018. If the organ	-		-			• —
	check this box and stop here . The organi						
17a	10%-facts-and-circumstances test-201	-					
	10% or more, and if the organization me Part VI how the organization meets the "fa	ets the "facts-	and-circumsta	nces" test, che	ck this box an	d stop here. E	xplain in
	organization						▶ 🔲
b	10%-facts-and-circumstances test–201 15 is 10% or more, and if the organization Explain in Part VI how the organization m	n meets the "fa	acts-and-circui	mstances" test	, check this bo	ox and stop he	ere.
	supported organization						
18	Private foundation. If the organization d instructions						

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

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

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	on B. Total Support						
Calen	dar 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						
С	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						
40	(Explain in Part VI.)		-				
13	Total support. (Add lines 9, 10c, 11,						
4.4	and 12.)		la finat	4 h i m al	a. 4:44- 4-		[
14	First five years. If the Form 990 is for the	-			-		
01	organization, check this box and stop he	re	<u> </u>		 		
	on C. Computation of Public Suppo			bulling 40	I (f))	45	
15	Public support percentage for 2019 (li						<u>%</u>
16	Public support percentage from 2018			15		. 16	<u>%</u>
	on D. Computation of Investment In			d by line 40	aluman (f\)	147	
17	Investment income percentage for 2019			-			<u>%</u>
18	Investment income percentage from 20						%
19a	33 1/3 % support tests-2019. If the orga						
	line 17 is not more than 33 ¹ / ₃ %, check this	-	-				_
b	33 1/3 % support tests—2018. If the organ						
20	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d	iu not check a	i box on line 14	i, 19a, Of 19b,	CHECK THIS DOX	k anu see instru	JULIOTIS 📂 📗

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 Organization	Section	A. Al	Supp	orting	Organ	nizations
--	---------	-------	------	--------	-------	-----------

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	4.		
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in 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)			
		4c		
5a	purposes. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	40		
Ja	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).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
•	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 500(a)(4) or (3)(2) If II/(a) II provide detail in Part II	0-		
h	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	Oh		
С	the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	9b		
C	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section	30		
·vu	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings (Ose Scriedule C, 1 orm 4720, to	10h		

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations	11.0		
	71 11 0 0		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		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 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		
Secti	on D. All Type III Supporting Organizations		1	
			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		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.	nstrud	ctions	;).
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	′ (see	instru	ctions
_	Astinities Test. Annual (a) and (b) below			
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of 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.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

JACINTO CONVIT WORLD ORGANIZA			-4905//4 rage 0
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or			
1 Check here if the organization satisfied the Integral Part Test as a qualifying			•
See instructions. All other Type III non-functionally integrated supporting of	rgar	nizations must complete S	
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		(B) Current Year
Section B - Minimum Asset Amount		(A) Prior 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 Check here if the current year is the organization's first as a non-functional	ly in	tegrated Type III supporti	ing organization (see

instructions).

8 Breakdown of line 7:

a Excess from 2015

Part VI. See instructions.

b Excess from 2016

c Excess from 2017

d Excess from 2018

e Excess from 2019

UYA

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2019

Employer identification number

JACINTO CONVIT WORLD ORGANIZATION INC 46-4905774 Organization type (check one): Filers of: Section: Form 990 or 990-EZ **X** 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 33^{1/3} % 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

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-EZor 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).

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

Name of organization

JACINTO CONVIT WORLD ORGANIZATION INC

Employer identification number

46-4905774

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	FOUNDATION FOR ENDEMIC DISEASES 106 IRVING STREET, NW Ste. 4000 WASHINGTON, DC 20010	\$31,953.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	MAIN STREET OF LECHERIA CON CALLE FOREIGN, LECHERIA, 6016, Venezuela	\$ 5,050.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	EMBASSY OF JAPAN IN VENEZUELA TORRE DIGITEL DON EUGENIO MENDOZA FOREIGN, CARACAS, 1060, Venezuela	\$64,890.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

JACINTO CONVIT WORLD ORGANIZATION INC

Employer identification number
46-4905774

Part II N	oncash Property (see instructions). Use duplicate co	ppies of Part II if additional space	ce is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Employer identification number

Name of organization

JACIN'	TO CONVIT WORLD ORGANIZ	ATION INC		46-4905774	
Part III	the following line entry. For organization contributions of \$1,000 or less for the	the year from any outions completing Partine year. (Enter this in	one contributor. Ill, enter the total of formation once. See	Complete columns (a) through (e) and of exclusively religious, charitable, etc.,	
	Use duplicate copies of Part III if add	itional space is neede	ed.		
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
		(e) Trans	sfer 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	
			sfer of gift		
	Transferee's name, address, and ZIP + 4		Relatio	enship 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) Trans	sfer of gift		
-	Transferee's name, address	, and ZIP + 4	Relatio	onship of transferor to transferee	
(a) N-					
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
}		(e) Trans	sfer of gift		
	Transferee's name, address		Relationship of transferor to transferee		

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

►Attach to Form 990 or 990-EZ.

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

2019
Open to Public Inspection

Employer identification number Name of the organization JACINTO CONVIT WORLD ORGANIZATION INC 46-4905774 SCHEDULE A LINE 4 PARKER CANCER INSTITUTE FOR CANCER IMMUNOTHERAPY, SAN FRANCISCO, CA SCHEDULE A LINE 4 AMERICAN ASSOCIATION FOR CANCER RESEARCH, PHILADELPHIA, PA Part III To conduct, support, and facilitate medical research and diagnosis Part III of different types of cancer and tropical infectious diseases, Part III among other diseases, affecting vulnerable populations in Part III Venezuela, where Dr. Jacinto Convit has based his Part III medical research and around the world. PART IX, LINE 24E BANK SERVICE CHARGES: 111 PART IX, LINE 24E STATE TAX FEE: 10 PART IX, LINE 24E GENETIC STUDIES: 707 PART IX, LINE 24E TELEPHONE: 45 PART IX, LINE 24E STRATEGIC ALLIANCE JCWO-FJC: 69,709 PART V, LINE 35B Organization does not have any unrelated business gross income of PART V, LINE 35B 1,000 or more during the year from business activities.

Name of the organization	Employer identification number
JACINTO CONVIT WORLD ORGANIZATION INC	46-4905774
Part I Line 16	
Other office expenses \$8.00	
Part I Line 16	
Insurance \$3809.00	
Part II Line 24	
Prepaid expenses and deferred charges. Beginni	ng:\$0.00 Ending: \$7396.00

Form 990, 990-EZ or 990-PF Amended Return Statements Worksheet

To amend a Form 990, 990-EZ or 990-PF return, check the Amended Return box on Form 990, 990-EZ or Form 990-PF. Then enter the line number, description, and the original amount entered (previously filed return) with the amended amount. Add any explanation as necessary.

You cannot file an amended Form 990-N e-Postcard. You can make corrections or update your information when you file your next e-Postcard in a subsequent year.

To amend Form 990-T, write 'Amended Return' at the top of the return and include a statement that includes which lines on the original return that were changed and give the reason for each change.

		1	
Line number	Description	Original Amount	Amended Amount
1 NUMBER	CONTRIBUTIONS	102,763	101,954
Explanation			
Difference i	s error due to 2018 fraud that was re	t	
was included	in 2019 contribution.		
]	
Line number	Description		
9	Total Revenue	103,132	102,323
Explanation			
Total amount	change because the contributions amo	lu e	
]	
]	
Line number	Description		
15	Printing, publications, postage, an	23,219	11,249
Explanation			
It had to be	modified because expenses were inclu	l¢	
line 15 where	e it indicates that they are printing	,	
expenses. The	erefore amounts were reclassed.]	
		1	
Line number	Description		
16	Other expenses	70,634	74,399
Explanation			
Amounts were	reclassed.		
	05/05/00 07:00		
	05/05/22 07:26PM		

 Line number	Description		
17	Total expenses	127,206	119,001
Explanation Due to amou	ints in line 15 and 16 that were reclass		
Line number	Description		
18	Excess or (deficit	-24,074	-16,678
Explanation Due to amou	ints that were adjusted in total revenue		
Line number	Description Other assets	0.	7,396
Explanation	001102 455005		,,,,,,
Prepaid exp	penses		
Line number	Description	0.	0.
Explanation			

Details for Form 990, Part IX, Line 13

46-4905774

Date	Description	Amount		
	PUBLICATIONS		11,249.00	
		Total	11,249.00	

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-1150 2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990EZ for instructions and the latest information.

А	ror u	ie 2016 Calen	dar year, or tax year beginning , and ending			
В	Check i	if applicable:	C Name of organization	D E	mployer id	entification number
	Addres	s change	JACINTO CONVIT WORLD ORGANIZATION INC			
	Name o	change	Number and street (or P.O. box, if mail is not delivered to street address) Room/sui	te	46	6-4905774
	Initial re	eturn	508 MISTY OAKS DR	ΕT	elephone n	umber
	Final retu	urn/terminated	City or town State ZIP code			
	Amend	ed return	POMPANO BEACH FL 33069		(95	4) 970-9176
	Applica	ation pending	Foreign country name Foreign province/state/county Foreign postal cod	e F (Froup Exe	mption
	_			N	lumber >	
_	A	nting Mathadi	Cash X Accrual Other (specify)	LI Cha	ck ▶	if the ergonization is
G		nting Method:	Cash X Accrual Other (specify) ►acintoconvit.org			if the organization is attach Schedule B
١.				/For	•	0-EZ, or 990-PF).
J	Tax-exe	mpt status (ched	k only one) — X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 52	27 (1 011	11 000, 00	0-LZ, 01 000-1 1 <i>j</i> .
Κ	Form o	f organization:	X Corporation Trust Association Other			
L	Add line	es 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if tot	al assets		
			re \$500,000 or more, file Form 990 instead of Form 990-EZ		. ▶\$	14,806
P	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the	ne instruc	ctions fo	r Part I)
			the organization used Schedule O to respond to any question in this F			
	1		s, gifts, grants, and similar amounts received		1	14,339
	2		rvice revenue including government fees and contracts		2	1-1,000
	3	_	dues and assessments		3	
	4		ncome		4	467
	5a		int from sale of assets other than inventory			
	b		r other basis and sales expenses			
	С	Gain or (los	s) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	0
	6		fundraising events			
	а	_	ne from gaming (attach Schedule G if greater than			
Revenue		\$15,000) .				
Š	b	Gross incon	ne from fundraising events (not including \$ of contribution	S		
Š		from fundra	sing events reported on line 1) (attach Schedule G if the			
		sum of such	gross income and contributions exceeds \$15,000) 6b			
	С	Less: direct	expenses from gaming and fundraising events 6c			
	d		or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract			
		,			6d	0
	7a		of inventory, less returns and allowances			
	b		f goods sold			
	С	•	or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0
	8		ue (describe in Schedule O)		8	
	9		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	14,806
	10		similar amounts paid (list in Schedule O)		10	
(0)	11		d to or for members		11 12	4 701
se	12		ner compensation, and employee benefits		13	4,791
Expenses	13 14		rent, utilities, and maintenance		14	11,200
X	15		blications, postage, and shipping		15	3,400
ш	16	• • •	ises (describe in Schedule O)		16	13,468
	17		ses. Add lines 10 through 16		17	32,859
	40		deficit) for the year (Subtract line 17 from line 9)		18	-18,053
Net Assets	19		or fund balances at beginning of year (from line 27, column (A)) (must agree wit		10	- 10,000
SS			figure reported on prior year's return)		19	182,343
it A	20		ges in net assets or fund balances (explain in Schedule O)		20	102,010
Ž	21		or fund balances at end of year. Combine lines 18 through 20		21	16/ 200

Par	Balance Sheets. (see Check if the organization u			in this P	art II				
-	oneen mane organization		. copea to a.r.y quocue			Beginning of y	ear		(B) End of year
22	Cash, savings, and investmen	nts					343	22	164,290
23	Land and buildings					102,	0.0	23	101,200
24	Other assets (describe in Sch							24	
25	Total assets	,				182.	343	25	164,290
26	Total liabilities (describe in S					,		26	· · · · · · · · · · · · · · · · · · ·
27	Net assets or fund balances	,				182,	343	27	164,290
Pa			shments (see the instru						
	Check if the organization	on used Schedule O	to respond to any quest	ion in thi	s Part III				Expenses
Wha	at is the organization's primary e	exempt purpose?	To conduct, support, ar	nd facilita	ate medical resea	arch and dia	anı		quired for section
	cribe the organization's progran						<u> </u>		(c)(3) and 501(c)(4) anizations; optional
	neasured by expenses. In a clea	•		_	. •			for o	others.)
	sons benefited, and other releva			•	,				
_	No activity developed in 2017								
						4			
	(Grants \$) If this amou	nt includes foreign grant	s, check	here	. ▶		28a	
29						4			
	(Grants \$) If this amou	nt includes foreign grant	s, check	here	▶		29a	
30						_			
	(Grants \$) If this amou	nt includes foreign grant	s, check	here	▶		30a	
31	Other program services (descr	ibe in Schedule O).					-		
	(Grants \$		nt includes foreign grant					31a	
32	Total program service expen	ses. (add lines 28a t	hrough 31a)				•	32	C
	Irt IV List of Officers, Direct							uction	ns for Part IV)
			to respond to any questi						
-					(c) Reportable	(d) Health I	honofito		
			(b) Average hours per week		compensation	contribution		,	(e) Estimated amount of
	(a) Name and title		devoted to position	,	ms W-2/1099-MISC) not paid, enter -0-)	employee ber and deferred co			other compensation
ΛN/	A FEDERICA CONVIT			(111)	iot paid, enter -o-)	and deletted co	препа	ation	
	ESIDENT		15	.00					
	FONIO CONVIT		Fir/WK 15	.00					
	ECTOR			.30					
	FAEL CONVIT		Hr/WK	.30					
	ECTOR			.10					
	A CORREA		Hr/WK	.10					
	ECTOR			10					
	URICIO ARANGUREN		Hr/WK	.10					
				10					
אוט	ECTOR		Hr/WK	.10					
			Hr/WK						
			Hr/WK						
			Hr/WK						
			Hr/WK						
			Hr/WK						
			Hr/WK						
								1	
			1 .	ı		ĺ			

