Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 9.x products and later products, select "None"in the "Page Scaling" selection box in the Adobe "Print" dialog.				
	2017 Tax Return(s)			
Prepared for	GIVE TO COLOMBIA, INC. CLIENT CODE: 33590-000			
Account Number Release Number	759998 2017.04030			
Prepared by	PINCHASIK YELEN MUSKAT STEIN, LLC 3225 AVIATION AVENUE, SUITE 500 MIAMI, FL 33133 (305)858-5800			
Processing	Date: 11/26/2018 Time: 14:31:12			
Special Instructions				
Messages				
⁷⁰⁰⁰⁷¹ 04-01-17 ProSystem <i>fx</i> [*]				

Return Information

INFORMATIONAL

Form 990. Page 5, Part V, line 1c. An amount is present on line 1a for the total number of forms (1098, 1099, W2-G, etc.,) reported on Form 1096. The corresponding back-up withholding question on line 1c has been left blank. If back-up withholding rules applied to the organization the question on line 1c must be answered accordingly. This should be reviewed and corrected, if applicable. (36289)

Signed-off by ehl at 11/06/2018 09:45:10AM

Form 990. Page 12, Part XII, line 2b. This question has been answered as "Yes," to indicate that the organization's financial statements were audited by an independent accountant. If these financial statements contained a footnote regarding the organization's liability for uncertain tax positions under FIN 48 a statement must be included on Schedule D, Part XIV providing the text of this footnote. Use the corresponding field on the Form 990 worksheet, Liabilities section to prepare this statement. Refer to the official instructions for Schedule D (Form 990), Part X for specific reporting requirements. (34659)

Signed-off by ehl at 11/05/2018 12:39:44PM

Schedule A. Page 2, Part II. The entries to identify excess contributions on the Schedule A worksheet, Support Schedule section, Identification of Excess Contributors fields, contained 8 individual(s) whose contributions were not in excess of the amount calculated for line 5 and consequently has/have been excluded from the amount on line 5. (30002)

Signed-off by ehl at 11/05/2018 12:39:56PM

Depreciation. Federal Form 4562 related to Form 990 Page 10, was not printed because there are no current year MACRS acquisitions, listed property assets or amortizable assets. Note that Form 4562 is never required to be filed for Form 990. However, if desired Form 4562 may be forced to print by making an entry on the Depreciation Options and Overrides worksheet, Prepare Form 4562 if not reg'd field. (30144) Signed-off by ehl at 11/05/2018 12:40:36PM

Schedule B. Page 2, Part I. Because the 33 1/3% support test Special Rule has been met, only contributors whose total contributions of \$5,000 or more were greater than \$40,457 which is 2% of Form 990, Part VIII, line 1h have been included on Schedule B, Part I. Consequently, 45 individuals whose contributions did not meet this requirement have been excluded from Schedule B. If desired, the Schedule B worksheet, General Contributor Information section, Print code field, may be used to force or prevent the inclusion of contributors on an individual contributor basis or the Return Options worksheet, Miscellaneous Print Options section, Include all contributors on Sch B field may be used to force the inclusion of all contributors. (30139)

Signed-off by ehl at 11/05/2018 12:43:04PM

Return Information

Electronic Filing. The following EFIN 605045 is being used to electronically file Form 990. Be sure that this EFIN is listed in the IRS database and is in accepted status for processing of Exempt Organization returns. The IRS Ogden help desk (866 255-0654) may be contacted to update this EFIN for electronic filing of Exempt Organization returns if necessary. (37015) Signed-off by ehl at 11/06/2018 11:04:28AM

Electronic Filing. The following Name Control GIVE has been computed and is being used to electronically file Form 990 for Give to Colombia, Inc.. This Name Control is used to match the organization's Name and EIN with the IRS e-File database. If this information does not match the IRS database the return will be rejected and must be corrected before being resubmitted. The IRS help desk (800 829-4933) may be contacted to verify the information in the e-File database. If the Name Control cannot be computed correctly because the organization's name shown on Form 990 does not match the IRS database it can be overridden on the Electronic Filing worksheet, General Information section, Organization name control - override field. (37026) Signed-off by ehl at 11/06/2018 11:04:29AM

