**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. 1545-0047

Department of the Treasury Internal Revenue Service

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

Α	For the	<b>2023</b> calendar year, or tax year beginning	JL 1, 2023 and	ending	JUN 30,	2024					
В	Check if applicable	C Name of organization			D Emp	oloyer identi	ification nur	nber			
	Addres	PEDRO "CUBAN PETE" AGUILAR AND BA	RBARA C								
F	Name change					84-358308	4				
F	Initial	Number and street (or P.O. box if mail is not del	livered to street address)	Room/suite	E Tele	phone numb	er				
Ē	Final return/	2031 JACKSON ST		100		239-274-5900					
	termin ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross	receipts \$		197	,588.		
	Ameno				<b>H(a)</b> Is	this a group	return				
	Applic tion	F Name and address of principal officer: DAWN	BELAMARICH		fo	r subordinate	es? 🗀	Yes X	No		
	pendir	SAME AS C ABOVE			<b>H(b)</b> Are	e all subordinates	included?	Yes [	No		
1	Tax-exe	empt status: X 501(c)(3) 501(c) ( )	(insert no.) 4947(a)(1)	or 52	7 If	"No," attach	a list. See in	struction	າຣ		
J	Websit	e: N/A			<b>H(c)</b> G	roup exempt	ion number				
		organization,	ssociation Other	L Yea	r of formati	on: 2019	M State of le	gal domic	ile: FL		
P	art I	Summary									
ø	1	Briefly describe the organization's mission or most			SUAL AND	PERFORMI	NG				
auc		ARTS, ARTS EDUCATION AND PERFORMANCE									
Governance	2		ntinued its operations or dispo	sed of mor	e than 259	1	1		_		
Š	3	Number of voting members of the governing body									
ø	4	Number of independent voting members of the gov							0		
ies	5	Total number of individuals employed in calendar y							5		
Activities &	6	Total number of volunteers (estimate if necessary)							0.		
Ac	/a	Total unrelated business revenue from Part VIII, co Net unrelated business taxable income from Form				I			0.		
	b	Net differated business taxable income from Form	990-1, Part I, IIIIe 11					rent Yea			
	8	Contributions and grants (Part VIII, line 1h)			1110	0			0.		
Jue	9	D				0			0.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4,	and 7d)			-36,843	<u> </u>	43	,662.		
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c				0	_		0.		
	1	Total revenue - add lines 8 through 11 (must equal			-36,843		43	,662.			
		Grants and similar amounts paid (Part IX, column (				37,326		37,500.			
	1	Benefits paid to or for members (Part IX, column (A				0		0.			
y)	15	Salaries, other compensation, employee benefits (F				0		0.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), li	ine 11e)			0			0.		
KDE	b	Total fundraising expenses (Part IX, column (D), line	e 25)	0.							
ш	17	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)			30,000			,119.		
	18	Total expenses. Add lines 13-17 (must equal Part I	X, column (A), line 25)			67,326			,619.		
		Revenue less expenses. Subtract line 18 from line	12			-104,169			,957.		
sor	9			В	eginning o	f Current Year		d of Year			
Assets or	20	Total assets (Part X, line 16)				940,055	_	978	,385.		
etA	<b>⊣</b>	Total liabilities (Part X, line 26)				040.055	-	070	0.		
<u>Z</u> :	art II	Net assets or fund balances. Subtract line 21 from Signature Block	line 20			940,055	•	970	,385.		
		Ities of perjury, I declare that I have examined this return,	including accompanying schedule	s and staten	nents and t	n the hest of r	ny knowledae	and helie	f it is		
		t, and complete. Declaration of preparer (other than office					ily Kilowicugo	and bollo	, 11 13		
iruc	, 001100	t, and complete. Beclaration of proparor (other than office	n) io baood on an information of w	non propuro	i nao any k	nowiougo.					
Sig	ın	Signature of officer				Date					
He		DAWN BELAMARICH, CHAIR/ PRESIDENT									
		Type or print name and title									
		Print/Type preparer's name	Preparer's signature		Date	Check	PTI	N			
Pai	d	*	WENDY CAMPOS	ļ	11/05/24 if self-employed P0044810						
Pre	parer	Firm's name MOSS ADAMS LLP			Firm's EIN	91-01893	318				
Use	Only	Firm's address 805 SW BROADWAY STE 1400									
		PORTLAND, OR 97205				Phone no. 50	3-242-144	<u> 1</u> 7			
Ma	v the IF	RS discuss this return with the preparer shown about	ve? See instructions				X ,	Yes	No		

Pa	Till Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	SUPPORTING VISUAL AND PERFORMING ARTS, ARTS EDUCATION AND PERFORMANCE	
	IN THE AREA OF LATIN DANCE, WITH EMPHASIS ON (BUT NOT LIMITED TO) A	
	STYLE OF DANCE ORIGINATED IN NEW YORK WHICH IS COMMONLY REFERRED TO AS	
	MAMBO EN CLAVE IN THE STYLE OF PALLADIUM BALLROOM.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(2) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the section 501(c)(4) organizations are required to report the amount of grants and allocations to other section 501(c)(4) organizations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants are required to report the amount of grants and allocations are required to report the section of the section	•
	revenue, if any, for each program service reported.	(perioco, aria
4a	(Code:) (Expenses \$ 37,500. including grants of \$ 37,500. ) (Revenue \$	1
ти	THE PRIMARY PURPOSE OF THE ORGANIZATION IS TO PERFORM THE FUNCTIONS OF	,
	AND CARRY OUT THE PURPOSES OF THE SOUTHWEST FLORIDA COMMUNITY	
	FOUNDATION BY SUPPORTING VISUAL AND PERFORMING ARTS, ARTS EDUCATION AND	
	PERFORMANCE IN THE AREA OF LATIN DANCE, WITH EMPHASIS ON (BUT NOT	
	LIMITED TO) A STYLE OF DANCE ORIGINATED IN NEW YORK WHICH IS COMMONLY	
	REFERRED TO AS MAMBO EN CLAVE IN THE STYLE OF THE PALLADIUM BALLROOM	
	WHICH WAS IMMORTALIZED BY PEDRO ("CUBAN PETE")	
	AGUILAR.	
4b	(Code:) (Expenses \$	)
4c	(Code:) (Expenses \$	1
	/ (LApprison y	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses 37,500.	
		Form <b>990</b> (2023)

# Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
3	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6		<del>"</del>		<del></del>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		,,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	Х	<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
_	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
٨	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	110		<del></del>
u		11d		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX			X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	-
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
=	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	,	19		x
20a	complete Schedule G, Part III	20a		x
	•	20a 20b		<del></del>
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		$\vdash$
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		х	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	Λ	

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Form	990 (2023) PEDRO "CUBAN PETE" AGUILAR AND BARBARA C 84-358	3084	Р	age 4
Pai	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	.		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	210		
·		24c		
٨	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
		240		
<b>2</b> 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<del></del>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051		x
00	Schedule L, Part I	. 25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	-	Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV			X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV			Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	. 30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	. 32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	. 34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1		
	If "Yes," complete Schedule R, Part V, line 2	- 1		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	.		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
		38	х	
Pai	Note: All Form 990 filers are required to complete Schedule 0  't V Statements Regarding Other IRS Filings and Tax Compliance	50	1	
	Check if Schedule O contains a response or note to any line in this Part V			
		<u></u>	Yes	No
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	0	163	1,10
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0		

	check in contours a response of field to any line in the fact v					
					Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	ole gaming			
	(gambling) winnings to prize winners?			1c		

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	<b>~</b> 1.		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	7-		Х
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Α
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	70		x
٨		7c		
d e		7e		х
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans  Then the ground of recovery as head.			
	Enter the amount of reserves on hand  Did the exemplation receive any payments for indeed template any payments for indeed template any payments.	110		Х
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b		
IJ		15		x
	excess parachute payment(s) during the year?	13		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.	10		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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

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

						X							
Sec	tion A. Governing Body and Management												
					Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		5									
	If there are material differences in voting rights among members of the governing body, or if the governing												
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.												
b	Enter the number of voting members included on line 1a, above, who are independent	1b		2									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other										
	officer, director, trustee, or key employee?			2		Х							
3	Did the organization delegate control over management duties customarily performed by or under the												
	of officers, directors, trustees, or key employees to a management company or other person?			3		Х							
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 wa	s filed?	4		Х							
5	Did the organization become aware during the year of a significant diversion of the organization's asset	ets?		5		Х							
6	Did the organization have members or stockholders?			6		Х							
7a													
	more members of the governing body?			7a		Х							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	ockho	lders, or										
	persons other than the governing body?			7b		Х							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year												
а	The governing body?			8a	Х								
b	Each committee with authority to act on behalf of the governing body?			8b	Х								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach	hed a	t the										
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		Х							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	/enue	Code.)										
					Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х							
b	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics.	apters	, affiliates,										
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befo	e filing the form?	11a	Х								
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.												
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	12b	Х								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," a	escribe										
	on Schedule O how this was done			12c	Х								
13	Did the organization have a written whistleblower policy?			13	Х								
14	Did the organization have a written document retention and destruction policy?			14	Х								
15	Did the process for determining compensation of the following persons include a review and approval	by in	dependent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?												
	The organization's CEO, Executive Director, or top management official			15a		Х							
b	Other officers or key employees of the organization			15b		Х							
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.												
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nent w	ith a										
	taxable entity during the year?			16a		Х							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its p	articipation										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi												
	exempt status with respect to such arrangements?			16b									
Sec	tion C. Disclosure												
17	List the states with which a copy of this Form 990 is required to be filedFL												
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	d 990	-T (section 501(c)(3	)s only)	availa	ble							
	for public inspection. Indicate how you made these available. Check all that apply.												
	Own website X Another's website X Upon request Other (explain		•										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict (	of interest policy, ar	nd finan	cial								
	statements available to the public during the tax year.												
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks an	d records										
	DAWN BELAMARICH - 239-274-5900												
	2031 JACKSON ST STE 100 FORT MYERS FL 33901												

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) TERRY MAZANY DIRECTOR (THROUGH 7/21/23)	1.00 51.00	х						0.	194,712.	6,914.
(2) MARINA NASSIF	2.00									0,2220
TREASURER	55.00	х		х				0.	139,769.	18,378.
(3) DAWN BELAMARICH	1.00									
CHAIR/PRESIDENT (AS OF 9/5/2023)	60.00	х		х				0.	90,959.	7,947.
(4) GAIL MCCLURE	1.00									
SECRETARY		х		Х				0.	0.	0.
(5) KEVIN CARMICHAEL	1.00									
DIRECTOR		Х						0.	0.	0.
(6) JOSEPH STEWART	1.00									
DIRECTOR		Х						0.	0.	0.
		_								