Part V

	instructions for Part V) Check if the organization used Schedule O to respond to any question in the	IIS FA	ILV.	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			v
34	detailed description of each activity in Schedule O	33		Х
34	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O. See instructions	34		Х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		Χ
	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
36	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		Х
30	during the year? If "Yes," complete applicable parts of Schedule N	36		Χ
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.			
	Did the organization file Form 1120-POL for this year?	37b		Х
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Х
	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ►; section 4912 ►; section 4955 ►			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year	401		
•	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	40b		Х
C	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	40-		V
41	transaction? If "Yes," complete Form 8886-T	40e		X
	The organization's books are in care of ► CAMERO & COMPANY CPA, PA Telephone no. ►	(305) 7	11 019	2Ω
72 a	Located at ► 200 S Biscayne Blvd Ste 2790 City Miami ST FL ZIP + 4 ► 3313		14-340	,,,
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	163	X
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		Х
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041— Check here			▶ [
	and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		162	140
	completed instead of Form 990-EZ	44a		Χ
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44b		Χ
_	Did the organization receive any payments for indoor tanning services during the year?	44c		Χ
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	440 45a		Х
45 b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	70u		
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ. See instructions.	45b		Χ

Other Information (Note the Schedule A and personal benefit contract statement requirements in the

Name	None Str			
City	ST	ZIP		
Name	Str			
City	ST	ZIP		
Name	Str			
City	ST	ZIP		
Name	Str			
City	ST	ZIP		
Name	Str			
City	ST	ZIP		
d	Total number of other independent contractors each	receiving over \$100,0	000	
52	Did the organization complete Schedule A? Note: A completed Schedule A			▶ X Yes No

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. Signature of officer Date Sign Here ANA FEDERICA CONVIT, PRESIDENT Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature Paid Check LEONARDO CAMERO, CPA 12/2/2019 P00933256 self-employed **Preparer** Firm's name

CAMERO & COMPANY CPA, P.A. Firm's EIN ▶ 46-5082621 **Use Only** Firm's address ► 3403 NW 82nd AVENUE, SUITE 330, DORAL, FL 33122 Phone no. (305) 712-1040

May the IRS discuss this return with the preparer shown above? See instructions

Yes

No

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

Open to Public

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

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

Inspection

Name (of th	e organization					Employer identification	number
JACI	NTC	CONVIT WORLD ORGANIZA	TION INC				46-49	05774
Part	1	Reason for Public Char	ity Status (All org	ganizations must co	mplete th	nis part.)	See instructions.	
The c	orga	nization is not a private foundat	ion because it is: (F	or lines 1 through 12, o	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 1	170(b)(1)(A)(ii). (Atta	ach Schedule E (Form	990 or 99	90-EZ).)		
3		A hospital or a cooperative hos	pital service organiz	zation described in sec	tion 170(l	b)(1)(A)(iii	i).	
4	Χ	A medical research organizatio hospital's name, city, and state	n operated in conjui	nction with a hospital d	•	, , , , , , ,	•	ter the
5 [An organization operated for th	e benefit of a colleg		or operate	ed by a go	vernmental unit desc	cribed in
_		section 170(b)(1)(A)(iv). (Com	•		-4: 470	\/L\/4\/A\/		
6		A federal, state, or local govern	•				•	
7		An organization that normally redescribed in section 170(b)(1)			m a gove	rnmentai t	init or from the gene	rai public
8		A community trust described in	section 170(b)(1)(A	A)(vi). (Complete Part	II.)			
9		An agricultural research organizor university or a non-land-graruniversity:						
10		An organization that normally receipts from activities related t support from gross investment acquired by the organization af	to its exempt functio income and unrelate	ns—subject to certain ed business taxable in	exception come (les	s, and (2) s section (no more than 33 1/3 511 tax) from busine	3% of its
11		An organization organized and	operated exclusivel	y to test for public safe	ty. See s e	ection 509)(a)(4).	
12		An organization organized and of one or more publicly support Check the box in lines 12a thro	ted organizations de	scribed in section 509	(a)(1) or	section 50	9(a)(2). See section	n 509(a)(3).
а		Type I. A supporting organization (sorganization).	zation operated, sup s) the power to regu	ervised, or controlled blarly appoint or elect a	by its supp	orted orga	anization(s), typically	by giving
b	[Type II. A supporting organic control or management of the organization(s). You must o	ne supporting organi complete Part IV, S	zation vested in the sa ections A and C.	ime perso	ns that co	ntrol or manage the	supported
С	L	Type III functionally integral its supported organization(s						rated with,
d		Type III non-functionally in that is not functionally integr requirement (see instruction	ated. The organizat	ion generally must sati	sfy a distr	ibution red	quirement and an att	
е		Check this box if the organize functionally integrated, or Ty	zation received a wr	itten determination fror	n the IRS	that it is a		e III
f		Enter the number of supported	•					0
g		Provide the following information	n about the support	ed organization(s).				
	(i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))		organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Total							0	

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.)

	tion A. Public Support			T	T	,	
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						0
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						0
4	organization without charge	0	0	0	0	0	0
4	Total. Add lines 1 through 3	U	0	U	U	U	U
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						0
	etion B. Total Support						0
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	0	0			0	0
8	Gross income from interest, dividends,					J	
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						0
9	Net income from unrelated business		. 27				·
-	activities, whether or not the business is						
	regularly carried on						0
10	Other income. Do not include gain or						-
	loss from the sale of capital assets						
	(Explain in Part VI.)	()					0
11	Total support. Add lines 7 through 10						0
12	Gross receipts from related activities, etc. (se	ee instructions)				12	
13	First five years. If the Form 990 is for the or	rganization's first, s	econd, third, fourth	h, or fifth tax year a	as a section 501(c)	(3)	
	organization, check this box and stop here .	Y					
Sec	tion C. Computation of Public Sup	port Percenta	ige				
	Public support percentage for 2018 (line 6, c			(f))		14	0.00%
15	Public support percentage from 2017 Schedu					15	0.00%
16a	33 1/3% support test—2018. If the organization	ation did not check	the box on line 13	3, and line 14 is 33	1/3% or more, che	ck this box	
	and stop here . The organization qualifies as						
b	33 1/3% support test—2017. If the organization	ation did not check	a box on line 13 c	or 16a, and line 15	is 33 1/3% or more	, check this	
	box and stop here . The organization qualified						
17a	10%-facts-and-circumstances test—2018	L If the organization	n did not check a b	oox on line 13 16a	or 16b and line 1	4	
	10% or more, and if the organization meets t	Ü					
	Part VI how the organization meets the "facts						
	organization						▶
b	10%-facts-and-circumstances test—2017	. If the organization	n did not check a b	oox on line 13, 16a	, 16b, or 17a, and I	ine	
	15 is 10% or more, and if the organization m			·	•		
	Explain in Part VI how the organization meet			-	•	•	<u> </u>
	supported organization						.
18	Private foundation. If the organization did r	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		
	IDOTTILOTIONO						

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")						0
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						0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons				4))		0
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						0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from			5			
	line 6.)						0
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,		X)				
	royalties, and income from similar sources						0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on .						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)		0	0	0	0	0
14	First five years. If the Form 990 is for the o	•		•	` ,	,	, -
_	organization, check this box and stop here						· · · · · • <u> </u>
Sec	tion C. Computation of Public Su		_			T	
15	Public support percentage for 2018 (line 8, c					15	0.00%
	Public support percentage from 2017 Sched					16	0.00%
Sec	tion D. Computation of Investmer						
17	Investment income percentage for 2018 (line		-			17	0.00%
18	Investment income percentage from 2017 S					18	0.00%
19a	33 1/3% support tests—2018. If the organi						, -
	not more than 33 1/3%, check this box and \$	-			-		▶
b	33 1/3% support tests—2017. If the organi						. □
	line 18 is not more than 33 1/3%, check this		=				
20	Private foundation. If the organization did	not check a box on	line 14, 19a, or 19	b, check this box a	and see instructions	3.	

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

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

	Yes	NO
1		
2		
3a		
3b		
0 -		
3c		
4a		
4b		
4c		
40		
5a		
5b		
5c		
00		
6		
7		
•		
8		
9a		
9b		
0 -		
9с		
10a		
10b		
	990-F7	\ 2019

Dest	ACCOUNTS CONTINUE CON			age J
Part	Supporting Organizations (continued)		Vaa	No
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	NO
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	11c		
	on B. Type I Supporting Organizations	110		
Occii	on b. Type I supporting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	
•	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? <i>If</i> "Yes," <i>explain in Part</i>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
0001.	on or type it outporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		. 00	
•	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		
Secti	on D. All Type III Supporting Organizations	•		
	on street appearance of the street appearance		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? <i>If</i> " <i>No</i> ," <i>explain in Part VI how</i>			
	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		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	ction	s)	
a	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		-).	
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	nstru	ctions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	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.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	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 O			
1 Check here if the organization satisfied the Integral Part Test as a qualifying	_		•
instructions. All other Type III non-functionally integrated supporting organ	nizatio	ons must complete Sections	
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	0	0
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	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	0	0	
e Discount claimed for blockage or other	1		
factors (explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	0	0	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by .035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)		0	
4 Enter greater of line 2 or line 3.			0
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).		0	
7 Check here if the current year is the organization's first as a non-functionall	y inte	grated Type III supporting	organization (see
instructions).	-		,

Schedule	e A (Form 990 or 990-EZ) 2018 JACINTO CONVIT WORLD OR	GANIZATION INC	46	6-4905774 Page 7	
Part '	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)		
Section	Section D - Distributions				
1	Amounts paid to supported organizations to accomplish exe	empt purposes			
2	Amounts paid to perform activity that directly furthers exempt				
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiza	ations		
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in Part VI). See instructions.				
7	Total annual distributions. Add lines 1 through 6.			0	
8	Distributions to attentive supported organizations to which the				
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2018 from Section C, line 6		0		
10	Line 8 amount divided by line 9 amount	T		0.000	
5	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018	
1	Distributable amount for 2018 from Section C, line 6			0	
2	Underdistributions, if any, for years prior to 2018				
	(reasonable cause required—explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2018				
a	From 2013				
b	From 2014				
c	From 2015				
d	From 2016	46			
е	From 2017				
f	Total of lines 3a through e	0			
g	Applied to underdistributions of prior years		0		
h	Applied to 2018 distributable amount			0	
i	Carryover from 2013 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0			
4	Distributions for 2018 from				
	Section D, line 7: \$ 0				
	Applied to underdistributions of prior years		0		
b	Applied to 2018 distributable amount			0	
	Remainder. Subtract lines 4a and 4b from 4.	0			
5	Remaining underdistributions for years prior to 2018, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI . See instructions.		0		
6	Remaining underdistributions for 2018. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in			_	
	Part VI. See instructions.			0	
7	Excess distributions carryover to 2019. Add lines 3j	_			
	and 4c.	0			
8	Breakdown of line 7:				
a	Excess from 2014				
b	Excess from 2015				
<u>C</u>	Excess from 2016				
d	Excess from 2017				
е	Excess from 2018				

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

JACINTO CONVIT WORLD ORGANIZATION INC

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2018

Employer identification number

46-4905774

Organization type (check one):						
Filers of	f:	Section:				
Form 99	0 or 990-EZ	X 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	0-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 cov	rered by the General Rule or a Special Rule .				
Note: O instruction	•	(8), or (10) organization can check boxes for both the General Rule and a Special Rule. See				
General	Rule	35				
	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 33 1/3 % 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 (entering "N/A" in column (b) instead of the contributor name and address), 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 <i>nonexclusively</i> 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
JACINTO CONVIT WORLD ORGANIZATION INC

Employer identification number 46-4905774

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is r	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

JACINTO CONVIT WORLD ORGANIZATION INC

Employer identification number
46-4905774

Part II	Noncash Property (see instructions). Use duplicate co	opies of Part II if additional space	e is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of org	anization CONVIT WORLD ORGANIZATION INC				Employer identification number 46-4905774	_
Part III	Exclusively religious, charitable, etc., co (10) that total more than \$1,000 for the year the following line entry. For organizations contributions of \$1,000 or less for the year	ear from any o	one contributor. Co	omplete colu f <i>exclusivel</i>	section 501(c)(7), (8), or umns (a) through (e) and y religious, charitable, etc.,	_)
_	Use duplicate copies of Part III if additional					
(a) No. from Part I	(b) Purpose of gift	(c)	Use of gift	(0	l) Description of how gift is held	
		(e) T	ransfer of gift	L		_
	Transferee's name, address, and 2	(IP + 4	Relat	ionship of	transferor to transferee	
(a) Na	For. Prov. Country					_
(a) No. from Part I	(b) Purpose of gift	(c)	Use of gift	(0	d) Description of how gift is held	
			Co			_
		(e) I	ransfer of gift			
	Transferee's name, address, and 2	'ID + 1	Polat	ionshin of	transferor to transferee	
	Transieree 3 name, address, and 2		Relat	ionsinp or	uansieror to transferee	_
(a) No.	For. Prov. Country					_
from Part I	(b) Purpose of gift	(c)	Use of gift	(c	l) Description of how gift is held	_
		(e) T	ransfer of gift			
	Transferee's name, address, and Z	(IP + 4	Relat	ionship of	transferor to transferee	
	For. Prov. Country					
(a) No. from Part I	(b) Purpose of gift	(c)	Use of gift	(c	d) Description of how gift is held	
						_
			ransfer of gift			
	Transferee's name, address, and 2	IP + 4	Relat	ionship of	transferor to transferee	_
	For. Prov. Country					_

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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 Open to Public Inspection

Internal Revenue Service Employer identification number JACINTO CONVIT WORLD ORGANIZATION INC 46-4905774 Form 990-EZ, Part I, Line 16, Other Expenses: Travel: 4,661 Form 990-EZ, Part I, Line 16, Other Expenses: Meals and entertainment: 144 Form 990-EZ, Part I, Line 16, Other Expenses: Conferences, conventions, and meetings: 3,535 Form 990-EZ, Part I, Line 16, Other Expenses: Telephone: 25 Form 990-EZ, Part I, Line 16, Other Expenses: Gifts: 117 Form 990-EZ, Part I, Line 16, Other Expenses: Bank service charges: 50 Form 990-EZ, Part I, Line 16, Other Expenses: Genetic Studies: 3,129 Form 990-EZ, Part I, Line 16, Other Expenses: Dues and Suscriptions: 24 Form 990-EZ, Part I, Line 16, Other Expenses: Business Licenses: 30 Form 990-EZ, Part I, Line 16, Other Expenses: Small tools and equipment: 1,753