Electronic Filing. Form 990 has been selected for electronic filing. If a printed copy of the return is generated and electronic processing of the return is completed, do not mail the printed copy of the return to the IRS. Form 8879-EO must be retained by the electronic return originator for three years. (39494)

Signed-off by ehl at 11/06/2018 11:04:30AM

Form 8868 Extension Information. Form 990 is allowed one 6-month extension. The extension for Form 990 is automatic and must be requested by filing Form 8868 on or before May 15, 2018. (34477)

Signed-off by eh1 at 11/02/2018 04:27:28PM

ELECTRONIC FILING STATUS REPORT

	TAXING AUTHORITY	RETURN STATUS	ELECTRONIC FILING STATUS	DATE EXPORTED
FEDERAL FORM	990	QUALIFIED	ACCEPTED	11/12/2018
FEDERAL 8868	(FORM 990)	PREV EXPORTED	ACCEPTED	11/12/2018 05/08/2018

Worksheet:	Form 990	Return	of Orga	nization	Exempt	from	Income	Tax		
Section	: Prior Ye	ar Reve	nue							
Tota	revenue	- O/R							6	89,286
Section	: Prior Ye	ar Expe	nses							
Rever	nue less e	xpenses	- O/R.							.6,337

EHL - 11/05/18 10:48AM WORKSHEET	FORM 990
DEPR ADJ	93.00 0.00
	93.00
EHL - 11/06/18 11:04AM WORKSHEET	FORM 990
DEPR ADJ	93,668.00 23.00
	93,691.00
EHL - 11/06/18 10:46AM WORKSHEET	SCHEDULE G
IN-KIND REIMBURSEMENT WP 8140.00	36,778.00 5,000.00 10,242.00
	52,020.00
EHL - 11/05/18 11:55AM WORKSHEET	FORM 990
	5,149.00 -3,655.00
	1,494.00
MEO - 05/27/10 08:23PM INTERVIEW	FORM 990-9
FUNDRAISING PROGRAM SERVICE	
EHL - 11/09/18 01:54PM WORKSHEET	FORM 990
	1866691.00
	1,866,691.00
EHL - 11/09/18 01:54PM WORKSHEET	
EHL - 11/09/18 01:54PM WORKSHEET	

_____ List ____

000901 04-01-17

14211109 759998 33590-000 2017.05000 GIVE TO COLOMBIA, INC. 33590-01

2017 Return Summary

GIVE TO COLOMBIA, INC.	26-0073580
FORM 990:	
TOTAL REVENUE TOTAL EXPENSES EXCESS <deficit> BEGINNING NET ASSETS CHANGES IN NET ASSETS ENDING NET ASSETS BALANCE SHEET ANALYSIS</deficit>	1,897,095. 1,996,324. -99,229. 192,920. 0. 93,691.
ENDING TOTAL ASSETS ENDING TOTAL LIABILITIES ENDING TOTAL NET ASSETS OR FUND BALANCES	100,997. 7,306. 93,691.
ENDING TOTAL ASSETS MINUS LIABILITIES AND NET ASSETS ENDING NET ASSETS DIFFERENCE BETWEEN PAGE 1 AND PAGE 11	0. 0.

2017 Return Summary

GIVE TO COLOMBIA, INC.

26-0073580

	FEDERAL
FORM NAME	990
E-FILE REQUESTED	YES
DUE DATE	05/15/18
EXTENDED DUE DATE	
DIRECT DEPOSIT	N/A
ELECTRONIC WITHDRAWAL	N/A
DATE CALCULATED	11/09/18
TIME CALCULATED	14:21:47
RELEASE VERSION	2017.04030
DATE EXPORTED	11/12/18
TIME EXPORTED	11:55:55
EXPORT VERSION	2017.05000

726310 04-01-17

NOVEMBER 12, 2018

GIVE TO COLOMBIA, INC. 6705 RED ROAD, SUITE 502 CORAL GABLES, FL 33143 ATTENTION: MARIA CAMILA LEIVA

DEAR MRS. LEIVA:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2017 EXEMPT ORGANIZATION RETURN, AS FOLLOWS...