84-3583084

Part VII   Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A) Name and title	(B) Average hours per week	(do box	not cl	Posi neck i	c) ition more rson i		ne an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimat amount other	of	
	(list any hours for related organizations below line)	Individual trustee or director Institutional trustee Officer		Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	SC/ fron		ation ne tion ted		
				)	×	1 0							
										+			
1b Subtotal								0.	425,440	+	33	,239.	
c Total from continuation sheets to Part VII								0.	, 0	-	0.		
d Total (add lines 1b and 1c)								0. eceived more than \$100,	425,440 000 of reportable	.	33	,239.	
compensation from the organization											Yes	0   <b>No</b>	
3 Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for si</i>			-	-	-		_	hest compensated empl	-	3	3	х	
For any individual listed on line 1a, is the su and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	or such individual		4	, X		
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com  Section B. Independent Contractors	•				•			•		Ę	5	Х	
Complete this table for your five highest conthe organization. Report compensation for the organization.										sation	from		
(A) Name and business	address	NO	NE					(B) Description of s	ervices	Com	(C) pensatio	on	
							1						
Total number of independent contractors (ir \$100,000 of compensation from the organization from the organ	•	ot lin	nited	l to 1		se lis 0	ted	above) who received mo	ore than	For	m <b>990</b>	(2023)	

332008 12-21-23

Form 990 (2023) PEDRO "CUBA

Part VIII Statement of Revenue

			Check if Schedule O contains a	response o	or note to any lin	e in this Part VIII			
					· · · · · · · · · · · · · · · · · · ·	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
SS	1	_	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	•		Membership dues	1b					
S S			Fundraising events	1c					
fts,			Related organizations	1d					
ij gi									
ons,			Government grants (contributions)	1e					
utic		T	All other contributions, gifts, grants, and						
ĕ			similar amounts not included above	1f					
ont		_	Noncash contributions included in lines 1a-1f	1g \$					
O g		n	Total. Add lines 1a-1f		B				
					Business Code				
Program Service Revenue	2	а							
ervi		b							
S		С							
ran Sev		d							
90. F		е							
<u>a</u>		f	All other program service revenue $ \dots $						
		g	Total. Add lines 2a-2f						
	3		Investment income (including divide	nds, intere	st, and				
			other similar amounts)			28,568.			28,568.
	4		Income from investment of tax-exem						
	5		Royalties						
			(i	) Real	(ii) Personal				
	6	а	Gross rents 6a						
			Less: rental expenses 6b						
		С	Rental income or (loss) 6c						
	7			ecurities	(ii) Other				
				169,020.					
		b	Less: cost or other basis						
<u>o</u>		-		153,926.					
enn		c		15,094.					
ě			Net gain or (loss)			15,094.			15,094.
her Revenue	٥		Gross income from fundraising events (r						
Oth	0	а	including \$						
١			contributions reported on line 1c). S	-					
			. ,	<b>I</b>					
		<b>L</b>	Part IV, line 18 Less: direct expenses						
	^		Net income or (loss) from fundraising Gross income from gaming activities						
	9	а	0 0						
			Part IV, line 19						
			Less: direct expenses						
			Net income or (loss) from gaming ac						
	10	а	Gross sales of inventory, less returns	I .					
		_	and allowances						
			Less: cost of goods sold						
$\rightarrow$		С	Net income or (loss) from sales of in-	ventory					
က္					Business Code				
Miscellaneous Revenue	11	а							
lan		b							
cell Sev		С							
Ais		d	All other revenue						
		е	Total. Add lines 11a-11d						
	12		Total revenue. See instructions	<u></u>		43,662.	0.	0.	43,662.

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Do not include amounts reported on lines 6b. Total expenses Program service Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 37,500. 37,500. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): 30,000 30,000 Management а Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... 10,119. 10,119. Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 13 Office expenses Information technology 14 Royalties 15 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings ..... 19 20 Payments to affiliates \_\_\_\_\_ 21 22 Depreciation, depletion, and amortization ..... 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) b d All other expenses 77,619 37,500 Total functional expenses. Add lines 1 through 24e 40,119 0. 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

# Form 990 (2023) Part X | Balance Sheet

		Check if Schedule O contains a response or not	e to an	y line in this Part X .	T			
						<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			L	16,439.	1	16,439.
	2	Savings and temporary cash investments			L		2	
	3	Pledges and grants receivable, net			L		3	
	4	Accounts receivable, net					4	
	5	Loans and other receivables from any current or						
		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%				
		controlled entity or family member of any of thes	se perso	ons			5	
	6	Loans and other receivables from other disquali	fied per	sons (as defined	···· [			
		under section 4958(f)(1)), and persons described	d in sec	tion 4958(c)(3)(B)	[		6	
S	7	Notes and loans receivable, net			г		7	
Assets	8	Inventories for sale or use					8	
As	9	Prepaid expenses and deferred charges					9	
		Land, buildings, and equipment: cost or other			····			
		basis. Complete Part VI of Schedule D	10a	2,8	382.			
	b	Less: accumulated depreciation	1 1		0.	2,882.	10c	2,882.
	11	Investments - publicly traded securities				920,734.	11	959,064.
	12	Investments - other securities. See Part IV, line 1				•	12	,
	13	Investments - program-related. See Part IV, line			13			
	14	Intangible assets			14			
	15	Other assets. See Part IV, line 11			15			
	16	Total assets. Add lines 1 through 15 (must equ				940,055.	16	978,385.
	17	Accounts payable and accrued expenses				,,	17	,
	18	Grants payable					18	
	19	Deferred revenue			19			
	20	Tax-exempt bond liabilities			20			
	21	Escrow or custodial account liability. Complete	Г		21			
	22	Loans and other payables to any current or form			·····			
Liabilities		trustee, key employee, creator or founder, subst						
ij		controlled entity or family member of any of thes					22	
Lia	23	Secured mortgages and notes payable to unrela	-		Г		23	
	24	Unsecured notes and loans payable to unrelated			г		24	
	25	Other liabilities (including federal income tax, pa			├			
		parties, and other liabilities not included on lines	-					
		of Schedule D	,	•			25	
	26	<b>7</b>			···· ├	0.	26	0.
	20	Organizations that follow FASB ASC 958, che					20	•
8		and complete lines 27, 28, 32, and 33.	OK HOL					
ŭ	27	All a contract of the contract					27	
3ale	28	Net assets with donor restrictions				940,055.	28	978,385.
B		Organizations that do not follow FASB ASC 9			····	, .		,
Ē		and complete lines 29 through 33.	00, 0110	ok nere				
þ	29	Capital stock or trust principal, or current funds			29			
ets	30	Paid-in or capital surplus, or land, building, or ed					30	
Ass	31	Retained earnings, endowment, accumulated in			Г		31	
Net Assets or Fund Balances	32	Total net assets or fund balances				940,055.	32	978,385.
Z	33	Total liabilities and net assets/fund balances				940,055.	33	978,385.
	1 00	Total habilities and not assets/fully balafices .				,	30	