Name of the organization	Page	
	Employer identification number	
JACINTO CONVIT WORLD ORGANIZATION INC	46-4905774	
	}	
▼ · · · · · · · · · · · · · · · · · · ·		

Part I, Line 4 (Sch A (990/990-EZ)) - Medical Research Organization Operated in Conjunction with a Hospital

	Hospital Name	City	State	Zip Code	Country
1	Prospect CANCER RESEARCH INSTITUTE	New York	NY	10006	
2	Prospect DABA FARBER CANCER INSTITU	Boston	MA	02215	
3	Prospect MEMORIAL SLOAN KETTERING	New York	NY	10065	
4	Prospect PARKER CANCER INSTITUTE FO	San Francisco	CA	94129	
5	Prospect AMERICAN ASSOCIATION FOR O	Philadelphia	PA	19106-4404	

California Exempt Organization Business Income Tax Return

FORM

109

Calendar	Year	2018 or fiscal year beginning (mm/dd/yyyy), and ending (r	nm/dd/yy	ууу)			
	_	nization name	Californ	ia corpoi	ration	number	
JACIN	ТО	CONVIT WORLD ORGANIZATION INC	36430	27			
Additional in	nforma						
						-4905774	
		uite/room no.)			F	PMB no.	
		TY OAKS DR	Ctata	ZID aa	40		_
• •		, ,	State 『L	ZIP co 33069			
Foreign cou				gn posta		<u> </u>	_
. c.c.g ccc		To og i promocroudo com i	1. 5.5.	g poota			
A First F	Datur	n Filed? Yes X No H Is the organization a non-	ovemnt	charital	hla tr	ust as described	_
		ducation IRA within the meaning of in IRC Section 4947(a)(1					
		tion 23712? Yes X No I Is this organization claiming					
		nization under audit by the IRS or has the IRS audited Revitalization Zone (LARZ)					
		ear?	_		-	•	
D Final							
• 🗌	Diss	solved \prod Surrendered (Withdrawn) \prod Merged/Reorganized. $oldsymbol{\sf J}$ Is this organization a qua	lified per	nsion, p	rofit-		
Enter	date	(mm/dd/yyyy)	in IRC S	ection 4	401(a	a)? ●	
E Amen	nded	Return	ity (UBA)) Code	., •		
F Accoun	ntina I	Method Used: (1) Cash (2) X Accrual (3) Other L Is this a Hospital?					
		rade or business MEDICAL RESEARCH If "Yes," attach federal So					
- Hatai	1	Unrelated business taxable income from Side 2, Part II, line 30			1	0 00	<u> </u>
	2	Multiply line 1 by the average apportionment percentage 100.0000% from the Scher	dula P	▼	<u> </u>	0 00	_
Taxable Corpora-	_	Apportionment Formula Worksheet, Part A, line 2 or Part B, line 5. See instructions			2	0 00)
tion	3	Enter the lesser amount from line 1 or line 2. If the unrelated business activity is wholly in					<u>_</u>
		and Schedule R was not completed, enter the amount from line 1			3	0 00	5
Taxable	4			_		0 00	
Trust	5	Unrelated business taxable income from Side 2, Part II, line 30		_	<u>4</u> 5	0 00	
	6	EZ, LARZ, LAMBRA, or TTA NOL carryover deduction		_ +	6	000	_
	7	Net Operating Loss deduction. See General Information N		_ [7	0 00	
Tax	8	Add line 6 and line 7		_ 1	8	0 00	
Computa- tion	9	Net unrelated business taxable income. Subtract line 8 from line 5		-	9	0 00	_
tion	10	Tax 8.84% x line 9. See General Information J		_ 1	10	0 00	_
	11	Tax credits from Schedule B. See instructions		_ [11	0 00	
	12	Balance. Subtract line 11 from line 10. If line 11 is greater than line 10, enter -0		_	12	0 00	
Total Tax	13	Alternative minimum tax. See General Information O		T	13	0 00)
Tux	14	Total tax. Add line 12 and line 13		●	14	0 00)
	15	Overpayment from a prior year allowed as a credit • 15		00			
	16	2018 estimated tax payments. See instructions		00			
Payments	17	Withholding (Form 592-B and/or 593.) See instructions ● 17		00			
	18	Amount paid with extension (form FTB 3539) ● 18		0 00			
	19	Total payments and credits. Add line 15 through line 18		●	19	0 00	
	20	Use tax. See instructions		●	20	0 00	
Use Tax/	21	Payments balance. If line 19 is more than line 20, subtract line 20 from line 19 \dots		- T	21	0 00	
Tax Due/	22	Use tax balance. If line 20 is more than line 19, subtract line 19 from line 20		_ T	22	0 00	
Overpay- ment	23	Tax due. Subtract line 21 from line 14. Pay entire amount with return. See instructions .		[23	0 00	
	24	Overpayment. Subtract line 14 from line 21. See instructions			24	0 00	_
	25	Enter amount of line 24 to be applied to 2019 estimated tax	<u> </u>	●	25	00	J

Form 109 2018 Side 1

_	I	00 Defeat 16 Fee 05 is been then the 04 then extend the 05 feet 10 of 04		a aa	0.00
		Refund. If line 25 is less than line 24, then subtract line 25 from line 24		● 26	0 00
Ref	und or	a Fill in the account information to have the refund directly deposited. Routing	_		_
	ount	b Type. Checking • _ Savings • _ C Account Number	!	_	0.00
Du	е	Penalties and interest. See General Information M			0 00
		28 • Check if estimate penalty computed using Exception B or C and attach		\sim	
_		29 Total amount due. Add line 22, line 23, line 25, and line 27, then subtract line 2	24	29	0 00
		ed Business Taxable Income Unrelated Trade or Business Income			
<u>Pa</u>			0. c Balance ●	40	0 00
1		· · · · · · · · · · · · · · · · · · ·		1c 2	0 00
2		of goods sold and/or operations (Schedule A, line 7)		3	0 00
3		ss profit. Subtract line 2 from line 1c		 	0 00
4		apital gain net income. See Specific Line Instructions – Trusts attach Schedule D (541)		4a	0 00
		et gain (loss) from Part II, Schedule D-1		4b	
_		apital loss deduction for trusts		4c	0 00
5		me (or loss) from partnerships, limited liability companies, or S corporations. See spec			
		uctions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule	A	5	0 00
6		ral income (Schedule C)		6	0 00
7		elated debt-financed income (Schedule D)		7	0 00
8		stment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule		8	0 00
9		est, Annuities, Royalties and Rents from controlled organizations (Schedule F)		9	0 00
10		oited exempt activity income (Schedule G)		10	0 00
11		ertising income (Schedule H, Part III, Column A)		11	0 00
12		r income. Attach schedule		12	0 00
<u>13</u>		unrelated trade or business income. Add line 3 through line 12			0 00
_		Deductions Not Taken Elsewhere (Except for contributions, deductions must be di			
		pensation of officers, directors, and trustees from Schedule I		14	0 00
15		ries and wages		15	0 00
16		airs		16	0 00
17		debts		17	0 00
18	Interes	est. Attach schedule		18	0 00
19		es. Attach schedule		19	0 00
20		ributions. See instructions and attach schedule		20	0 00
21		epreciation (Corporations and Associations – Schedule J) (Trusts – form FTB 3885F) 21a	0 00	† 	
		ess: depreciation claimed on Schedule A. See instructions	0 00	1 1	0 00
22		etion. Attach schedule		22	0 00
23	a Cor	ontributions to deferred compensation plans		23a	0 00
		mployee benefit programs. See instructions		23b	0 00
24		er deductions. Attach schedule		24	0 00
25		I deductions. Add line 14 through line 24		25	0 00
26		lated business taxable income before allowable excess advertising costs. Subtract line		26	0 00
27		ess advertising costs (Schedule H, Part III, Column B)	_	27	0 00
28	Unrela	lated business taxable income before specific deduction. Subtract line 27 from line 26		28	0 00
29	Specif	cific deduction. See instructions	•	29	0 00
30	Unrela	elated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter		30	0 00
Siç He	-	To learn about your privacy rights, how we may use your information, and the consequences for r and search for 1131. To request this notice by mail, call 800.852.5711. Under penalties of perjury, I declare that I have examined this return, including accompanying schelief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on a	nedules and statements, ar	nd to the best o	of my knowledge and
		Signature of officer ▶ Title	Date	● Telephon	e
Pai		Preparer's signature ▶ Date	Check if self- employed	PTIN P0093325	i6
	parer's Only	Firm's name (or yours, if self-employed) CAMERO & COMPANY CPA, P.A.		• FEIN 46-508262	
		and address 3403 NW 82ND AVENUE, SUITE	330, DORAL	Telephon(305) 712-	
		· · · · · · · · · · · · · · · · · · ·	•	<u> </u>	
		May the FTB discuss this return with the preparer shown above? See instructions		. ● ∐ Yes	No

Schedule A Cost of Goods Sold and/or Operations.

Ме	thod of inventory valuation	(specify)								
1	Inventory at beginning of	year					1		(00 0
2	Purchases						2		(00 0
3	Cost of labor					•	3		(00 0
4	a Additional IRC Sectio	n 263A costs. Attach schedu	e				4a		(00 0
	b Other costs. Attach so	chedule				• [4b		(0 00
5	Total. Add line 1 through I	line 4b				🗀	5		(0 00
6	Inventory at end of year						6		(0 00
7	, ,	r operations. Subtract line 6 fi				_	7		(0 00
	=	263A (with respect to property)					Yes	No		
90	nedule B Tax Credits.		or adduction to	oouloj	apply to the organization.	Ш	103			
				_		00				
1		code		1		00				
_		code		2		00				
3	Enter credit name		● [3		00	-			
4		line 3. If claiming more than 3								
		on Side 1, line 11		<u></u>			4		(00 0
		es or Recapture of Tax. See				- 1	-			
1	•	er the look-back method for c				₹ -	1		(00 0
2	Interest on tax attributable	e to installment: a Sales o				9 L	2a			00
		b Method	for non-dealer installment	ent ob	ligations	lacksquare	2b			00
3	IRC Section 197(f)(9)(B)(i	ii) election to recognize gain o	on the disposition of inta	ngible	es	● L	3			00
4	Credit recapture. Credit na					●	4			00
5	Total. Combine the amou	nts on line 1 through line 4. S	ee instructions				5		(00 0
Sc	nedule R Apportionme	ent Formula Worksheet. Us	se only for unrelated tra-	de or l	ousiness amounts.					
Pa	rt A. Standard Method	 Single-Sales Factor Form 	nula. Complete this par	only		ne sin		s factor		
					(a) Total within and outside California		(b) tal within alifornia		(c) Percent within California [(b) ÷ (a)] x	x 100
	Total Color									
1										
2		Divide total sales column (b) by tota						_		
_		Enter the result here and on Form 1							<u>'</u>	
Pa	t B. Three Factor Forn	nula. Complete this part only	if the corporation uses	tne tni	ree-factor formula.		(b)		(c)	
					Total within and		taÌ within		Percent within	
					outside California		alifornia		California [(b) ÷ (a)] x	x 100
1		tructions						•	<u> </u>	
2		nd other compensation of em						•	<u> </u>	
3		s and/or receipts less returns			•	<u> </u>		•)	
4		ne percentages in column (c)						_		
5		t percentage: Divide the fact						_		
		rm 109, Side 1, line 2. See in								
		ne from Real Property and								
		ed property, use Schedule D, R&T	C Section 23701g, Section 2	23701i,		ations	1			
1 D	escription of property				2 Rent received			entage of rsonal pr	rent attributable	
					or accrued		to per	isonai pii	pperty	0/
										<u>%</u>
										%
					0: 11 400/ 1 / 1		500/			<u>%</u>
	complete if any item in column 3 em if the rent is determined on t	•	Complete it any item in c	olumn	3 is more than 10%, but not	more t	nan 50%			
	Deductions directly connected	(b) Income includible, column	(a) Gross income reportal	ole.	(b) Deductions directly connected	ed with	(c) Ne	t income	includible, columi	n 5(a)
(α)	(attach schedule)	2 less column 4(a)	column 2 x column 3	,	personal property (attach sch			s column		U(u)
	·	0.		0.					-	0.
		0.		0.						0.
		0.		0.						0.
ΔΑ.	d columns 4(h) and column	n 5(c). Enter here and on Side	2 Part I line 6	υ.			1			0.
	a coluinio fibi and coluin	i otor. Entor note and on old	, <u>, , , , , , , , , , , , , , , , , , </u>							υ.

Form 109 2018 **Side 3**

Schedule D Unre	elated	Debt-Financ	ed Inco	ome										
1 Description of debt-fin	anced pr	roperty					s income from		3 Ded	uctions o	lirectly connected with	or alloca	ble to debt-fi	nanced property
						alloc	able to debt-f	inanced		-	line depreciation	(b)	Other dedu	ctions (attach
						ргор			(a	attach s	chedule)		schedule)	
4 Amount of average acquisindebtedness on or allocated to debt-financed property (attach schedule)		Average adjust allocable to de property (attack)	ebt-financed	d p	Debt basis percentage, column 4 ÷ column 5		ss income rep mn 2 x colum		tota		eductions, ımns 3(a) and nn 6		t income (or l umn 7 less co	oss) includible, olumn 8
,					9/	<u>′</u>		0				0.		0.
					9	_		0	-			0.		0.
					9			0	_			0.		0.
Total. Enter here and	l on Sic	le 2 Part I lii	ne 7						- 1			0.		0.
														0.
											Organization	-	D 1 (:	
1 Description	2 Amo	ount		eductions attach sch	s directly conedule)	nnected	4 Net inve	stment in 2 less col	,	5 Set- (atta	asides ach schedule)		column 4 less	vestment income, s column 5
									0.					0.
									0.					0.
Total. Enter here and	on Sic	le 2, Part I, lii	ne 8											0.
Enter gross income f	rom me	embers (dues	s, fees, c	charges	, or simila	r amour	nts)				<u> </u>			
Schedule F Inter	rest, A	nnuities, Ro	yalties	and Re	ents from	Contro	lled Orgar	ization	s					
					E	xempt C	Controlled C	rganiza	tions					
1 Name of controlled org	ganizatio	ons	2	Employe Identifica Number	ation	Net unrela (loss)	ated income		of speci ents ma		5 Part of column (4) included in the colorganization's growincome	ntrolling		ions directly ted with income nn (5)
1							16	5						
2							-							
3														
Nonexempt Controlle	ad Orga	nizations				. (
7 Taxable Income	u Oiya	IIIIZations			8	Net unrelat	ed income (loss	9 Total	of speci	fied	10 Part of column	(9) that is	11 Ded	uctions directly
7 Taxable Income					Q	ivet dill'elat	cu-moome (1033		ents ma		included in the organization's gincome	controlling	g conr	ected with income slumn (10)
1														
2														
3			4											
4 Add columns 5 and 10)											0		
5 Add columns 6 and 11														0.
6 Subtract line 5 from lin														0.
		Exempt Acti												
Description of exploite schedule if more than is exploiting the same	d activity	(attach	2 Gross u	unrelated ss income ade or	3 Expense connector producti unrelate	es directly ed with on of	Net income unrelated tra business, co 2 less colum	from 5 (ade or folumn i	Gross inco from activ s not unre ousiness i	ity that elated	6 Expenses attributable to column 5	exper 6 less but no	ss exempt nse, column s column 5 ot more column 4	8 Net income includible, column 4 less column 7 but not less than zero
								0.					0.	0.
								0.					0.	0.
					1			0.					0.	0.
					<u> </u>			0.					0.	0.
Total Enter here and	l on Sic	le 2 Part I lii	ne 10		1			٥.			1	1	<u>J.</u>	0.