2017 FORM 990

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

WE HAVE PREPARED THE RETURN FROM INFORMATION YOU FURNISHED US WITHOUT VERIFICATION. UPON EXAMINATION OF THE RETURN BY TAX AUTHORITIES, REQUESTS MAY BE MADE FOR UNDERLYING DATA. WE THEREFORE RECOMMEND THAT YOU PRESERVE ALL RECORDS WHICH YOU MAY BE CALLED UPON TO PRODUCE IN CONNECTION WITH SUCH POSSIBLE EXAMINATIONS.

THE RETURN HAS BEEN FILED ELECTRONICALLY ON YOUR BEHALF. PLEASE RETAIN A COPY FOR YOUR FILES.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX RETURN.

VERY TRULY YOURS,

PINCHASIK YELEN MUSKAT STEIN, LLC

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

DECEMBER 31, 2017

Prepared for	GIVE TO COLOMBIA, INC. 6705 RED ROAD, SUITE 502 CORAL GABLES, FL 33143
Prepared by	PINCHASIK YELEN MUSKAT STEIN, LLC 3225 AVIATION AVENUE, SUITE 500 MIAMI, FL 33133
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. THE RETURN HAS BEEN TRANSMITTED ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. PLEASE SEND A COPY OF THIS RETURN TO ALL STATES IN WHICH YOU ARE REQUIRED TO FILE.

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

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

Go to www.irs.gov/Form8879EO for the latest information.

, 2017, and ending

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

Name and title of officer

Name of exempt organization

Employer identification number

GIVE TO COLOMBIA, INC.

26 - 0073580

20

MARIA	LEIVA	1											
TREASU	JRER												
Part I	Туре	of R	eturn a	and R	eturn	Infor	ma	ition	(Who	e Doll	ars Onl	y)	
<u></u>							_	0070	-0				

For calendar year 2017, or fiscal year beginning

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

1a	Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	1,897,095.
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
За	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X Lauthorize PINCHASIK YELEN MUSKAT STEIN,	LLC to enter my PIN 26007
ERO firm name	LLC to enter my PIN 26007 Enter five numbers, but do not enter all zeros
as my signature on the organization's tax year 2017 electronically filed is being filed with a state agency(ies) regulating charities as part of the enter my PIN on the return's disclosure consent screen.	
As an officer of the organization, I will enter my PIN as my signature or indicated within this return that a copy of the return is being filed with program, I will enter my PIN on the return's disclosure consent screen	a state agency(ies) regulating charities as part of the IRS Fed/State
Officer's signature	Date
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
number (EFIN) followed by your five-digit self-selected PIN.	60504500001 Do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the 20 confirm that I am submitting this return in accordance with the requirements of I <i>e-file</i> Providers for Business Returns.	,
ERO's signature	Date
ERO Must Retain This For	n - See Instructions
Do Not Submit This Form to the IRS	Unless Requested To Do So
LHA For Paperwork Reduction Act Notice, see instructions. 723051 10-11-17	Form 8879-EO (2017)