Pai	rt XI Reconciliation of Net Assets									
	Check if Schedule O contains a response or note to any line in this Part XI									
1	Total revenue (must equal Part VIII, column (A), line 12)	1			662.					
2	Total expenses (must equal Part IX, column (A), line 25)	2		77,	619.					
3	Revenue less expenses. Subtract line 2 from line 1	3		-33,	957.					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		940,	055.					
5	Net unrealized gains (losses) on investments	5		72,	287.					
6	6 Donated services and use of facilities 6									
7	Investment expenses	7								
8	Prior period adjustments	8								
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.					
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,									
	column (B))	10		978,	385.					
Pa	rt XII Financial Statements and Reporting									
	Check if Schedule O contains a response or note to any line in this Part XII									
				Yes	No					
1	Accounting method used to prepare the Form 990: Cash X Accrual Other									
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a								
	separate basis, consolidated basis, or both:									
	Separate basis Consolidated basis Both consolidated and separate basis									
b	Were the organization's financial statements audited by an independent accountant?		2b	Х						
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,								
	consolidated basis, or both:									
	Separate basis X Consolidated basis Both consolidated and separate basis									
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,								
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х						
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.								
За	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the									
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?									
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit										
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b							
			Form	990	(2023)					

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#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

Open In the Internation In the Interna

2023

Open to Public Inspection

Name of the organization **Employer identification number** PEDRO "CUBAN PETE" AGUILAR AND BARBARA C 84-3583084 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) SOUTHWEST FLORIDA COMMUNITY 59-6580974 8 Х 0

0.

(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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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						
3	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)						
•	· · · · · · · · · · · · · · · · · · ·						
	Public support. Subtract line 5 from line 4.						
		(-) 0040	(1.) 0000	(-) 0004	(-1) 0000	(-) 0000	(0 T-1-1
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
_	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	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	irst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
14	Public support percentage for 2023 (I	ine 6, column (f), c	divided by line 11,	column (f))		14	<u>%</u>
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	<u>%</u>
16a	33 1/3% support test - 2023. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				
b	33 1/3% support test - 2022. If the o	organization did no	ot check a box on	ine 13 or 16a, and	d line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly	supported organiz	ation			
17a	10% -facts-and-circumstances test	- 2023. If the org	ganization did not	check a box on lin	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	ere. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organization	on qualifies as a pu	iblicly supported o	organization		
b	10% -facts-and-circumstances test	- 2022. If the org	ganization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th	-	-				
	organization meets the facts-and-circu				-		
<u>1</u> 8	Private foundation. If the organization						
	<u> </u>		,	. ,			(Form 990) 2023

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## 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	etion A. Public Support	siow, picase comp	oloto i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	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 organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2013	(6) 2020	(6) 2021	(d) ZOZZ	(6) 2020	(i) rotai
	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						
	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (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	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organization	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	<b>2022</b> Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization qual	ifies as a publicly s	supported organiza	ation	
b	<b>33 1/3% support tests - 2022.</b> If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

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Schedule A (Form 990) 2023

84-3583084

## Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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

- 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.
- 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 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).
- **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).
- 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).
- 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 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.**
- c Did a disqualified person (as defined on 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 line 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
		140
1	Х	
2		Х
0-		Х
3a		A
3b		
3c		
4a		х
<del>-1</del> 0		
4b		
4c		
5a		Х
Eh		
5b 5c		
33		
6	Х	
7		х
8		Х
9a		Х
9b		Х
90		Х
9c		
10a		Х
40.		
10b	- 000	2002

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Schedule A (Form 990) 2023

Pai	rt IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
		elow, the governing body of a supported organization?	11a		Х
b	A fam	ily member of a person described on line 11a above?	11b		Х
		6 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		Х
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No
1		ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Х	
2	Did th	ne organization operate for the benefit of any supported organization other than the supported			
	organ	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part \	now providing such benefit carried out the purposes of the supported organization(s) that operated,			
	super	vised, or controlled the supporting organization.	2		Х
Sec	tion (	C. Type II Supporting Organizations			
				Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or ma	nagement of the supporting organization was vested in the same persons that controlled or managed			
800	the su	pported organization(s).  D. All Type III Supporting Organizations	1		
Sec	tion L	5. All Type III Supporting Organizations		1	
	D:			Yes	No
1		ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	-	ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described on line 2, above, did the organization's supported organizations have a	_		
	-	icant voice in the organization's investment policies and in directing the use of the organization's			
	incom	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	sagus	orted organizations played in this regard.	3		
Sec	tion E	E. Type III Functionally Integrated Supporting Organizations			
1		k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction		
2		ties Test. Answer lines 2a and 2b below.		Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined	2a		
b		nese activities constituted substantially all of its activities.  ne activities described on line 2a, above, constitute activities that, but for the organization's involvement,	<u>-u</u>		
~		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		If the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
3		t of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
а		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		ne 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) 2023

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

instructions).