Schedule H Advertising Income and Excess Advertising Costs

Part I Income from Period	dicals R	eported o	n a Cons	olidated	Basis							
1 Name of periodical	2 Gross advert income	ising	3 Direct advertisi costs	ing	costs. If co	advertising solumn 2 is an column 3, columns 5, column 3 chan enter the Part III, b). Do not	5 Circulation income		6 Readersi costs	nip	column shown Part III, column column of colur from the and col in Part	in 5 is greater than 6, enter the income n column 4, in column A(b). If 6 is greater than 5, subtract the sum nn 6 and column 3 e sum of column 5 column 6. The transparence of the is less than zero,
Totals		0.		0.		0.		0.		0.		(
Part II Income from Perio	odicals l	Reported	on a Sep	arate Ba	sis		•		!			
						0.						(
						0.						(
David III. Oaksaar A. Nadd	•					0.	0-1				4 -	(
Part III Column A – Net A				Dort I and		Part III		_	cess Adv			from Dorth column 4
(a) Enter "consolidated periodical" names of non-consolidated periodical		` '	otal amount fro amount listed i	,		` '	consolidated p of non-consoli		~			from Part I, column 4, in Part II, column 4
					0.							(
					0.							(
					0.	C						(
Enter total here and on Side 2, Part I, line Schedule I Compensatio		icers, Dire	ectors, an	nd Truste	0.	Enter total he	ere and on Side 2,	Part II,	line 27			(
Schedule I Compensatio	n of Offi	icers, Dire	ectors, an	3 Title	0.	4 Per	ere and on Side 2, cent of time devolusiness	% % %	Compensation to unrelated		6 Exp	
Enter total here and on Side 2, Part I, line Schedule I Compensatio 1 Name of Officer	n of Offi		ectors, an	1	0.	4 Per	cent of time devo	% % % %	Compensation		6 Exp	(
Schedule I Compensatio 1 Name of Officer	on of Offi	SSN or ITIN		3 Title	0.	4 Perr to b	cent of time devolusiness	% % %	Compensation	business		(ense account allowanc
Schedule I Compensatio 1 Name of Officer Total. Enter here and on Side	2 S	SSN or ITIN		3 Title	O.	4 Perr to b	cent of time devolusiness	%	Compensation	business	e 6 Exp	(
Schedule I Compensatio 1 Name of Officer	e 2, Part I	SSN or ITIN	nd Associ	3 Title	O.	4 Perr to b	cent of time devolusiness rm FTB 388 reciation allowed lowable in prior	% % % % % % % % % % % % % % % % % % %	Compensation to unrelated	business).	(ense account allowanc
Schedule I Compensatio 1 Name of Officer Total. Enter here and on Side Schedule J Depreciation 1 Group and guideline class or	2 S	II, line 14	ind Association (Market Market	3 Title	0. ees only. Trus	4 Pere to b	cent of time devolusiness rm FTB 388 reciation allowed lowable in prior	% % % % % % % % % % % % % % % % % % %	Compensation to unrelated	business (D. or rate	ense account allowanc (7 Depreciation for
Schedule I Compensatio 1 Name of Officer Total. Enter here and on Side Schedule J Depreciation 1 Group and guideline class or description of property	e 2, Part In (Corpo	II, line 14 prations a ate acquired (continuous)	ind Association (Market Market	3 Title	0. ees only. Trus	4 Pere to b	rm FTB 3883 reciation allowed lowable in prior	% % % % % % % % % % % % % % % % % % %	Compensation to unrelated	business (D. or rate	ense account allowanc (7 Depreciation for
Total. Enter here and on Side Schedule J Depreciation Group and guideline class or description of property Total additional first-year Other depreciation: Buildings	e 2, Part I n (Corpo deprecia	II, line 14 Prations a ate acquired (continuous de continuous de co	nd Association (Market Control of the Control of th	3 Title	0. ees only. Trus	4 Pere to b	rm FTB 3883 reciation allowed lowable in prior	% % % % % % % % % % % % % % % % % % %	Compensation to unrelated	business (D. or rate	ense account allowanc (7 Depreciation for
Total. Enter here and on Side Schedule J Depreciation 1 Group and guideline class or description of property 1 Total additional first-year 2 Other depreciation: Buildings Furniture and fixtures Transportation equipment Machinery and other equi	e 2, Part I n (Corpo 2 D deprecia	II, line 14 Drations a ate acquired (continuo do no continuo	nd Associated markets and include	3 Title	0. ees only. Trus	4 Pere to b	rm FTB 3883 reciation allowed lowable in prior	% % % % % % % % % % % % % % % % % % %	Compensation to unrelated	business (D. or rate	ense account allowanc (7 Depreciation for
Total. Enter here and on Side Schedule J Depreciation 1 Group and guideline class or description of property 2 Other depreciation: Buildings	e 2, Part I n (Corpo 2 D deprecia	II, line 14 prations a ate acquired (continue)	nd Association (Market Control of the Control of th	3 Title	O. ees only. Trus r other basis	4 Perr to b Sts use fo a 1 Depr or all years O.	rm FTB 388seciation allowed lowable in prior s	% % % % % % % % % % % % % % % % % % %	Compensation to unrelated to un	(In the second of the second o). or rate	7 Depreciation for this year

188 3645184 Form 109 2018 **Side 5**

TAXABLE YEAR

California Exempt Organization

FORM

199

2018	Annual Information Return			199
Calendar Ye	ear 2018 or fiscal year beginning (mm/dd/yyyy) , and ending (i	mm/dd/yy	yy)	
	rganization name O CONVIT WORLD ORGANIZATION INC	California o		ration number
Additional info	rmation. See instructions.	FEIN 46-4905	771	
	s (suite or room) STY OAKS DR	46-4905	//4	PMB no.
City		Sta		Zip code
Foreign count	O BEACH ry name Foreign province/state/county	FL		33069 Foreign postal code
r oroigir oodiri	Totally profiles said, sound			1 Groigh poolar oodo
A First Retu	ırn	ection 237	01d.	has the organization
B Amended	'		,	ructions • Yes X No
C IRC Sect	ion 4947(a)(1) trust	ler R&TC Se	ection	23701g? ● Yes X No
● Dis Enter dat	rmation Return? solved Surrendered (Withdrawn) Merged/Reorganized L If "Yes," enter the gross receipt L If organization is a public 23701d and meets the fill	charity ex	emp	t under R&TC Section
E Check acc	ounting method: (1) Cash (2) X Accrual (3) Other No filing fee is required.			
	eturn filed? (1) ● 990T (2) ● 990PF (3) ● Sch H (990) M Is the organization a Limiter 990 series N Did the organization file F report taxable income?	orm 100 o	or Fo	orm 109 to
		ır?		
	rganization have any changes to its guidelines ted to the FTB? See instructions	4 pending	?	Yes X No —
Part I C	omplete Part I unless not required to file this form. See General Information B and C.			
	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	•		467 00
	2 Gross dues and assessments from members and affiliates		2	0 00
Dogginto	3 Gross contributions, gifts, grants, and similar amounts received	•	3	14,339 00
Receipts and	4 Total gross receipts for filing requirement test. Add line 1 through line 3.	_		
Revenues	This line must be completed. If the result is less than \$50,000, see General Information		4	14,806 00
	5 Cost of goods sold	0 00		
	6 Cost or other basis, and sales expenses of assets sold		7	0 00
	8 Total gross income. Subtract line 7 from line 4		8	14,806 00
	9 Total expenses and disbursements. From Side 2, Part II, line 18		9	32,859 00
Expenses	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8		10	-18,053 00
	11 Total payments	•	11	0 00
	12 Use tax. See General Information K	•	12	0 00
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	-	13	0 00
Filing Fee	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12		14	0 00
_	15 Filing fee \$10 or \$25. See General Information F		15	10 00
	16 Penalties and Interest. See General Information J		16	0 00
	17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result		17	10 00
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information	d statements on of which		, ,
	Signature of officer ▶			
	Preparer's	eck if self- ployed	п	● PTIN P00933256
Paid	Signature 12702/2010	.y== ₽		Firm's FEIN
Preparer's Use Only	Firm's name (or yours, if self-employed) CAMERO & COMPANY CPA, P.A.			46-5082621
	and address 3403 NW 82ND AVENUE, SUITE 330, DORAL, FL 331.	22_		• Telephone (305) 712-1040
	May the FTB discuss this return with the preparer shown above? See instructions			• X Yes No
	•			

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.

	1	Gross sales or receipts from all business a	ctivities. See instructio	ns			. 1		0	00
	2	Interest					.0 2		467	00
Receipts	3	Dividends					. 3		0	00
from	4	Gross rents					4		0	00
Other	5	Gross royalties					. 5		0	00
Sources		Gross amount received from sale of assets								00
		Other income. Attach schedule	,				_			00
		Total gross sales or receipts from other sources. Ad							467	
		Contributions, gifts, grants, and similar amo	=							00
		Disbursements to or for members								00
		Compensation of officers, directors, and tru					_			00
		Other salaries and wages							4,791	00
-		Interest					_		0	
Expenses and		Taxes							-	00
Disburse-		Rents					_		-	00
ments		Depreciation and depletion (See instruction								00
		Other Expenses and Disbursements. Attac	·						28,068	
		Total expenses and disbursements. Add lin							32,859	
Schedule		Balance Sheet	Beginning of				nd of taxa	hla v		00
Assets	_	Dalance Officer	(a)	tux	(b)	(c)	ila oi taxe	ibic y	(d)	
			(4)		182,343.	(3)		•	164,29	90
		ts receivable			0.			•	104,20	0.
		eceivable			0.			•		0.
		eceivable			0.			•		0.
		d state government obligations	A		0.			_		0.
		s in other bonds		7				-		0.
		s in stock			0.			-		0.
					0.			-		0.
•	•	oans			0.			-		0.
			0.		0.		0.			0.
	•	iable assets			0	/				_
		ccumulated depreciation (0.)		0. 0.	(0.)	_		0.
		ts. Attach schedule			0.			_		0.
		_			0.				164.20	
Liabilities		ts			182,343.				164,29	90.
			·		0					_
		ayable			0.			_		0.
		ns, gifts, or grants payable			0.			_		0.
		notes payable			0. 0.			_		0.
_	-	payable								0.
		ties. Attach schedule			0. 0.					0.
•		ck or principal fund			0.			-		0.
		rapital surplus. Attach reconciliation			182,343.			-	164.20	
		arnings or income fund							164,29	
Schedule		ities and net worth			182,343.				164,29	90.
Scriedule	IVI-I	Reconciliation of income per books Do not complete this schedule if the an	•		13 column (d) is les	s than \$50 000)			
1 Not inc	omo		-18,053.		Income recorded on					
		per books	0.	′	not included in this	,		•		0.
		1	0.		Deductions in this re					J.
		capital losses over capital gains		٥		J	c u			
		recorded on books this year.	0.		against book income	-		•		0.
		edule	<i>,</i>	0	Attach schedule Total. Add line 7 and		1			0.
		ecorded on books this year not	0.							U.
		this return. Attach schedule		10	Net income per retu				10.00	52
6 Total. A	-tuū I	ine 1 through line 5	-18,053.		Subtract line 9 from	ше о			-18,05	<u>ال.</u>

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 (916) 210-6400

WEB SITE ADDRESS: www.ag.ca.gov/charities/

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Section 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, 311, and 312

Failure to submit this report annually no later than the 15th day of the 5th month after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number		3643027	Check if:						
JACINTO CONVIT WORLD ORGA Name of Organization	NIZATION	INC	. [hange of address mended report					
508 MISTY OAKS DR Address (Number and Street)			Corpor	rate or Organization No. C36430	27				
POMPANO BEACH, FL 33069									
City or Town, State and ZIP Code				al Employer I.D. No. 46-490577	4				
ANNUAL REGIS		RENEWAL FEE SCHEDULE (11 Cal. C ck Payable to Attorney General's Reg	_						
Gross Annual Revenue	<u>Fee</u>	Gross Annual Revenue	<u>Fee</u>	Gross Annual Revenue	<u>Fe</u>	<u>:e</u>			
Less than \$25,000 0 Between \$25,000 and \$100,000 \$25 Between \$250,001 and \$1 million									
PART A - ACTIVITIES									
For your most recent full acc	ounting po	eriod (beginning1/1/2018	endi	ng <u>12/31/2018</u>) list:					
Gross annual revenue \$		14,806 Total asset	s \$	164,290					
PART B - STATEMENTS REGARDING	ORGANI	ZATION DURING THE PERIOD OF TH	S REPOR	T					
Note: If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.									
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?									
2. During this reporting period, was the	ere any the	t, embezzlement, diversion or misuse of	the organiz	zation's charitable property or funds?		х			
During this reporting period, did nor	ı-program e	expenditures exceed 50% of gross revenu	ie?			Х			
During this reporting period, were a Internal Revenue Service, attach a		tion funds used to pay any penalty, fine of	or judgmen	t? If you filed a Form 4720 with the		Х			
		of a commercial fundraiser or fundraising s, and telephone number of the service p		or charitable purposes used? If "yes,"		х			
During this reporting period, did the the agency, mailing address, contact		n receive any governmental funding? If s nd telephone number.	o, provide	an attachment listing the name of		Х			
During this reporting period, did the number of raffles and the date(s) the		n hold a raffle for charitable purposes? If l.	"yes," prov	vide an attachment indicating the		Х			
		on program? If "yes," provide an attachm acts with a commercial fundraiser for cha				Х			
Did your organization have prepare reporting period?	d an audite	d financial statement in accordance with	generally a	ccepted accounting principles for this		Х			
Organization's area code and telephor	e number	(954) 970-9176				,			
Organization's e-mail address jcwo@	jacintoco	nvit.org							
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete.									
		ANA FEDERICA CONVIT	_	PRESIDENT					
Signature of authorized office	er	Printed Name		Title	Date				

JACINTO CONVIT WORLD ORGANIZATION INC 46-4905774

Line 11, Part II (CA 199) - Compensation of Officers, Directors, and Trustees

								<u> </u>
	Name	Street Address	City	State	Zip Code	Title	Time Devoted	Compensation
1	ANA FEDERICA CONVIT					PRESIDENT	15	
2	ANTONIO CONVIT					DIRECTOR	0.3	
3	RAFAEL CONVIT					DIRECTOR	0.1	
4	LILIA CORREA					DIRECTOR	0.1	
5	MAURICIO ARANGUREN					DIRECTOR	0.1	



Line 17, Part II (CA 199) - Other Deductions

1 Pension plans, employee benefits	1	0
2 Legal fees		0
3 Accounting fees		
4 Other professional fees		11,200
Travel, conferences, and meetings		0
Printing and publications		3,400
7 Special events direct expenses		0
3 Office expenses		0
Other expenses		13,468
0	10	
1	11	
7 Total	12	28,068

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

CIVID	I VO.	1070	

Department of the Treasury

For calendar year 2017, or fiscal year beginning _______, 2017, and ending _______, 20______

Do not send to the IRS. Keep for your records.