2017.05000 GIVE TO COLOMBIA, INC.

	O	n	Λ
Form	J	J	U

EXTENDED TO NOVEMBER 15, 2018

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service

AF	or th	e 2017 calendar year, or tax year beginning and	ending			
B c	Check if pplicab	e: C Name of organization		D Employer identified	cation number	
	Addre	GIVE TO COLOMBIA, INC.				
	Name	e Doing business as		26-0073580		
	Initial		Room/suite	E Telephone numbe		
	Final	6705 RED ROAD, SUITE 502			669-4630	
_	termii ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,037,307.	
	Amer returr	CORAL GADLED, PL 55145		H(a) Is this a group re		
	Appli tion pend			for subordinates		
<u> </u>		SAME AS C ADOVE		H(b) Are all subordinates in		
		empt status: $X 501(c)(3) 501(c) () < (insert no.) 4947(a)(1) cte: \blacktriangleright WWW • GIVETOCOLOMBIA • ORG$	or 🛄 527	1	list. (see instructions)	
		forganization: X Corporation Trust Association Other	I Voor	H(c) Group exemption	n number 🕨 I State of legal domicile: FL	
		Summary	Litear		Jale of legal dofficile. 1 D	
	1	Briefly describe the organization's mission or most significant activities: GIVE	TO CO	LOMBTA TS A	TAX-EXEMPT	
Governance	'	ORGANIZATION THAT FACILITATES THE CHANNEL	LING O	F RESOURCES	TOWARDS	
'nai	2	Check this box				
Ievo	3	Number of voting members of the governing body (Part VI, line 1a)			7	
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	7	
8 8	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)			0	
itie	6	Total number of volunteers (estimate if necessary)			2	
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.	
<		Net unrelated business taxable income from Form 990-T, line 34			0.	
				Prior Year	Current Year	
Ð	8	Contributions and grants (Part VIII, line 1h)		753,805.	2,022,830.	
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.	
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		16.	5.	
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-64,535.	-125,740.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		689,286.	1,897,095.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		525,067.	1,903,346.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		71,663.	5,379.	
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
Expenses		Total fundraising expenses (Part IX, column (D), line 25) 13, 24	43.			
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		86,219.	87,599.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		682,949.	1,996,324.	
	19	Revenue less expenses. Subtract line 18 from line 12		6,337.	-99,229.	
s or			Be	ginning of Current Year	End of Year	
t Assets or Id Balances	20	Total assets (Part X, line 16)		220,897.	100,997.	
t As Id B	21	Total liabilities (Part X, line 26)		27,977.	7,306.	
Fur	22	Net assets or fund balances. Subtract line 21 from line 20		192,920.	93,691.	
Pa	art II	Signature Block				
Und	er pen	alties of periury. I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of m	y knowledge and belief, it is	

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer MARIA LEIVA, TREASURER Type or print name and title			Date
Paid	Print/Type preparer's name BRIAN F MISIUNAS, CPA	Preparer's signature	Date	Check PTIN if self-employed P00968561
Preparer	Firm's name PINCHASIK YELEN			Firm's EIN 27-4256127
Use Only	Firm's address 3225 AVIATION AV	ENUE, SUITE 500		
	MIAMI, FL 33133			Phone no. (305)858-5800
May the I	RS discuss this return with the preparer shown abo	ove? (see instructions)		X Yes No
732001 11-2	28-17 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.		Form 990 (201
S	EE SCHEDULE O FOR ORGANIZ	ATION MISSION STATEM	IENT C	ONTINUATION