Sche	dule A (Form 990) 2023 PEDRO "CUBAN PETE" 2	AGUILAR AND BARBARA C			84-3583084	Page 7
Par		(a)(3) Supporting Orga	nizations (continue	ed)		
Secti	on D - Distributions		(0.0000	,	Current Y	ear
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part 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 which the	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2023 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	5	(iii) Distributa Amount for	
1	Distributable amount for 2023 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2023 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2023					
a	From 2018					
b	From 2019					
c	From 2020					
d	From 2021					
е	From 2022					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
<u>h</u>	Applied to 2023 distributable amount					
<u>i</u>	Carryover from 2018 not applied (see instructions)					
<u>j_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2023 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2023 distributable amount					
c	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2024. Add lines 3j					
	and 4c					

Schedule A (Form 990) 2023

8 Breakdown of line 7:
 a Excess from 2019
 b Excess from 2020
 c Excess from 2021
 d Excess from 2022
 e Excess from 2023

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

PEDRO "CUBAN PETE" AGUILAR AND BARBARA C

**Employer identification number** 

 $84 \!-\! 3583084$ 

Par	TI Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		nds or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	_	
	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ad		-
	for charitable purposes and not for the benefit of the donor or	, , , ,	
Par	impermissible private benefit?		Yes No
	2		990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizatio	`	an af a biskariaallu issa arkank land araa
	Preservation of land for public use (for example, recreati	· —	on of a historically important land area
	Protection of natural habitat Preservation of open space	Preservati	on of a certified historic structure
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the t	orm of a conservation easement on the last
_	day of the tax year.	ed conservation contribution in the i	Held at the End of the Tax Year
а	Total number of conservation easements		
b			
	Number of conservation easements on a certified historic stru-		2c
	Number of conservation easements included on line 2c acquir		
_	on a historic structure listed in the National Register	• • •	2d
3	Number of conservation easements modified, transferred, rele		
	year	3	, 3
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling	g of
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handle	ing of violations, and enforcing cons	ervation easements during the year
8	Does each conservation easement reported on line 2d above :	satisfy the requirements of section 1	70(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservatio		
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial sta	tements that describes the
<b>D</b> -	organization's accounting for conservation easements.	A. I. Illiano Sant Tanana	Oller O're'lle Aberrie
Pai	Till Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form 9		r Other Similar Assets.
10	If the organization elected, as permitted under FASB ASC 958		ant and balance about works
Ia	of art, historical treasures, or other similar assets held for publ	, .	
	service, provide in Part XIII the text of the footnote to its finance	,	•
h	If the organization elected, as permitted under FASB ASC 958		
b	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items.	on instituti, education, or research in	Tal the falloc of public 3ct vice,
	(i) Revenue included on Form 990, Part VIII, line 1		\$
			<u> </u>
2	If the organization received or held works of art, historical trea		uncial gain, provide
-	the following amounts required to be reported under FASB AS		34, p. 01.40
а	Revenue included on Form 990, Part VIII, line 1	-	\$
	Assets included in Form 990, Part X		

Schedule D (Form 990) 2023

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Oth	er S	Simila	Assets	(conti	nued)		
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that make	sign	ificant ι	se of its				
	collection items (check all that apply).										
а	Public exhibition	d	Loan or ex	change program							
b	Scholarly research	е	Other								
С	Preservation for future generations										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
5	<u> </u>										
	to be sold to raise funds rather than to be ma							Yes	Х	No	
Par	t IV Escrow and Custodial Arrang		te if the organization	on answered "Yes" o	n For	rm 990,	Part IV, li	ne 9, or			
	reported an amount on Form 990, Par	· · · · · · · · · · · · · · · · · · ·									
1a	Is the organization an agent, trustee, custodia	•	•					7	_	_	
	on Form 990, Part X?						L	Yes		_ No	
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:					A			
								Amoun	Ι		
	Beginning balance					1c					
	Additions during the year					1d					
_	Distributions during the year					1e					
t O-	Ending balance					1f		7		٦	
	Did the organization include an amount on Fo				-			Yes	F	∐ No	
Par	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds Complete if										
		(a) Current year	(b) Prior year	(c) Two years back		) Three v	ears back	(e) Fou	r vears	back	
10	Beginning of year balance	937,174.	910,402		<del>- ' '</del>		11,373.	` '		,293.	
b	Contributions	3.	3	· · · ·					,	, == = •	
	Net investment earnings, gains, and losses	105,828.	94,095	<del>'</del>	_		87,971.			45.	
	Grants or scholarships	37,500.	37,326	<del>'</del>	_		40,000.				
	Other expenditures for facilities	27,222	,		Ť		,				
·	and programs										
f	Administrative expenses	30,000.	30,000	. 30,000			30,000.		17	,965.	
g g	End of year balance	975,505.	937,174	<del>-</del>			29,344.	1		,373.	
2	Provide the estimated percentage of the curr	-	· · · · · · · · · · · · · · · · · · ·	_	_		,				
	Board designated or quasi-endowment	•	%	-,,,							
b	Permanent endowment	%									
С	Term endowment 100										
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
За	Are there endowment funds not in the posses	ssion of the organiza	tion that are held	and administered for	the						
	organization by:	_							Yes	No	
	(i) Unrelated organizations?							3a(i)		Х	
	*** - · · · · · · · ·							3a(ii)	Х		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R'	?				3b	Х		
4	Describe in Part XIII the intended uses of the		wment funds.								
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a.	See Form 990, Part	X, lin	e 10.					
	Description of property	(a) Cost or o		st or other (c	) Ассі	umulate	ed	(d) Boo	k valu	ıe	
		basis (investn	nent) basi	s (other)	depre	eciation					
	Land										
	Buildings										
	Leasehold improvements										
	Equipment			2 222						000	
	Other			2,882.						,882.	
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, line 10c, colum	<u>n (B))                                   </u>						,882.	