Internal Rev	venue Service	Go to www.irs.gov/Form8879EO for the latest informati	on.	
Name of ex	empt organization		Employer identification	number
JACINTO	CONVIT WO	RLD ORGANIZATION INC	46-490	05774
	title of officer			
	DERICA CONV		PRESIDENT	
Part I		Return and Return Information (Whole Dollars Only)		
If you che form was -0- on the	eck the box on blank, then lea e return, then e	eturn for which you are using this Form 8879-EO and enter the applicable line 1a , 2a , 3a , 4a , or 5a , below, and the amount on that line for the returnave line 1b , 2b , 3b , 4b , or 5b , whichever is applicable, blank (do not enterner -0- on the applicable line below. Do not complete more than one line	n being filed with this r -0-). But, if you ente e in Part I.	
	n 990 check he	, , , , , , , , , , , , , , , , ,	•	405.000
	n 990-EZ check			185,368
	n 1120-POL ch	` ' '		
	n 990-PF check		•	
5a Form	n 8868 check h	ere ► b Balance Due (Form 8868, line 3c)	5b	
Part II	Declarati	on and Signature Authorization of Officer		
electronic organizati transmiss the U.S. T institution and the fir Agent at 1 involved in resolve iss	return. I consen on's return to the ion, (b) the reason account indicate nancial institution 1-888-353-4537 in the processing sues related to the one on the original institution the processing sues related to the original institution the processing sues related to the original institution in the processing sues related to the original institution in the processing sues related to the original institution in the processing sues related to the original institution in the or	rther declare that the amount in Part I above is the amount shown on the copy of to allow my intermediate service provider, transmitter, or electronic return origine IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for not any delay in processing the return or refund, and (c) the date of any refund designated Financial Agent to initiate an electronic funds withdrawal (direct debited in the tax preparation software for payment of the organization's federal taxes to debit the entry to this account. To revoke a payment, I must contact the U.S. no later than 2 business days prior to the payment (settlement) date. I also author of the electronic payment of taxes to receive confidential information necessary ne payment. I have selected a personal identification number (PIN) as my signaticable, the organization's consent to electronic funds withdrawal.	nator (ERO) to send the for rejection of the d. If applicable, I author entry to the financial owed on this return, Treasury Financial orize the financial institu to answer inquiries and	ize tions
Officer's	PIN: check or	ne box only		_
X	I authorize	CAMERO & COMPANY CPA, P.A. to enter my PI ERO firm name	N 05774 Enter five numbers, I	
	is being filed v	ation's tax year 2017 electronically filed return. If I have indicated within t with a state agency(ies) regulating charities as part of the IRS Fed/State p and ERO to enter my PIN on the return's disclosure consent screen.		
	filed return. If	of the organization, I will enter my PIN as my signature on the organization I have indicated within this return that a copy of the return is being filed wart of the IRS Fed/State program, I will enter my PIN on the return's disclo	ith a state agency(ies) regulating
Officer's sig	nature ►	Date ►		
Part III	Certificat	ion and Authentication		
	FIN/PIN. Enter	your six-digit electronic filing identification by your five-digit self-selected PIN.	6533371	
•		numeric entry is my PIN, which is my signature on the 2017 electronically	-	ganization

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

(MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date Accepted

Date Accepted	<u> </u>				ЪО	NOT MAIL III	10 1 01	MI TO THE I TD
TAXABLE YEAR	California	e-file Retu	rn Autho	rization	for		-	FORM
2017	Exempt Or	ganizatior	ıs					8453-EO
Exempt Organizat JACINTO	ion name CONVIT WORLD O	RGANIZATI(ON INC			Identifying 46-4905		
Part I Elec	tronic Return Information	n (whole dollars o	nly)					
1 Total gro	ss receipts (Form 199, line	4)					. 1	185,368
_	ss income (Form 199, line	•						185,368
3 Total exp	enses and disbursements	(Form 199, Line 9	9)				. 3	3,025
Part II Sett	le Your Account Electron	ically for Taxabl	e Year 2017					
4 X Elec	tronic funds withdrawal	4a Amount		10 4b	Withdrawa	date (mm/dd/yy	уу)	11/15/2018
Part III Ban	king Information (Have yo	ou verified the exe	empt organiza	tion's banking i	nformation?)		
5 Routing r	number 021001088							
6 Account				7 Type	of account:	X Checking		Savings
Part IV Dec	laration of Officer							
I authorize the e	exempt organization's accour	t to be settled as d	esignated in Pa	rt II. If I check Pa	art II, Box 4, I	authorize an elect	ronic fun	ds withdrawal for
originator (ERC exempt organiz complete. If the payment of the authorize the exintermediate se	s of perjury, I declare that I an I), transmitter, or intermediate ation's 2017 California electronexempt organization is filing exempt organization's fee lial exempt organization return an orvice provider. If the process intermediate service provider.	service provider a onic return. To the base a balance due retu- bility, the exempt of accompanying sol sing of the exemp	nd the amounts pest of my know rn, I understand rganization will hedules and sta t organization	in Part I above a rledge and belief I that if the France remain liable for tements be trans	agree with the , the exempt thise Tax Boa the fee liabili smitted to the	e amounts on the coorganization's returned (FTB) does not by and all applicable FTB by the ERO,	correspor irn is true receive e interes transmitt	nding lines of the e, correct, and full and timely t and penalties. I ter, or
Sign				PF	RESIDEN	Т		
Here	Signature of officer		Date	Title	е			
Part V Dec	laration of Electronic Ret	urn Originator (E	RO) and Paid	d Preparer. See	e instruction	S.		
of my knowledg declare, howev 8453-EO before the FTB, and I I FTB 8453-EO c later, and I will I the above exem	nave reviewed the above exege. (If I am only an intermedial er, that form FTB 8453-EO are transmitting this return to the nave followed all other require on file for four years from the make a copy available to the npt organization's return and amplete. I make this declaration	te service provider, ccurately reflects the e FTB; I have provi- ements described in due date of the reti FTB upon request. accompanying sche	I understand the data on the reded the organizh FTB Pub. 134 urn or four year If I am also the edules and state	at I am not respeturn.) I have obtation officer with 5, 2017 e-file Hars from the date to paid preparer, upments, and to the	onsible for re ained the org a copy of all ndbook for A the exempt o nder penaltie se best of my	viewing the exemp anization officer's forms and informa uthorized e-file Pro rganization return s of perjury, I decl	ot organiz signature ation that oviders. I is filed, w are that I	eation's return. I e on form FTB I will file with will keep form hichever is have examined
ERO	ERO's-signature			Date	Check if also paid preparer	if self-	RO's PTIN 0093325	
Must	-	CAMERO &	COMDANY	CDV D	7\	FEIN		
Sign	Firm's name (or yours if self-employed)			CPA, P.A NE BLVD,		46-508262 ⁷ 9 0 ZIP cod		_
	and address	MIAMI FL	. 5100111	52.75,		33131		
•	s of perjury, I declare that I hawledge and belief, they are tru		-					
Paid	Paid _		1	Date	Check	Paid preparer	s PTIN	
Preparer	preparer's signature				if self- employed	P00933256	<u> </u>	
Must	Eirm's name (or verific	CAMERO &	COMDANV	CPA, P.	FE 46			
Sign	Firm's name (or yours if self-employed)			NE BLVD,		5082621 7 9 0 ZIP code		
	and address	MIAMI FL				33131		

(Rev. January 2017) Department of the Treasury Internal Revenue Service

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

OMB No. 1545-1709

File a separate application for each return.

Information about Form 8868 and its instructions is at www.irs.gov/form8868.

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/efile, click on Charities & Non-Profits, and click on 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. Enter filer's identifying number, see instructions Employer identification number (EIN) or Type or Name of exempt organization or other filer, see instructions. JACINTO CONVIT WORLD ORGANIZATION INC 46-4905774 print Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) File by the due date for 508 MISTY OAKS DR filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions. return. See instructions. POMPANO BEACH, FL 33069 01 **Application** Return **Application** Return Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 80 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) Form 8870 Telephone No. ► (305) 714-9488 Fax No. ▶ If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is and attach a list with the names and EINs of all members the extension is for. $\underline{}$, 20 $\underline{}$, to file the exempt organization return I request an automatic 6-month extension of time until for the organization named above. The extension is for the organization's return for: ► X calendar year 20 17 or tax year beginning ______ , 20 _____ , and ending ______ , 20 _____ .

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.

Change in accounting period

any nonrefundable credits. See instructions.

If the tax year entered in line 1 is for less than 12 months, check reason:

using EFTPS (Electronic Federal Tax Payment System). See instructions.

If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less

If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

estimated tax payments made. Include any prior year overpayment allowed as a credit.

3a

3b

Initial return

3a

b

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

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/Form990EZ for instructions and the latest information.

Open to Public Inspection

Α	For th	ne 2017 calen	ıdar year, or tax year begin	nning		, an	d ending			
В	Check i	if applicable:	C Name of organization					D	Employer ide	entification number
	Address	s change	JACINTO CONVIT WOR	LD ORGANIZATION	ON INC					
	Name o	change	Number and street (or P.O. box,				Room/suite		46	-4905774
	Initial re	eturn	508 MISTY OAKS DR					E	Telephone nu	
	Final retu	ırn/terminated	City or town		State	ZIP cod	de			
		ed return	POMPANO BEACH		FL	33069	n		(954	1) 970-9176
H		tion pending	Foreign country name	Foreign province			n postal code	ᆖ	Group Exer	
ш	Аррііса	atori periaing	1 oreign country name	i orcigii provin	oc/state/county	roroigi	i postai code	l'	Number ▶	приоп
			<u> </u>							
G		nting Method:		Other (specify)	<u> </u>			H Ch	eck -	if the organization is
ı	Websi	te: ► www.ja	acintoconvit.org						•	attach Schedule B
J	Tax-exe	mpt status (che	ck only one) — X 501(c)(3)	501(c) () ◀ (insert no.)	4947(a)(1)	or 527	(Fo	rm 990, 990)-EZ, or 990-PF).
	-	f								
		f organization:		Trust	Association		ther			
L	Add line	es 5b, 6c, and	7b to line 9 to determine gro	ess receipts. If gross	receipts are \$200,0	000 or mor	e, or if total	assets		
			elow) are \$500,000 or more,				<u></u>		. ▶\$	185,368
P	art I		e, Expenses, and Cha							
		Check if	the organization used	Schedule O to re	espond to any o	question	in this Pa	art I.		X
	1	Contribution	ns, gifts, grants, and simila	r amounts receive	ed				1 1	185,110
	2		ervice revenue including go						2	,
	3	-	p dues and assessments .						3	
	4		income						4	258
	- 5а		unt from sale of assets oth			5a			-	200
	b		or other basis and sales ex	-		5b				
	C		ss) from sale of assets other	•			a)		5c	0
	6		d fundraising events	ci tilali ilivelitory (OIII IIIIC O	α)		00	
	а		me from gaming (attach So	chadula G if areate	ar than					
ခု	u					6a				
Revenue	b		ne from fundraising events		 \$		ntributions			
ě			ising events reported on li		<u> </u>	01 001	itibutions			
~			n gross income and contrib			6b				
	•		expenses from gaming ar			6c				
	G G		or (loss) from gaming and	_			cubtract			
	d			_	is (auu iiries va ai	iu ob aliu	Subliaci		64	0
	70		of inventory, less returns			7a			6d	0
	7a					7b				
	b		of goods sold t or (loss) from sales of inv						7c	0
	С 8		nue (describe in Schedule						8	U
	9		nue. Add lines 1, 2, 3, 4, 50							185,368
_	10		similar amounts paid (list						10	100,000
	11		id to or for members	•					11	
ဖ	12		her compensation, and em							
Expenses	13		al fees and other payments						13	2,800
en	14		, rent, utilities, and mainter	•						2,000
×										
ш	15 16		blications, postage, and sh						15	225
	16 17		nses (describe in Schedule						16	225
_	17	Total expel	nses. Add lines 10 through	1 10						3,025
şts	18		deficit) for the year (Subtra						18	182,343
Net Assets	19		or fund balances at beginn						40	
Ä	20	-	figure reported on prior ye	·					19	
Nei	20		ges in net assets or fund b		·					400.010
_	21	net assets	or fund balances at end of	vear. Combine lin	ies 18 through 20				▶ 21	182,343