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27 If "Yes," describe these new services on Schedule 0. Do the organization case conducting, or make significant changes in how it conducts, any program services, an measured by expense Section 601(6)(4) organizations are required to report the amount of grants and allocations to others, the total expense revenue, if any, for each program service reported. Cooker		CHANNELING OF RESOURCES TOWARDS HIGH-IMPACT SOCIAL PROJECTS IN COLOMBIA AND LATIN AMERICA.
approx Form 980 or 990-E27		
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? If "Yes," describe the schanges on Schedule O. 40 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expension service. 81 Dicode [Cooked] [Cooked] 1,903,346.1 (Prevents) 82 Dicode [Cooked] [Cooked] 1,903,346.1 (Prevents) 83 Dicode [Cooked] [Cooked] 1,903,346.1 (Prevents) 84 Dicode [Cooked] [Cooked] 1,903,346.1 (Prevents) 85 Directors Internantional Donations Towards Social Provide To OLIOMBERTS IN COLOME DIRECTS INTERNATIONAL DONATIONS TOWARDS SOCIAL PROJECTS IN COLOMBER SAVE 85 DIRECTS INTERNATIONAL DONATIONS TOWARDS SOCIAL PROJECTS IN COLOMBER SAVE DIFFECTS INTERNATIONAL DONATIONS TOWARDS SOCIAL PROJECTS IN COLOMBER AWA \$\$1.9 MILLION IN GRANTS IN 2017. THOSE CONTRIBUTIONS TARGETED THE OF EDUCATION, ECONOMIC DEVELOPMENT, HEALTH AND ENVIRONMENT AND BENEFITED OVER 6,000 COLOMBIANS. 90 [Cooke]] (Evennes \$	2	
 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?		
 4 Obscribe the organization's program service accomplishments for each of its three largest program services, as measured by expanser section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenser revenue, if any, for each program service protect. 4a (code:	3	
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expens revenue, if, any, for each program service reported. 4 (Code:		
4a (Code) (Expenses 1,937,974. including grants of \$ 1,903,346) (Increments GIVE TO COLOMBIA HAS DEVELOPED AN INNOVATIVE PHILANTHROPIC MODEL DIRECTS INTERNATIONAL DONATIONS TOWARDS SOCIAL PROJECTS IN COLOMB RESPECTS HIGH STANDARDS OF REPORTING, ACCOUNTABILITY AND EFFECTIV THROUGH THE SERVICES PROVIDED TO ITS DONORS, GIVE TO CLOMBIA AWA \$1.9 MILLION IN GRANTS IN 2017. THOSE CONTRIBUTIONS TARGETED THE OF EDUCATION, ECONOMIC DEVELOPMENT, HEALTH AND ENVIRONMENT AND BENEFITED OVER 6,000 COLOMBIANS.	4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
GIVE TO COLOMBIA HAS DEVELOPED AN INNOVATIVE PHILANTHROPIC MODEL DIRECTS INTERNATIONAL DONATIONS TOWARDS SOCIAL PROJECTS IN COLOMB RESPECTS HIGH STANDARDS OF REPORTING, ACCOUNTABILITY AND EFFECTIV THROUGH THE SERVICES PROVIDED TO ITS DONORS, GIVE TO COLOMBIA AWA \$1.9 MILLION IN GRANTS IN 2017. THOSE CONTRIBUTIONS TARGETED THE OF EDUCATION, ECONOMIC DEVELOPMENT, HEALTH AND ENVIRONMENT AND BENEFITED OVER 6,000 COLOMBIANS. 40 (code:)(Expenses \$ including grants of \$) (Revenue \$) 42 (code:)(Expenses \$ including grants of \$) (Revenue \$) 44 Other program services (Describe in Schedule 0.)	4 a	revenue, if any, for each program service reported.
RESPECTS HIGH STANDARDS OF REPORTING, ACCOUNTABILITY AND EFFECTIV THROUGH THE SERVICES PROVIDED TO ITS DONORS, GIVE TO COLOMBIA AWA \$1.9 MILLION IN GRANTS IN 2017. THOSE CONTRIBUTIONS TARGETED THE OF EDUCATION, ECONOMIC DEVELOPMENT, HEALTH AND ENVIRONMENT AND BENEFITED OVER 6,000 COLOMBIANS.	t a	GIVE TO COLOMBIA HAS DEVELOPED AN INNOVATIVE PHILANTHROPIC MODEL THAT
THROUGH THE SERVICES PROVIDED TO ITS DONORS, GIVE TO COLOMBIA AWA \$1.9 MILLION IN GRANTS IN 2017. THOSE CONTRIBUTIONS TARGETED THE OF EDUCATION, ECONOMIC DEVELOPMENT, HEALTH AND ENVIRONMENT AND BENEFITED OVER 6,000 COLOMBIANS.		DIRECTS INTERNATIONAL DONATIONS TOWARDS SOCIAL PROJECTS IN COLOMBIA AN
<pre>\$1.9 MILLION IN GRANTS IN 2017. THOSE CONTRIBUTIONS TARGETED THE OF EDUCATION, ECONOMIC DEVELOPMENT, HEALTH AND ENVIRONMENT AND BENEFITED OVER 6,000 COLOMBIANS</pre>		
OF EDUCATION, ECONOMIC DEVELOPMENT, HEALTH AND ENVIRONMENT AND BENEFITED OVER 6,000 COLOMBIANS. 4b (code:) (Expenses \$ including grants of \$) (Revenue \$) 4b (code:) (Expenses \$ including grants of \$) (Revenue \$) 4c (code:) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe in Schedule 0.)		\$1.9 MILLION IN GRANTS IN 2017. THOSE CONTRIBUTIONS TARGETED THE AREAS
4b (Code:) (Expenses \$ including grants of \$) (Revenue \$ 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$ 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$ 4d Other program services (Describe in Schedule O.)		
4c (Code:) (Expenses \$including grants of \$) (Revenue \$		BENEFITED OVER 6,000 COLOMBIANS.
4c (Code:) (Expenses \$including grants of \$) (Revenue \$		
4c (Code:) (Expenses \$including grants of \$) (Revenue \$		
4c (Code:) (Expenses \$) (Revenue \$)		
4c (Code:) (Expenses \$ including grants of \$) (Revenue \$ 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe in Schedule 0.)	<u>/h</u>	
4d Other program services (Describe in Schedule O.)	TN	
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	40	(Code:) (Expenses \$ including grants or \$) (Hevenue \$
		Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ► 1,937,974.	4d	