Schedule D (Form 990) 2023

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market valu
Financial derivatives		
Closely held equity interests		
Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(E)		
(G)		
(H)		
tal. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.		
	F 000 D+ IV I'	44 - Oce France COO. Book V. Page 40
Complete if the organization answered "Yes" of		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		
Part IX Other Assets		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.
(a) [	Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(0)		
(7)		
(7) (8)		
(7) (8) (9)		
(7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, line 15, col.	(B))	
(7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities		
(7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities  Complete if the organization answered "Yes" of		11e or 11f. See Form 990, Part X, line 25.
(7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities  Complete if the organization answered "Yes" (c)		
(7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities  Complete if the organization answered "Yes" of		11e or 11f. See Form 990, Part X, line 25.
(7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities  Complete if the organization answered "Yes" of the image of th		11e or 11f. See Form 990, Part X, line 25.
(7) (8) (9)  Otal. (Column (b) must equal Form 990, Part X, line 15, col.  Part X Other Liabilities  Complete if the organization answered "Yes" of (a) Description of liability  (1) Federal income taxes		11e or 11f. See Form 990, Part X, line 25.
(7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2)		11e or 11f. See Form 990, Part X, line 25.
(7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities  Complete if the organization answered "Yes" of (a) Description of liability  (1) Federal income taxes (2) (3)		11e or 11f. See Form 990, Part X, line 25.
(7) (8) (9) Patal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities  Complete if the organization answered "Yes" of (a) Description of liability  (1) Federal income taxes (2) (3) (4)		11e or 11f. See Form 990, Part X, line 25.
(7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)		11e or 11f. See Form 990, Part X, line 25.
(7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)		11e or 11f. See Form 990, Part X, line 25.
(7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)		11e or 11f. See Form 990, Part X, line 25.

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Schedule D (Form 990) 2023

Pai	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With Rev	enue per Retu	ırn	<del>,</del>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d		·····	2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1			
a	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)			4.	
	Add lines 4a and 4b		·····	4c	
5 Pai	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  TXII Reconciliation of Expenses per Audited Financial Stateme			5 turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		polices per rie	,	
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d	•		2e	
3	Subtract line <b>2e</b> from line <b>1</b>			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
С	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	
Pa	t XIII Supplemental Information				
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I'	V, lines 1b and	2b; Part V, line 4; F	Part X, li	ne 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	ional informatio	n.		
PART	X, LINE 2:				
<b>GOT T</b>	ADODAMODY GUDAN DEME AND GUDDODM ODGANIZATION ADE ALL NOM EO	D DDOELE			
COLL	ABORATORY, CUBAN PETE, AND SUPPORT ORGANIZATION ARE ALL NOT-FO	K-PROFIT			
CODE	ORATIONS AND ARE EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION				
COKE	ORATIONS AND ARE EARMET FROM FEDERAL INCOME TAX UNDER SECTION				
501 (	C)(3) OF THE CODE. HOWEVER, INCOME FROM CERTAIN ACTIVITIES UNR:	ELATED			
301	C/(3) Of the cope, however, theore from chainta nettylling out.				
то т	HE ORGANIZATION'S TAX-EXEMPT PURPOSE ARE SUBJECT TO TAXATION A	S			
UNRE	LATED BUSINESS INCOME. UNRELATED BUSINESS INCOME, IF ANY, IS				
IMM2	TERIAL, THEREFORE NO PROVISION FOR INCOME TAXES HAS BEEN RECOR	DED.			
	,				
COLI	ABORATORY, CUBAN PETE, AND SUPPORT ORGANIZATION QUALIFY FOR TH	E			
	,				_
CHAF	ITABLE CONTRIBUTION DEDUCTION UNDER THE CODE AND HAVE BEEN CLA	SSIFIED			
AS C	RGANIZATIONS THAT ARE NOT A PRIVATE FOUNDATION UNDER THE CODE.				
		<u> </u>			
COLI	ABORATORY, CUBAN PETE, AND SUPPORT ORGANIZATION DO NOT HAVE AN	Y			

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

2023
Open to Public

Inspection

OMB No. 1545-0047

Name of the organization **Employer identification number** PEDRO "CUBAN PETE" AGUILAR AND BARBARA C 84-3583084 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X No criteria used to award the grants or assistance? Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV. line 21, for any Part II recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) ELEGANT RUMBA DANCE COMPANY 1901 BRANTLEY RD, STE 3 FORT MYERS, FL 33907 47-3416584 0 LATIN DANCE TRAINING 37,500. 0. 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 1. 3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2023

332102 11-01-23

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
t IV Supplemental Information. Provide the informati	ion required in Part I, lin	e 2; Part III, columi	n (b); and any other ac	Iditional information.	
I, LINE 2:					
BOARD MEETS ANNUALLY AND REVIEWS THE GRANT	TEE'S REPORT AND D	ETERMINES IF			
GRANT WAS PROPERLY USED.					

### SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

PEDRO "CUBAN PETE" AGUILAR AND BARBARA C

Employer identification number 84-3583084

Pa	art I Questions Regarding Compensation			
			Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X	
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			v
	The organization?	6a		X
b	Any related organization?	6b		
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	-		Х
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Λ
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			Х
•	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Λ
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	a		
	Beauguous section 5.3 4958-607		i .	