Pa	Balance Sheets. (see the instructions to Check if the organization used Schedule O to		his Part II			. ago -
		y quodici iii i		A) Beginning of year		(B) End of year
22	Cash, savings, and investments		- `	., <u>Logg</u> e. year	22	182,343
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets			(0 25	182,343
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of column	(B) must agree with line 21)			0 27	182,343
Pa	art III Statement of Program Service Accomp	lishments (see the instructio	ns for Part III)			
	Check if the organization used Schedule	O to respond to any question	in this Part III			Expenses
Wh	at is the organization's primary exempt purpose?	To conduct, support, and f	acilitate medical rese	earch and diagno		quired for section (c)(3) and 501(c)(4)
Des	scribe the organization's program service accomplis	shments for each of its three	argest program serv	rices,		anizations; optional
as ı	measured by expenses. In a clear and concise mar	nner, describe the services pr	ovided, the number	of	for	others.)
per	sons benefited, and other relevant information for e	each program title.				
28	No activity developed in 2017					
				<u></u>		
	(Grants \$) If this amo	unt includes foreign grants, c	heck here	🕨 🔃	28a	ı
29						
				<u></u>		
	(Grants \$) If this amo	unt includes foreign grants, c	heck here	🕨 🔃	29 a	ı
30						
	(Grants \$) If this amo	unt includes foreign grants, c	heck here	🕨 🔃	30a	1
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amo	unt includes foreign grants, c	heck here	🕨	31a	1
32	Total program service expenses. (add lines 28a	through 31a)			32	(
	art IV List of Officers, Directors, Trustees, and				structio	ns for Part IV)
	Check if the organization used Schedule C	to respond to any question i	n this Part IV			
-	-		(c) Reportable	(d) Health bene	fits	
	() N	(b) Average hours per week	compensation	contributions t	0	(e) Estimated amount of
	(a) Name and title	devoted to position	(Forms W-2/1099-MISC (if not paid, enter -0-)	 employee benefit p and deferred compe 		other compensation
AN	A FEDERICA CONVIT		(ii not paid, onto: 0)			
	ESIDENT	Hr/WK 5.00				
_	TONIO CONVIT	711/77 3.00				
	RECTOR	 Hr/WK .15				
	FAEL CONVIT	111/1/1				
	RECTOR	! Hr/WK .15				
	A CORREA	TII/VIX				
	RECTOR	! Hr/WK .15				
	URICIO ARANGUREN	TII/VIK . 10				
	RECTOR	! Hr/WK .15				
ווט	LOTOR	Hr/WK .15				
		Hr/WK				
		Hr/WK				
		Hr/WK		+		
		Hr/WK		+		
		Hr/WK		1		
		Hr/WK		 		

	instructions for Fart V) check if the organization used Schedule O to respond to any question in the	IIS Fai		
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a	33		X
34	detailed description of each activity in Schedule O	33		^
J-T	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34		Х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		Χ
	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	20		V
37 a	during the year? If "Yes," complete applicable parts of Schedule N	36		Х
	Did the organization file Form 1120-POL for this year?	37b		Χ
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	V. R		7.
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities			
40 a	section 4911 ►; section 4912 ►; section 4955 ►			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Χ
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
·	transaction? If "Yes," complete Form 8886-T	40e		Х
41	List the states with which a copy of this return is filed. ► CA			
42 a	The organization's books are in care of ► CAMERO & COMPANY CPA, PA Telephone no. ► ((305) 7	14-948	38
	Located at ► 200 S Biscayne Blvd Ste 2790 City Miami ST FL ZIP + 4 ► 3313	31		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		Χ
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
_	Financial Accounts (FBAR).	40-		~
С	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country:	42c		Х
43				▶□
	and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		Х
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	441-		V
•	completed instead of Form 990-EZ	44b 44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? <i>If "No," provide an</i>	776		^
u	explanation in Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
45 b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions).	45b		Χ

Other Information (Note the Schedule A and personal benefit contract statement requirements in the

Firm's address ► 200 SOUTH BISCAYNE BLVD, STE 2790, MIAMI, FL 33131

May the IRS discuss this return with the preparer shown above? See instructions

Use Only

No

(305) 714-9488

► X Yes

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection

Name	of th	ie organization					Employer identification	number			
JAC	NTO	CONVIT WORLD ORGANIZA	TION INC				46-49	05774			
Par	t I	Reason for Public Char	ity Status (All org	ganizations must co	mplete th	nis part.)	See instructions.				
The	orga	nization is not a private foundat	ion because it is: (F	or lines 1 through 12, or	check only	one box.)				
1		A church, convention of church	es, or association o	f churches described in	n 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 hos	pital service organiz	zation described in sec	tion 170(l	b)(1)(A)(iii	i).				
4	Х	A medical research organizatio	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: See Attached Statement									
5	Ш		anization operated for the benefit of a college or university owned or operated by a governmental unit described in 170(b)(1)(A)(iv). (Complete Part II.)								
6		A federal, state, or local govern	ment or governmen	ntal unit described in se	ection 170)(b)(1)(A)((v).				
7		An organization that normally redescribed in section 170(b)(1)(m a gove	rnmental ι	unit or from the gene	ral public			
8		A community trust described in	section 170(b)(1)(A	A)(vi). (Complete Part	II.)						
9		An agricultural research organizor university or a non-land-granuniversity:	zation described in	section 170(b)(1)(A)(ix) operated						
10		An organization that normally receipts from activities related t support from gross investment acquired by the organization af	o its exempt function income and unrelated	ns—subject to certain ed business taxable in	exception come (les	s, and (2) s section (no more than 33 1/3 511 tax) from busine	3% of its	-		
11		An organization organized and	operated exclusivel	ly to test for public safe	ety. See s e	ection 509	9(a)(4).				
12		An organization organized and									
	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.										
а	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 organize control or management of the organization(s). You must c	e supporting organi	zation vested in the sa							
С		Type III functionally integrated its supported organization(s)	ated. A supporting o	organization operated i				rated with,			
d	ſ	Type III non-functionally in		•			•	anization(s)			
u	L	that is not functionally integr requirement (see instruction	ated. The organizat	ion generally must sati	isfy a distr	ibution red	quirement and an att				
е	ſ	Check this box if the organiz	,	•				ااا م			
·	L	functionally integrated, or Ty					r type i, type ii, typ	O III			
f		Enter the number of supported	•					C)		
g		Provide the following information	n about the supporte	ed organization(s).							
	(i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
					Yes	No					
(A)					163	140			-		
<u></u>									-		
(B)											
(C)											
(D)											
(E)											
Tota							_				

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
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 5	Total. Add lines 1 through 3	0	0	0	0	0	0
	Public support. Subtract line 5 from line 4						0
	tion B. Total Support	, , aa , a	# \ 0044		(1) 00 (0	4 > 004=	(n = 1)
_	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 8	Amounts from line 4	0	0	0	0	0	0
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
11	Total support. Add lines 7 through 10						0
12 13	Gross receipts from related activities, etc. (se First five years. If the Form 990 is for the or organization, check this box and stop here .	rganization's first, s	econd, third, fourth	n, or fifth tax year a	as a section 501(c)		. X
Sec	tion C. Computation of Public Sup	pport Percenta	ige			•	
15	Public support percentage for 2017 (line 6, c Public support percentage from 2016 Sched	ule A, Part II, line 1	4			14	0.00%
16a	33 1/3% support test—2017. If the organization qualifies as						
b	33 1/3% support test—2016. If the organization and stop here. The organization qualifies			•			
17a	10%-facts-and-circumstances test—2017 is 10% or more, and if the organization meet Part VI how the organization meets the "facts organization.	s the "facts-and-cir s-and-circumstance	cumstances" test, es" test. The organ	check this box and ization qualifies as	stop here. Explain a publicly support	n in ed	▶ □
b	10%-facts-and-circumstances test—2016 15 is 10% or more, and if the organization m Explain in Part VI how the organization meet supported organization	eets the "facts-and s the "facts-and-cir	-circumstances" te cumstances" test.	st, check this box a	and stop here. qualifies as a public	sly	> _
18	Private foundation. If the organization did ripstructions	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		▶□

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

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

Sec	tion A. Public Support		T.				
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants.")						0
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						0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						0
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	_	_			_	0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from						_
0	line 6.)						0
	ction B. Total Support	(=) 2012	(b) 2014	(a) 201 <i>E</i>	(4) 2016	(a) 2017	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total 0
9	Amounts from line 6	0	U	0	0	U	U
ıua	Gross income from interest, dividends,						
	payments received on securities loans, rents,						0
h	royalties, and income from similar sources						0
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975						0
_	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business		0		0	0	0
•••	activities not included in line 10b, whether						
	or not the business is regularly carried on .						0
12	Other income. Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	0	0	0	0	0	0
14	First five years. If the Form 990 is for the or	ļ				-	
	organization, check this box and stop here	•		•	` ,	` '	▶ X
Sec	ction C. Computation of Public Su						-
15	Public support percentage for 2017 (line 8, c			·))		15	0.00%
16	Public support percentage from 2016 Sched					16	0.00%
	ction D. Computation of Investmer						
17	Investment income percentage for 2017 (line			olumn (f))		17	0.00%
18	Investment income percentage from 2016 Se		-			18	0.00%
19a	33 1/3% support tests—2017. If the organi					and line 17 is	_
	not more than 33 1/3%, check this box and s						▶ 🗌
b	33 1/3% support tests—2016. If the organi						-
	line 18 is not more than 33 1/3%, check this	box and stop here.	. The organization	qualifies as a pub	licly supported orga	anization	> <u> </u>
20	Private foundation. If the organization did r	not check a box on I	ine 14, 19a, or 19l	o, check this box a	and see instructions	3	

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

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

	Yes	No
1		
2		
3a		
26		
3b		
3с		
00		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
0		
9a		
Ju		
9b		
-~		
9с		
10a		
10b		

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? b A family member of a person described in (a) above? c A 33% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations (in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 1 Did the directors, instees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations have the power to require the tax vear? If "No." describe in Part VI how the supported organizations have the power to controlled the organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization and what conditions or restrictions, if any, applied for such powers during the tax year. 2 Did the organization organization or remove directors or trustees were allocated among the supported organization(s) that operated, supervised, or controlled the supporting organization on the supported organization of the supported organization of the supported organization of the supported organization of the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 When a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s) in the organization of the organization's supported organizations. 1 Were a majority of the organization's supported organizations. 1 Did the organization or power of the supporting organization organization of the supported organization's supported organization's power of the residence of the su	Part	Supporting Organizations (continued)			ago c
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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? 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). 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. 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 The organization satisfied the Activities Test. Complete line 2 below. b The organization is the parent of each of its supported organizations. Complete line 3 below. c 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 was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities described in (a) constituted substantially all of its activities. b Did the activities described in (a) constituted substantially all of its activities. 3 Parent of Supported Or		- Jrs. strr. d s de see s		Yes	No
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	3	Parent of Supported Organizations. Answer (a) and (b) below.			
trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	а				
		trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	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	b		2h		

1 Check here if the organization satisfied the Integral Part Test as a qualifyin instructions. All other Type III non-functionally integrated supporting organization.	•		•
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	0	0
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	0	0
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	0	0
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	0	0
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by .035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
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		0
7 Check here if the current year is the organization's first as a non-functional	ly integ	grated Type III supporting of	organization (see
instructions).	_		•

Part '	Type III Non-Functionally Integrated 509(a)(3	8) Supporting Organi	zations (continued)	
Section	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exe			
	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organiza	ations	
4	Amounts paid to acquire exempt-use assets	<u>¥</u>		
5	Qualified set-aside amounts (prior IRS approval required)			
6				
7	Total annual distributions. Add lines 1 through 6.			0
8	Distributions to attentive supported organizations to which t	he organization is respor	nsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			0
10	Line 8 amount divided by line 9 amount			0.000
	•		(ii)	(iii)
s	ection E - Distribution Allocations (see instructions)	(i)	Underdistributions	Distributable
	· · · · ·	Excess Distributions	Pre-2017	Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			0
	Underdistributions, if any, for years prior to 2017			
2	(reasonable cause required—explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2017			
а	, , , , , , , , , , , , , , , , , , ,			
b	From 2013			
	From 2014			
d	From 2015			
e	From 2016			
	Total of lines 3a through e	0		
g	Applied to underdistributions of prior years		0	
	Applied to 2017 distributable amount		Ü	0
i	Carryover from 2012 not applied (see instructions)			Ţ.
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0		
4	Distributions for 2017 from	,		
-	Section D, line 7: \$ 0			
а	Applied to underdistributions of prior years		0	
	Applied to 2017 distributable amount			0
	Remainder. Subtract lines 4a and 4b from 4.	0		
5	Remaining underdistributions for years prior to 2017, if			
•	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions.		0	
6	Remaining underdistributions for 2017. Subtract lines 3h		Ü	
•	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			0
7	Excess distributions carryover to 2018. Add lines 3j			
•	and 4c.	0		
8	Breakdown of line 7:	0		
о а	Excess from 2013			
<u>a</u> b	Excess from 2014			
	Excess from 2015			
d	Excess from 2016			
	Excess from 2017			
	LAUGUU II UII EU I I			

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

JACINTO CONVIT WORLD ORGANIZATION INC

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2017

Employer identification number

46-4905774

Organization type (check one):				
Filers of:	Section:			
Form 990 or 990-EZ	X 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			
	vered by the General Rule or a Special Rule. (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See			
General Rule				
	g Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 operty) from any one contributor. Complete Parts I and II. See instructions for determining a outions.			
Special Rules				
regulations under section 13, 16a, or 16b, and that	cribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the section 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line at received from any one contributor, during the year, total contributions of the greater of (1) 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 is	n'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
JACINTO CONVIT WORLD ORGANIZATION INC

Employer identification number 46-4905774

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is r	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number
JACINTO CONVIT WORLD ORGANIZATION INC 46-4905774

Part II	Noncash Property (see instructions). Use duplicate of	copies of Part II if additional spa	ce is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of or	ganization CONVIT WORLD ORGANIZATION INC				Employer identification number 46-4905774
Part III	Exclusively religious, charitable, etc., co (10) that total more than \$1,000 for the year the following line entry. For organizations of contributions of \$1,000 or less for the year Use duplicate copies of Part III if additional	ear from any on the completing Part in (Enter this information)	one contributor. Comple III, enter the total of excl formation once. See instru	te colu usively	ection 501(c)(7), (8), or amns (a) through (e) and a religious, charitable, etc.,
(a) No. from Part I	(b) Purpose of gift) Use of gift	(d) Description of how gift is held
		(e) T	ransfer of gift		
	Transferee's name, address, and 2	ZIP + 4	Relationsh	ip of t	ransferor to transferee
	For. Prov. Country				
(a) No. from Part I	(b) Purpose of gift	(с) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift				
	Transferee's name, address, and 2	ZIP + 4	Relationsh	nip of t	ransferor to transferee
	For. Prov. Country				
(a) No. from Part I	(b) Purpose of gift	(с) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift				
	Transferee's name, address, and 2	ZIP + 4	Relationsh	ip of t	ransferor to transferee
	For. Prov. Country			 	
(a) No. from Part I	For. Prov. Country (b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift					
	Transferee's name, address, and 2	ZIP + 4	Relationsh	ip of t	ransferor to transferee
	For. Prov. Country				