Form 990 (2017)

GIVE TO COLOMBIA, INC.

Pa	rt 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?	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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
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		Х
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
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 temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
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?		37	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	37
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13	v	X
	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		v	
45	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	4-	х	
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Λ	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
10	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10	х	
19	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	18		<u> </u>
19	complete Schedule G. Part III	19		x

Form **990** (2017)

732003 11-28-17

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Form	990	(2017)	

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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		X
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			x
04-	Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
Ū	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			v
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	07		x
28	of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c				
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash 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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34		34	х	
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
	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?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	1

Form 990 (2017)

732004 11-28-17

Form	990 (2017) GIVE TO COLOMBIA, INC. 26-0073	580	Р	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a3			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			l
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
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		X
	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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	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.	•		
a	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:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a			
a k	Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against			
b				
100	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
		IZa		
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note. See the instructions for additional information the organization must report on Schedule O.	134		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
u	organization is licensed to issue qualified health plans 13b			
~	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>
			990	(2017)

732005 11-28-17

5 14211109 759998 33590-000 2017.05000 GIVE TO COLOMBIA, INC. 33590-01

Form 990	(2017)
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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 in Schedule O. See instructions.

	tion A. Governing Body and Management		Yes	Т
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	7	103	t
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
h	Enter the number of voting members included in line 1a, above, who are independent 1b	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	-		
2	officer, director, trustee, or key employee?	2		ľ
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	-		┫
3	of officers, directors, or trustees, or key employees to a management company or other person?	3		
4		4		┫
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		
		6		
6 7-	Did the organization have members or stockholders?	0		
/a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	l		
_	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v	
а	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		. – –	
			Yes	
	Did the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	_
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
3	Did the organization have a written whistleblower policy?	13	X	
4	Did the organization have a written document retention and destruction policy?	14	Х	
5	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		l
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
b	exempt status with respect to such arrangements?	16b		1
b				
	V ·····		M۵	7
ec	tion C. Disclosure	S, MD		-
ec 7	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►AL, AZ, CA, CO, CT, FL, GA, IL, KS			
ec	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed AL, AZ, CA, CO, CT, FL, GA, IL, KS Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
ec 7	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►AL, AZ, CA, CO, CT, FL, GA, IL, KS Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) for public inspection. Indicate how you made these available. Check all that apply.			
ec 7 8	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►AL, AZ, CA, CO, CT, FL, GA, IL, KS Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain in Schedule O)	availat	ole	
ec 7	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►AL, AZ, CA, CO, CT, FL, GA, IL, KS Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	availat	ole	
9	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶AL, AZ, CA, CO, CT, FL, GA, IL, KS Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an statements available to the public during the tax year.	availat	ole	
ec 7 8	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►AL, AZ, CA, CO, CT, FL, GA, IL, KS Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records:	availat	ole	
9	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶AL, AZ, CA, CO, CT, FL, GA, IL, KS Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (<i>explain in Schedule O</i>) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: MARIA LEIVA - 305-667-9484	availat	ole	
9 0	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►AL, AZ, CA, CO, CT, FL, GA, IL, KS Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records:	availat	ole	