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

Schedule J (Form 990) 2023

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W	V-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits			
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) TERRY MAZANY	(i)	0.	0.	0.	0.	0.	0.	0.	
DIRECTOR (THROUGH 7/21/23)	(ii)	194,712.	0.	0.	5,885.	1,029.	201,626.	0.	
(2) MARINA NASSIF	(i)	0.	0.	0.	0.	0.	0.	0.	
TREASURER	(ii)	139,769.	0.	0.	5,775.	12,603.	158,147.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(i)								
	(ii)								
	(i)								
	(ii)							1 1/5 200) 2000	

Turt in Supplemental information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART III - OTHER ADDITIONAL INFORMATION
THE COMPENSATION AND BENEFIT INFORMATION REPORTED IN PART II OF
SCHEDULE J IS MERELY PROVIDED AS PART OF THE REQUIRED RELATED
ORGANIZATION DISCLOSURE FOR THE SOUTHWEST FLORIDA COMMUNITY FOUNDATION
INC. THE PEDRO "CUBAN PETE" AGUILAR AND BARBARA CRADDOCK ENDOWMENT INC
DOES NOT COMPENSATE ANY OF ITS BOARD MEMBERS OR OFFICERS AND DOES NOT
HAVE ANY EMPLOYEES.
THE COMPENSATION FOR THE ORGANIZATION'S CEO IS SET AND DETERMINED BY
ITS RELATED ORGANIZATION, SOUTHWEST FLORIDA COMMUNITY FOUNDATION INC.,
USING OR MORE OF THE METHODS ON SCHEDULE J, PART I, LINE 3.

#### SCHEDULE O (Form 990)

# 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.

2023 Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Inspection
Employer identification number

PEDRO "CUBAN PETE" AGUILAR AND BARBARA C 84-3583084 PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: WITH EMPHASIS ON (BUT NOT LIMITED TO) A STYLE OF DANCE ORIGINATED IN NEW YORK WHICH IS COMMONLY REFERRED TO AS MAMBO EN CLAVE IN THE STYLE OF PALLADIUM BALLROOM. FORM 990, PART VI, SECTION B, LINE 11B: ORGANIZATION'S PROCESS TO REVIEW FORM 990 AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTANT REVIEWS THE FORM WITH THE AUDIT COMMITTEE PRIOR TO FILING. THE FULL BOARD RECEIVES A COPY OF THE FORM 990 TO REVIEW BEFORE FILING, FORM 990, PART VI, SECTION B, LINE 12C: ENFORCEMENT OF CONFLICTS POLICY EACH MEMBER OF THE BOARD IS REQUIRED TO REVIEW AND EXECUTE A NEW CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS. FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION PROCESS FOR TOP OFFICIAL THE ORGANIZATION CURRENTLY HAS NO EMPLOYEES AND PROVIDES NO COMPENSATION TO ITS BOARD MEMBERS COMPENSATION PROCESS FOR OFFICERS THE ORGANIZATION CURRENTLY HAS NO EMPLOYEES AND PROVIDES NO COMPENSATION TO ITS BOARD MEMBERS.

FORM 990, PART VI, SECTION C, LINE 19:

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023	Page 2
Name of the organization PEDRO "CUBAN PETE" AGUILAR AND BARBARA C	Employer identification number 84-3583084
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND	
FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.	

#### **SCHEDULE R** (Form 990)

Name of the organization

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

PEDRO "CUBAN PETE" A	GUILAR AND BARBARA C					84-3583084		
Part I Identification of Disregarded Entities. Comple	te if the organization answered "Y	es" on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) Or Total inco	me End-of-yea		Direct o	<b>(f)</b> controlling	g
	_							
	_							
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organizati	on answered "Yes" on Form 990	0, Part IV, line 34, I	oecause it had one	or more	related tax-exer	mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))		(f) ct controlling entity	cont	g) 512(b)(13) rolled tity?
SOUTHWEST FLORIDA COMMUNITY FOUNDATION - 59-6580974, 2031 JACKSON ST, STE 100, FORT MYERS, FL 33901	COMMUNITY FOUNDATION	FLORIDA	501(C)(3)	LINE 8	N/A		Yes	No X

		O 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
David III	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related
Part III	organizations treated as a partnership during the tax year.	

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of end-of-year assets	(h) Disproportionate allocations?		Code V-UBI	General c	Percentage
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	<u> </u>
	1										
	1										
	1										
	1										
	1			1					1		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)  Name, address, and EIN  of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?
		country)		,				Yes	No
-									
-									