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number JACINTO CONVIT WORLD ORGANIZATION INC 46-4905774 Form 990-EZ, Part I, Line 16, Other Expenses: Telephone: 25 Form 990-EZ, Part I, Line 16, Other Expenses: Gifts: 105 Form 990-EZ, Part I, Line 16, Other Expenses: Bank service charges: 95

Schedule O (Form 990 or 990-EZ) (2017)		Page	2
Name of the organization	Employer identification number	i	
JACINTO CONVIT WORLD ORGANIZATION INC	46-4905774		

Part I, Line 4 (Sch A (990/990-EZ)) - Medical Research Organization Operated in Conjunction with a Hospital

	Hospital Name	City	State	Zip Code	Country
1	Prospect CANCER RESEARCH INSTITUTE	New York	NY	10006	
2	Prospect DABA FARBER CANCER INSTITU	Boston	MA	02215	
3	Prospect MEMORIAL SLOAN KETTERING	New York	NY	10065	
4	Prospect PARKER CANCER INSTITUTE FO	San Francisco	CA	94129	
5	Prospect AMERICAN ASSOCIATION FOR O	Philadelphia	PA	19106-4404	

California Exempt Organization Business Income Tax Return

FORM

109

Calendar	Year	2017 or fiscal year beginning (mm/dd/yyyy), and ending (mm/dd/y	ууу)			
Corporation	/Orga	nization name	Californ	ia corpor	ation r	number	
JACIN	TO	CONVIT WORLD ORGANIZATION INC	36430	27			
Additional in	nforma	tion. See instructions.	FEIN				
						4905774	
		uite/room no.) 'Y OAKS DR			PI	MB no.	
		ation has a foreign address, see instructions.)	State	ZIP cod	10		
• •		,	FL	33069			
Foreign cou				gn postal			
	•						
A First F	Retur	n Filed? Yes X No H Is the organization a nor	-exempt	charitab	le tru	st as described	
		ducation IRA within the meaning of in IRC Section 4947(a)(Nο
		tion 23712? Yes X No I Is this organization claimin					
		nization under audit by the IRS or has the IRS audited Revitalization Zone (LARZ					
in a p	rior y	ear?	Area (TTA), or Mar	nufact	uring Enhancement	
D Final							No
		olved Surrendered (Withdrawn) Merged/Reorganized. J Is this organization a qua				· · · · ·	
		(mm/dd/yyyy))? ●	No
		Return				● Yes X	No.
		A SERVICIO DE CERTO COMO MANON DE MANON SE MANON COMO DE COMO					INO
G Natur		ade of business		`			100
	1	Unrelated business taxable income from Side 2, Part II, line 30		•	1	0	00
Taxable Corpora-	2	Multiply line 1 by the average apportionment percentage			2	0	00
tion	3	Enter the lesser amount from line 1 or line 2. If the unrelated business activity is wholly in				0	, 00
	•	and Schedule R was not completed, enter the amount from line 1			3	0	00
Taxable		·					
Trust	<u>4</u> 5	Unrelated business taxable income from Side 2, Part II, line 30			5		00
	6	EZ, LARZ, LAMBRA, or TTA NOL carryover deduction			6	0	00
	7	Net Operating Loss deduction. See General Information N		[7	0	00
Tax	8	Add line 6 and line 7		-	8		00
Computa- tion	9	Net unrelated business taxable income. Subtract line 8 from line 5			9		00
tion	10	Tax 8.84% x line 9. See General Information J		-	10		00
	11	Tax credits from Schedule B. See instructions			11		00
	12	Balance. Subtract line 11 from line 10. If line 11 is greater than line 10, enter -0			12		00
Total Tax	13	Alternative minimum tax. See General Information O		●[13		00
-	14	Total tax. Add line 12 and line 13		●	14	0	00
	15	Overpayment from a prior year allowed as a credit		00			
	16	2017 estimated tax payments. See instructions		00			
Payments	17	Withholding (Form 592-B and/or 593.) See instructions • 17		00			
	18	Amount paid with extension (form FTB 3539)		0 00		-	1
	19	Total payments and credits. Add line 15 through line 18		_	19		00
	20	Use tax. See instructions		- +	20		00
Use Tax/	21	Payments balance. If line 19 is more than line 20, subtract line 20 from line 19			21		00
Tax Due/ Overpay-	22 23	Use tax balance. If line 20 is more than line 19, subtract line 19 from line 20			22 23		00
ment	23 24	Tax due. Subtract line 21 from line 14. Pay entire amount with return. See instructions. Overpayment. Subtract line 14 from line 21. See instructions		·· 🚡	24		00
	2 4 25	Enter amount of line 24 to be applied to 2018 estimated tax			25	0	00
		The second of the De applied to De to obtain that the second of the De applied to De to obtain the text of the De applied to De to obtain the text of the De applied to De to obtain the text of the De applied to De to obtain the text of the De applied to De to obtain the De applied to De applied to De to obtain the De applied to D					100

	ı	26 Defund If line 25 is less than line 24 then subtract line 25 from line 24		6 0 00
		Refund. If line 25 is less than line 24, then subtract line 25 from line 24	. ● 20 26a	5 U UU
Ref	fund or			
Am	ount	,	26c	- 1 0 00
Du	е	Penalties and interest. See General Information M		7 0 00
		28	\sim	- 1 0 0 0
		Total amount due. Add line 22, line 23, line 25, and line 27, then subtract line 24	. (1) 2	9 0 00
Pa		d Business Taxable Income Unrelated Trade or Business Income		
1		ss receipts or gross sales0. b Less returns and allowances0. c Balance	● 1c	0 00
2		of goods sold and/or operations (Schedule A, line 7)	• 2	0 00
3		profit. Subtract line 2 from line 1c	• 3	0 00
4		pital gain net income. See Specific Line Instructions – Trusts attach Schedule D (541)		
-		t gain (loss) from Part II, Schedule D-1	• 4b	1
		pital loss deduction for trusts	• 4c	
5		le (or loss) from partnerships, limited liability companies, or S corporations. See specific line		0 00
3		ctions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule	• 5	0 00
6		Il income (Schedule C)		0 00
6		ated debt-financed income (Schedule D)		0 00
7		ment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E)	8	0 00
8			• ° 9	0 00
9		st, Annuities, Royalties and Rents from controlled organizations (Schedule F)		
10		ited exempt activity income (Schedule G)		0 00
11		tising income (Schedule H, Part III, Column A)		0 00
12		income. Attach schedule		0 00
13		unrelated trade or business income. Add line 3 through line 12		0 00
_		Deductions Not Taken Elsewhere (Except for contributions, deductions must be directly connected with		
		ensation of officers, directors, and trustees from Schedule I	_	0 00
15		es and wages	15	0 00
16	•	rs	_ 1	0 00
17		ebts	_	0 00
18		st. Attach schedule	● <u>18</u>	0 00
19		s. Attach schedule	● 19	0 00
20		butions. See instructions and attach schedule	2 0	0 00
21		reciation (Corporations and Associations – Schedule J) (Trusts – form FTB 3885F)		
		ss: depreciation claimed or y 0	_	0 00
22	•	tion. Attach schedule		0 00
23	a Cor	ntributions to deferred compensation plans		
		ployee benefit programs. See instructions		
24		deductions. Attach schedule	● 24	0 00
25		deductions. Add line 14 through line 24	. 25	0 00
26		ated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13	● 26	0 00
27		ss advertising costs (Schedule H, Part III, Column B)	27	0 00
28	Unrela	ated business taxable income before specific deduction. Subtract line 27 from line 26	● 28	0 00
29	Specif	fic deduction. See instructions	29	0 00
30	Unrela	ated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28	. 30	0 00
Siç He	-	To learn about your privacy rights, how we may use your information, and the consequences for not providing the reques and search for 1131. To request this notice by mail, call 800.852.5711. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which provides the second of the	and to the reparer ha	e best of my knowledge and
		of officer ▶ PRESIDENT		•
Pai Pro	d parer's	Preparer's signature ▶ Date Check if self-employed		933256
	Only	Firm's name (or yours, if self-employed) CAMERO & COMPANY CPA, P.A.		EIN 5082621 elephone
		and address 200 SOUTH BISCAYNE BLVD, STE 2790, M.	- 1	elephone 5) 714-9488
				<u> </u>
		May the FTB discuss this return with the preparer shown above? See instructions	● ≥	Yes 📗 No

Schedule A Cost of Goods Sold and/or Operations.

Me	thod of inventory valuation	(specify)								
1	Inventory at beginning of	year					1		C	00
2	Purchases						2		C	00
3	Cost of labor					•	3		C	00
4	a Additional IRC Section	n 263A costs. Attach schedu	e				4a		C	00
	b Other costs. Attach so	chedule				•	4b		C	00
5	Total. Add line 1 through I	line 4b					5		C	00
6	Inventory at end of year					.	6		C	00
7	,	r operations. Subtract line 6 fi					7		C	00
		263A (with respect to property)					Yes	No		
90	nedule B Tax Credits.	2007 (With 100pool to proporty)	or addunca for i	ooulo	apply to the organization.		103			
				4		00				
1		code		1		00				
_		code •	_	2		00				
3	Enter credit name		• [3		00				
4		line 3. If claiming more than 3							_	
		on Side 1, line 11		<u></u>			4		C	00
		es or Recapture of Tax. See				_	- 1			
1	Interest computation unde	er the look-back method for c	ompleted long-term cor	tracts	. Attach form FTB 3834	•	1		C	00
2	Interest on tax attributable	e to installment: a Sales o				_	2a			00
		b Method	for non-dealer installm	ent ob	ligations	• _	2b			00
3	IRC Section 197(f)(9)(B)(i	ii) election to recognize gain o	on the disposition of inta	angible	es	● ∟	3			00
4	Credit recapture. Credit na	ame				• _	4			00
5	Total. Combine the amount	nts on line 1 through line 4. S	ee instructions				5		C	00
Sc	nedule R Apportionme	ent Formula Worksheet. Us	se only for unrelated tra	de or	business amounts.					
Pa	rt A. Standard Method	 Single-Sales Factor Form 	nula. Complete this par	t only		ne sin		es fact		
					(a) Total within and outside California		(b) tal withir alifornia	ı	(c) Percent within California [(b) ÷ (a)] x	100
	Total Color									
1										
2		Divide total sales column (b) by tota							_	
_		Enter the result here and on Form 1			f 1 f 1					
Pa	t B. Three Factor Forn	nula. Complete this part only	if the corporation uses	tne tn	ree-factor formula.		(b)	1	(c)	
					Total within and	To	tal withir	ı	Percent within	
					outside California		alifornia		California [(b) ÷ (a)] x	100
1		tructions							•	
2		nd other compensation of em)			•	
3		s and/or receipts less returns				•			•	
4		ne percentages in column (c)						-		
5		t percentage: Divide the fact						Ļ		
		rm 109, Side 1, line 2. See in								
		ne from Real Property and								
		ed property, use Schedule D, R&T	C Section 23701g, Section	23701i		ations	1			
1 D	escription of property				2 Rent received			_	of rent attributable	
					or accrued		to pe	ersonai	property	0/
										<u>%</u>
										%
			 							%
	omplete if any item in column 3	•	5 Complete if any item in o	column	3 is more than 10%, but not	more t	han 50%	Ó		
	em if the rent is determined on to Deductions directly connected	(b) Income includible, column	(a) Gross income reporta	hle	(b) Deductions directly connected	nd with	(c) Ne	et incom	ne includible, columr	n 5(a)
(a)	(attach schedule)	2 less column 4(a)	column 2 x column 3	JiG,	personal property (attach sol			ss colur		. J(a)
	, ,	0.		0.	1 1 1 7 7 (/			. ,	0.
		0.		0.						0.
		0.		0.						0.
۸۸	d columns 4/h) and solumn	n 5(c). Enter here and on Side	2 Part Lling 6	U.						0.
ΛU	a columna +(n) and column	1 3(0). Linter here and on Side	z ∠, ┌aııı, IIIIE U							U.

188 3643174 Form 109 2017 **Side 3**

Schedule D Unre	elated	Debt-Financ	ed Inco	me											
1 Description of debt-fina	anced pr	operty					s income			3 Ded	uctions o	lirectly connected wit	th or alloc	cable to debt-fi	nanced property
						alloc	able to d	debt-fina	nced	(a) S	traight-l	line depreciation	(b)	Other dedu	ctions (attach
						prop	City			(a	ttach s	chedule)		schedule)	
4 Amount of average acquisi indebtedness on or allocab to debt-financed property (attach schedule)		Average adjus allocable to de property (attack	bt-financed) p	Debt basis ercentage olumn 4 ÷ olumn 5	1	ss income mn 2 x co			tota		eductions, ımns 3(a) and nn 6		Net income (or le column 7 less co	
()						6			0.				0.		0.
						6			0.				0.		0.
						6			0.				0.		0.
Total Enter here and	on Cio	lo 2 Dort I lir	20.7												
Total. Enter here and															0.
												Organization			
1 Description	2 Amo	ount		eductions ttach sch	s directly c ledule)	onnected		t investm umn 2 le		,	5 Set- (atta	asides ach schedule)	6	column 4 less	vestment income, column 5
										0.					0.
										0.					0.
Total. Enter here and															0.
Enter gross income for	rom me	embers (dues	, fees, c	harges	, or simila	ar amour	nts)								
Schedule F Inter	est, A	nnuities, Ro	yalties	and Re	nts fron	Contro	lled O	rganiza	ations	3					
					Е	xempt (Controlle	ed Orga	anizat	ions					
1 Name of controlled org	janizatio	ns		Employe Identifica Number	ation	Net unrel (loss)	ated inco	ome 4		of speci ents ma		5 Part of column (4 included in the coorganization's groincome	ontrolling		ions directly ted with income nn (5)
1															
2															
3															
Nonexempt Controlle	d Oraș	nizations													
7 Taxable Income	u Oiga	IIIIZations			8	Net unrelat	ed income	(loss) 9	Total	of speci	fied	10 Part of column	(9) that	is 11 Dedi	uctions directly
7 Taxable Income						Not unrolat	ou moome	7 (1033)		ents ma		included in the organization's income	controlli	ing conn	ected with income lumn (10)
1															
2															
3															
4 Add columns 5 and 10														0.	
5 Add columns 6 and 11															0.
6 Subtract line 5 from lin															0.
		Exempt Acti													
Description of exploite schedule if more than is exploiting the same	d activity	/ (attach	2 Gross u	nrelated s income de or	3 Expens connec product unrelate	es directly ed with ion of	4 Net incurrelat busine		m 5 G or fr	Gross inco com active not unre usiness i	ity that elated	6 Expenses attributable to column 5	exp 6 le but	cess exempt ense, column ess column 5 not more n column 4	8 Net income includible, column 4 less column 7 but not less than zero
			_					(0.					0.	0.
									0.					0.	0.
									0.					0.	0.
									0.					0.	0.
Total Enter here and	on Sic	le 2 Part I lir	ne 10		L				1			1	1	<u></u>	0.