(^)

(E)

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

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

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

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

(D)

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(D)

Check this box in heither the organization hor any	Telated Of	rganization compensate	ed any current	Unicer,	unector, or trustee
\mathbf{X} Check this box if neither the organization nor any	related or	roanization compensate	ed any current	officer	director or trustee

Name and Title	Average hours per week	box	Position do not check more than one ox, unless person is both an fficer and a director/trustee)				h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Offlicer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ANGELA M. TAFUR	40.00	x						0.	0.	0
DIRECTOR (2) MARIA C. LEIVA	15.00	^						0.	0.	0.
DIRECTOR & TREASURER	13.00	x		x				0.	0.	0.
(3) GABRIELA FEBRES-CORDERO	3.00	<u> </u>								
DIRECTOR		x						0.	0.	0.
(4) RODRIGO ARBOLEDA	3.00									
DIRECTOR		X			•			0.	0.	0.
(5) FELIPE MEDINA	8.00									
DIRECTOR & CHAIRMAN		Х		Х				0.	0.	0.
(6) GEOFFREY RANDALL	3.00								0	0
DIRECTOR & SECRETARY	2 00	X		X				0.	0.	0.
(7) CARLOS MANUEL PARRA	3.00	x						0.	0.	0.
DIRECTOR								0.	0.	0.
		-								
		-								
		-								
		$\left \right $								
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Par	t VII Section A. Officers, Directors, Trust		ploy	ees,			ghe	st C						
	nours per t			(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 compensatio from related		an	(F) stimate nount 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)	organizations (W-2/1099-MIS		fr org and	pensa om the anizat d relat anizatio	e ion ed
										,				
									Q					
									0.		0.			0.
с	Sub-total Total from continuation sheets to Part VI	I, Section A							0.		0.			0.
d 2	Total (add lines 1b and 1c) Total number of individuals (including but no		(no re	•),000 of reportabl	• •			0.
	compensation from the organization		_		-								Yes	0 No
3	Did the organization list any former officer, line 1a? <i>If "Yes," complete Schedule J for su</i>											3		X
4	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	e J f	for such individual			4		x
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>comp</i>					-			-			5		х
Sec 1	tion B. Independent Contractors Complete this table for your five highest cor	mpensated inc	depe	ende	nt c	ontr	acto	ors t	that received more than	\$100.000 of com	pens	ation f	from	
	the organization. Report compensation for t								n the organization's tax					
	(A) Name and business	address	NC	ONE	2			_	(B) Description of s	ervices	С	(C ompe	;) nsatio	n
								-						
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lir	nite	d to	tho:	~	stec	d above) who received n	nore than				
	,	-										Form	990 (2	2017)