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts IIIV?    1	Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
b Git, grant, or capital contribution for related organization(s) 15 c Git, grant, or capital contribution from related organization(s) 15 c Loans or loan guarantees to or for related organization(s) 15 c Loans or loan guarantees to related organization(s) 15 c Loans or loan guarantees by related organization(s) 16 c Loans or loan guarantees by related organization(s) 17 c Dividends from related organization(s) 17 c Loans or loan guarantees by related organization(s) 17 c Loans or loan guarantees by related organization(s) 17 c Loans or loans guarantees by related organization(s) 19 c Loans or loans guarantees by related organization(s) 19 c Loans or loans guarantees by related organization(s) 19 c Loans or loans guarantees by related organization(s) 19 c Loans or loans guarantees or related organization(s) 19 c Loans or loans guarantees or loans guarantees	1	During the tax year, did the organization engage in any of the following transactions with or	one or more rela	ated organizations listed ir	Parts II-IV?			
b Git, grant, or capital contribution for related organization(s) 15 c Git, grant, or capital contribution from related organization(s) 15 c Loans or loan guarantees to or for related organization(s) 15 c Loans or loan guarantees to related organization(s) 15 c Loans or loan guarantees by related organization(s) 16 c Loans or loan guarantees by related organization(s) 17 c Dividends from related organization(s) 17 c Loans or loan guarantees by related organization(s) 17 c Loans or loan guarantees by related organization(s) 17 c Loans or loans guarantees by related organization(s) 19 c Loans or loans guarantees by related organization(s) 19 c Loans or loans guarantees by related organization(s) 19 c Loans or loans guarantees by related organization(s) 19 c Loans or loans guarantees or related organization(s) 19 c Loans or loans guarantees or loans guarantees	а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х
Care						1b		Х
d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s) f Dividends from related organization(s) g Sale of assets to related organization(s) g Sale of assets with related organization(s) g Sale of asset to relate organization(s) g Sale of asset to r	С					1c		Х
Loans or loan guarantees by related organization(s)   19						1d		Х
f Dividends from related organization(s)						1e		Х
g Sale of assets for related organization(s)								
g Sale of assets for related organization(s)	f	Dividends from related organization(s)				1f		Х
h Purchase of assets from related organization(s)    Exchange of assets with related organization(s)   Lease of facilities, equipment, or other assets to related organization(s)   1						1g		Х
i Exchange of assets with related organization(s)   Lease of facilities, equipment, or other assets to related organization(s)   Lease of facilities, equipment, or other assets from related organization(s)   Performance of services or membership or fundraising solicitations for related organization(s)   In Performance of services or membership or fundraising solicitations by related organization(s)   In Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)   Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)   In In Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)   In In In Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)   Performance of services or membership or fundraising solicitations by related organization(s)   In	h	Purchase of assets from related organization(s)				1h		Х
Lease of facilities, equipment, or other assets to related organization(s)  k Lease of facilities, equipment, or other assets from related organization(s)  1 Performance of services or membership or fundraising solicitations for related organization(s)  m Performance of services or membership or fundraising solicitations by related organization(s)  m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  p Reimbursement paid to related organization(s) for expenses  p Reimbursement paid to related organization(s) for expenses  p Reimbursement paid by related organization(s) for expenses  p Other transfer of cash or property from related organization(s)  1 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  (a)  Name of related organization  (b)  Transaction  type (a-s)  Amount involved  Method of determining amount involved  1 Imn  1 Inn  1 Inn	i	Exchange of assets with related organization(s)				1i		Х
k Lease of facilities, equipment, or other assets from related organization(s)  1 Performance of services or membership or fundraising solicitations for related organization(s)  1 Performance of services or membership or fundraising solicitations by related organization(s)  1 Im  1 Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  5 Sharing of paid employees with related organization(s)  7 Reimbursement paid to related organization(s) for expenses  9 Reimbursement paid to related organization(s) for expenses  1 In	j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х
Performance of services or membership or fundraising solicitations for related organization(s)   1m   Performance of services or membership or fundraising solicitations by related organization(s)   1m   Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)   1n   1o   Sharing of paid employees with related organization(s)   1   1o   1o   1o   1o   1o   1o   1o								
Performance of services or membership or fundraising solicitations for related organization(s)   1m   Performance of services or membership or fundraising solicitations by related organization(s)   1m   Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)   1n   1o   Sharing of paid employees with related organization(s)   1   1o   1o   1o   1o   1o   1o   1o	k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  p Reimbursement paid to related organization(s) for expenses  q Reimbursement paid by related organization(s) for expenses  r Other transfer of cash or property to related organization(s)  If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  (a)  Name of related organization  (b)  Transaction  type (a·s)  (c)  Amount involved  Method of determining amount involved  11  22  33  44  45  55						11		Х
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  p Reimbursement paid to related organization(s) for expenses  q Reimbursement paid by related organization(s) for expenses  r Other transfer of cash or property to related organization(s)  If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  (a)  Name of related organization  (b)  Transaction  type (a·s)  (c)  Amount involved  Method of determining amount involved  11  22  33  44  45  55	m	Performance of services or membership or fundraising solicitations by related organization	on(s)			1m		Х
p Reimbursement paid to related organization(s) for expenses							Х	
p Reimbursement paid to related organization(s) for expenses	0	Sharing of paid employees with related organization(s)				10	х	
q Reimbursement paid by related organization(s) for expenses								
q Reimbursement paid by related organization(s) for expenses	р	Reimbursement paid to related organization(s) for expenses				1p		Х
r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s)  2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  (a) Name of related organization  (b) Transaction type (a·s)  (c) Amount involved Method of determining amount involved  1)  2)  3)  4)						1q		Х
s Other transfer of cash or property from related organization(s)  2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  (a) Name of related organization  (b) Co Amount involved Method of determining amount involved type (a·s)  1) 2) 4) 5								
s Other transfer of cash or property from related organization(s)  2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  (a) Name of related organization  (b) Co Amount involved Method of determining amount involved type (a·s)  1) 2) 4) 5	r	Other transfer of cash or property to related organization(s)				1r		Х
(a) Name of related organization (b) Transaction type (a-s)  (c) Amount involved Method of determining amount involved  1)  2)  3)  4)						1s		X
Name of related organization Transaction type (a-s)  Amount involved Method of determining amount involved  1)  2)  3)  4)	2	If the answer to any of the above is "Yes," see the instructions for information on who must	ust complete this	s line, including covered re	lationships and transaction thresholds.			
type (a-s)  1)  2)  3)  4)		(a)	(b)	(c)	(d)			
1) 2) 3) 4)			II	Amount involved	Method of determining amount in	nvolved		
3) 4) 5)			type (a-s)					
3) 4) 5)								
3) 4) 5)	1)							
3) 4) 5)								
4) 5)	2)							
4) 5)								
5)	3)							
5)								
	4)							
	5)							
	<b>6</b> )							

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.?  Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner?  Yes No	(k) r Percentage ownership
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