Schedule H Advertising Income and Excess Advertising Costs

Pai	rt I Income from Period	licals F	Reported of	on a Cons	olidated	Basis							
1 N	ame of periodical	2 Gross adver incon	rtising	3 Direct advertisi costs	ng	costs. If co	advertising olumn 2 is an column 3, columns 5, f column 3 than enter the Part III, b). Do not	5 Circulation income		6 Readers costs	hip	column shown Part III, column column of colui from th and col in Part	nn 5 is greater than 6, enter the income in column 4, in column 4(b). If 6 is greater than 5, subtract the sum mn 6 and column 3 e sum of column 5 umn 2. Enter amount III, column A(b). If the t is less than zero,
Tot	als		0.		0.		C).	0.		0.		0.
Pa	rt II Income from Perio	dicals	Reported	on a Sepa	arate Ba	sis		•					
							C).					0.
							C).					0.
							C).					0.
Pai	rt III Column A – Net A	dvertis	sing Incor	ne			Part III	Column	B – E	xcess Adv	ertising (Costs	
(a)	Enter "consolidated periodical" names of non-consolidated per		` '	otal amount fro amount listed i	,		` '	r "consolidated es of non-conso			` '		from Part I, column 4, in Part II, column 4
						0.							0.
						0.							0.
						0.							0.
Ente	r total here and on Side 2, Part I, line	11				0.	Enter total	here and on Side 2	, Part II,	line 27			0.
Scl	hedule I Compensation	n of Of	ficers, Dir	ectors, an	d Truste	ees							
1 1	Name of Officer	2	SSN or ITIN		3 Title			ercent of time deve business	oted 5	Compensati to unrelated		e 6 Exp	ense account allowances
									%				
									%				
									%				
									%				
									%				
Tot	al. Enter here and on Side	2, Part	II, line 14								(0.	0.
Sc	hedule J Depreciation	(Corp	orations a	nd Assoc	iations	only. Trus	sts use f	orm FTB 388	35F.)				
	croup and guideline class or escription of property	2 [Date acquired (dd/mm/yyyy)	3 Cost o	r other basis		preciation allowed allowable in prior ars		hod of compution	ng 6 Life	or rate	7 Depreciation for this year
1	Total additional first-year	depreci	atio <u>n (do</u> n	ot include i	n items l	below)	<u></u> .	<u></u>		<u></u> .	<u></u> .		
2	Other depreciation:												
	Buildings												
	Furniture and fixtures												
	Transportation equipment												
	Machinery and other equip	pment .											
	Other (specify)												
3	Other depreciation												
4	Total						0.	0.					0.
5	Amount of depreciation cla												
6	Balance. Subtract line 5 fr	om line	4. Enter h	ere and on	Side 2,	Part II, line	e 21a						0.

188 3645174 Form 109 2017 **Side 5**

TAXABLE YEAR California Exempt Organization

FORM

7	A I I . C	199
1	Annual Information Return	199
•	Ailliaai iilloilliatioli Netaill	100

2017 Annual Information Return		199
Calendar Year 2017 or fiscal year beginning (mm/dd/yyyy), and ending ((mm/dd/yyy	y)
Corporation/Organization name		prporation number
JACINTO CONVIT WORLD ORGANIZATION INC	3643027 FEIN	
Additional information. See instructions.	46-49057	74
Street address (suite or room)	10001	PMB no.
508 MISTY OAKS DR		
City POMPANO BEACH	State FL	Zip code 33069
Foreign country name Foreign province/state/country	T. TI	Foreign postal code
A First Return	ection 2370	1d has the organization
		nstructions ● Yes X No
C IRC Section 4947(a)(1) trust	der R&TC Sec	tion 23701g? ●
D Final Information Return?		
● ☐ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized L If organization is exempt	under R&T	C Section 23701d and
Enter date: (mm/dd/yyyy) meets the filing fee exce		_
E Check accounting method: (1) Cash (2) X Accrual (3) Other No filing fee is required.		· —
F Federal return filed? (1) ● 990T (2) ● 990PF (3) ● Sch H (990) M Is the organization a Lim (4) 又 Other 990 series		
		Yes X No
H Is this organization in a group exemption		
	ar?	
	24 pending?	Yes 🛛 No
Did the organization have any changes to its guidelines Date filed with IRS Date filed with IRS		<u></u>
not reported to the FTB? See instructions		
Part I Complete Part I unless not required to file this form. See General Information B and C.		1 258 00
Gross sales or receipts from other sources. From Side 2, Part II, line 8 Gross dues and assessments from members and affiliates		1 258 00 2 0 00
3 Gross contributions, gifts, grants, and similar amounts received.	_ [3 185,110 00
Receipts 4 Total gross receipts for filing requirement test. Add line 1 through line 3.		100,110
and Revenues This line must be completed. If the result is less than \$50,000, see General Information	n B ● 「	4 185,368 00
5 Cost of goods sold	0 00	
6 Cost or other basis, and sales expenses of assets sold ● 6	0 00	
7 Total costs. Add line 5 and line 6		7 0 00
8 Total gross income. Subtract line 7 from line 4		8 185,368 00
Expenses 9 Total expenses and disbursements. From Side 2, Part II, line 18	•	9 3,025 00
10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	_	182,343 00
11 Total payments	_	11 0 00
12 Use tax. See General Information K		12 0 00 13 0 00
Filing Fee 14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	_	14 0 00
15 Filing fee \$10 or \$25. See General Information F		15 10 00
16 Penalties and Interest. See General Information J	<u> </u>	16 0 00
17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result		17 10 00
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules an	d statements,	, ,
Sign belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all informat Here Signature Date Declaration of preparer (other than taxpayer) is based on all informat Date Date Date Date Date Date Date Da		reparer has any knowledge. Telephone
Signature of officer PRESIDENT		
Preparer's	eck if self-	• PTIN
Paid signature ▶ em	ployed >	P00933256 ● FEIN
Preparer's Firm's name (or yours, ►CAMERO & COMPANY CPA. P.A.		46-5082621
and address		Telephone
200 SOUTH BISCAYNE BLVD, STE 2790, MIAMI, FL	33131	(305) 714-9488
May the FTB discuss this return with the preparer shown above? See instructions		● 🛛 Yes 🗌 No

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.

		1	Gross sales or receipts from all business	activities. See instructio	ns			1		0	00
		2	Interest					2		258	00
Rec	eipts	3	Dividends					3		0	00
fron	•	4	Gross rents					4		0	00
Othe	er	5	Gross royalties					5		0	00
Sou	rces		Gross amount received from sale of asse					_		0	00
			Other income. Attach schedule	` ,				_		0	00
			Total gross sales or receipts from other sources.					_		258	
			Contributions, gifts, grants, and similar a					_			00
			Disbursements to or for members								00
			Compensation of officers, directors, and								00
			Other salaries and wages								00
_			Interest								00
Exp and	enses		Taxes					_			00
	ourse-		Rents					_			00
men	ts		Depreciation and depletion (See instruct								00
			Other Expenses and Disbursements. Att	*						3,025	
			Total expenses and disbursements. Add							3,025	_
Sch	edule		Balance Sheet	Beginning of				_	xable y		00
Ass		_	Balance Sneet	(a)	ιαλ	(b)	(c)	i Oi ta	Aabie y	(d)	
				(u)		0.	(0)		•	182,3	4/3
			ts receivable			0.			•	102,0	0.
			eceivable			0.			•		0.
			eceivable			0.					0.
			d state government obligations			0.					0.
			s in other bonds			0.					0.
			s in stock			0.					0.
			1			0.					0.
			tments Attach schodule			0.					0.
			itments. Attach schedule	0.		<u> </u>			_		0.
			iable assets	-		0	1		0.		_
			ccumulated depreciation	(0.)		0.	(0.)		0.
			to Attack ask adula			0.			-		0.
			ts. Attach schedule			0.			-	400.0	0.
			ts			0.				182,3	43.
			net worth								
		•	ayable			0.			-		0.
			ns, gifts, or grants payable			0.			-		0.
			notes payable			0. 0.					0. 0.
	•	_	payable						_		
			ties. Attach schedule			0. 0.					0. 0.
			ck or principal fund			0.			-		0.
			apital surplus. Attach reconciliation							182,3	<u> </u>
			arnings or income fund			0. 0.			_		
	edule		ities and net worth	les suith in some man not		0.				182,3	43.
SCII	euule	141-1	Reconciliation of income per boo Do not complete this schedule if the			13 column (d) is les	s than \$50 000				
4	Not ince		· · · · · · · · · · · · · · · · · · ·	● 182,343.							
			per books	0.	,	Income recorded or not included in this	•	odula			0.
			•	• 0.	0						<u>U.</u>
			rapital losses over capital gains		ŏ	Deductions in this re	_	ı			
			recorded on books this year.	• 0.		against book incom	-				0
			edule	0.	^	Attach schedule			_		0.
			ecorded on books this year not			Total. Add line 7 and					0.
			this return. Attach schedule		10	Net income per retu				400.0	142
6	ı otal. A	aa I	ine 1 through line 5	182,343.		Subtract line 9 from	iine 6			182,3	<u>43.</u>

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 (916) 210-6400

WEB SITE ADDRESS: www.ag.ca.gov/charities/

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Section 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, 311, and 312

Failure to submit this report annually no later than the 15th day of the 5th month after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

= = = = = = = = = = = = = = = = = = = =						
State Charity Registration Number		3643027	Check i			
JACINTO CONVIT WORLD ORGA	ANIZATION	1 INC		hange of address		
Name of Organization			A	mended report		
508 MISTY OAKS DR			Corpor	rate or Organization No. C36430	27	
Address (Number and Street) POMPANO BEACH, FL 33069					<u> </u>	
City or Town, State and ZIP Code			Federa	al Employer I.D. No. 46-490577	4	
ANNUAL REGIS		RENEWAL FEE SCHEDULE (11 Cal. Cock Payable to Attorney General's Reg				
Gross Annual Revenue	<u>Fee</u>	Gross Annual Revenue	Fee	Gross Annual Revenue	<u>Fe</u>	<u>:e</u>
Less than \$25,000 Between \$25,000 and \$100,000	0 \$25	Between \$100,001 and \$250,000 Between \$250,001 and \$1 million	\$50 \$75	Between \$1,000,001 and \$10 million Between \$10,000,001 and \$50 million Greater than \$50 million	\$15 \$22 \$30	25
PART A - ACTIVITIES						
For your most recent full ac	counting p	eriod (beginning 1/1/2017	endi	ng <u>12/31/2017</u>) list:		
Gross annual revenue \$		185,368 Total assets	s \$	182,343		
PART B - STATEMENTS REGARDIN	G ORGANI	ZATION DURING THE PERIOD OF THIS	S REPOR	 Т		
					•	
	-	ions below, you must attach a separat instructions for information required.	ie page pr	roviding an explanation and details for e	Yes	No
		ntracts, loans, leases or other financial tra			100	X
		ft, embezzlement, diversion or misuse of t				Х
During this reporting period, did no	n-program ε	expenditures exceed 50% of gross revenu	e?			х
During this reporting period, were a Internal Revenue Service, attach a		ation funds used to pay any penalty, fine o	r judgmen	t? If you filed a Form 4720 with the		Х
5. During this reporting period, were t	he services	of a commercial fundraiser or fundraising		or charitable purposes used? If "yes,"		
		·		are attachment liating the name of		Х
the agency, mailing address, conta	ct person, a					Х
During this reporting period, did the number of raffles and the date(s) tr		on hold a raffle for charitable purposes? If d.	"yes," prov	vide an attachment indicating the		Х
8. Does the organization conduct a ve	ehicle donati	ion program? If "yes," provide an attachmeracts with a commercial fundraiser for cha				Х
<u> </u>		d financial statement in accordance with g		<u>'</u>		$\stackrel{\sim}{\vdash}$
reporting period?						Χ
Organization's area code and telepho	ne number	(954) 970-9176				
Organization's e-mail address admin	n@jacintoc	onvit.org				
			anying do	ocuments, and to the best of my knowle	dge	
and belief, the content is true, corre	et and com					
Signature of authorized offic		ANA FEDERICA CONVIT Printed Name	<u>F</u>	PRESIDENT Title	Data	
Signature of authorized offic	ei	Printed Name		riue	Date	ļ

JACINTO CONVIT WORLD ORGANIZATION INC 46-4905774

Line 11, Part II (CA 199) - Compensation of Officers, Directors, and Trustees

								0
	Name	Street Address	City	State	Zip Code	Title	Time Devoted	Compensation
1	ANA FEDERICA CONVIT		1		1	PRESIDENT	5	
2	ANTONIO CONVIT			1	1	DIRECTOR	0.2	
3	RAFAEL CONVIT					DIRECTOR	0.2	1
4	LILIA CORREA		1		1	DIRECTOR	0.2	1
5	MAURICIO ARANGUREN					DIRECTOR	0.2	

Line 17, Part II (CA 199) - Other Deductions

1	Pension plans, employee benefits	1	0
2	Legal fees	2	0
	Accounting fees		0
	Other professional fees		2,800
	Travel, conferences, and meetings		0
	Printing and publications		0
	Special events direct expenses		0
8	Office expenses	8	0
	Other expenses		225
10		10	
11		11	
12	Total	12	3,025