732008 11-28-17

Ра	rt VI		Statement of Revenue						
			Check if Schedule O contains a resp	onse	or note to any line	e in this Part VIII		<u></u>	
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1 a	a	Federated campaigns	а					
Contributions, Gifts, Grants and Other Similar Amounts				b					
	c	C	Fundraising events1	с	99,632.				
Gifi	c	d	Related organizations	d					
imil	e	е	Government grants (contributions)	е					
er S	f		All other contributions, gifts, grants, and						
ţ		1	similar amounts not included above	f	1,923,198.				
onti od C			Noncash contributions included in lines 1a-1f: \$		56,507.				
<u>a</u> O	ł	h	Total. Add lines 1a-1f			2,022,830.			-
					Business Code				
Program Service Revenue	2 a								
Ser		Ь.							
s nav		°.							
gra Re		d.							
Pro	e								
_			All other program service revenue						
	3		Total. Add lines 2a-2f Investment income (including dividends)						
	3		other similar amounts)			5.			5
	4		Income from investment of tax-exempt b						
	5		Royalties	-					
	•		(i) Re		(ii) Personal				
	6 a	a	Gross rents						
	k	b	Less: rental expenses						
			Rental income or (loss)						
			Net rental income or (loss)		····.				
			Gross amount from sales of (i) Secur		(ii) Other				
		;	assets other than inventory						
	k	b	Less: cost or other basis						
		1	and sales expenses						
	c	C	Gain or (loss)						
	c	d	Net gain or (loss)		>				
Other Revenue	8 8		Gross income from fundraising events (r including \$99,632. of contributions reported on line 1c). See	not					
r B			Part IV, line 18	а	14,472.				
the	k		Less: direct expenses						
0	c	C	Net income or (loss) from fundraising ev	ents	►	-125,740.			-125,740
	9 a	a	Gross income from gaming activities. Se	e					
			Part IV, line 19	a					
	k	b	Less: direct expenses	b					
	c	C	Net income or (loss) from gaming activiti	es	►				
	10 a	a	Gross sales of inventory, less returns						
			and allowances						
	k	b	Less: cost of goods sold	b					
	C	C	Net income or (loss) from sales of invent	ory	🕨				
			Miscellaneous Revenue		Business Code				
	11 a	a .			ļļ				
	k	Ь.			<u>├</u>				
	C	-			<u>├</u>				
	C		All other revenue						
			Total. Add lines 11a-11d			1 007 005			105 835
70000	12		Total revenue. See instructions.		🕨	1,897,095.	0.	0	-125,735

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Form 990 (2017)

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

Part IX Statement of Functional Expenses

_	Check if Schedule O contains a respon	se or note to any line in (A)	this Part IX	(C)	(D)		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses Program		rvice Management and Fundraising			
1	Grants and other assistance to domestic organizations				·		
•	and domestic governments. See Part IV, line 21						
2	Grants and other assistance to domestic						
3	individuals. See Part IV, line 22 Grants and other assistance to foreign						
3	organizations, foreign governments, and foreign						
	individuals. See Part IV, lines 15 and 16	1,903,346.	1,903,346.				
4	Benefits paid to or for members						
5	Compensation of current officers, directors,						
Ŭ	trustees, and key employees						
6	Compensation not included above, to disqualified						
Ŭ	persons (as defined under section 4958(f)(1)) and						
	persons described in section 4958(c)(3)(B)						
7	Other salaries and wages	5,379.	1,184.	699.	3,496.		
8	Pension plan accruals and contributions (include				- ,		
5	section 401(k) and 403(b) employer contributions)						
9	Other employee benefits						
10	Payroll taxes						
11	Fees for services (non-employees):						
a	Management						
b		706.		706.			
	Accounting	22,500.		22,500.			
d		,		,			
e	Professional fundraising services. See Part IV, line 17						
f	Investment management fees						
a	Other. (If line 11g amount exceeds 10% of line 25,						
9	column (A) amount, list line 11g expenses on Sch O.)	47,600.	32,900.	14,700.			
12	Advertising and promotion	3,500.			3,500.		
13	Office expenses	93.		93.			
14	Information technology						
15	Royalties						
16	Occupancy						
17	Travel	5,859.			5,859.		
18	Payments of travel or entertainment expenses						
	for any federal, state, or local public officials						
19	Conferences, conventions, and meetings						
20	Interest						
21	Payments to affiliates						
22	Depreciation, depletion, and amortization	412.		412.			
23	Insurance	1,438.		1,438.			
24	Other expenses. Itemize expenses not covered						
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)						
	amount, list line 24e expenses on Schedule O.)						
а	PERMITS AND LICENSES	2,982.		2,982.			
b	CREDIT CARD, BANK & MER	1,494.		1,494.			
с	TELEPHONE AND COMMUNICA	762.	343.	76.	343.		
d	PRINTING AND PUBLICATIO	162.	124.	2.	36.		
е	All other expenses	91.	77.	5.	9.		
25	Total functional expenses. Add lines 1 through 24e	1,996,324.	1,937,974.	45,107.	13,243.		
26	Joint costs. Complete this line only if the organization						
	reported in column (B) joint costs from a combined						
	educational campaign and fundraising solicitation.						
	Check here if following SOP 98-2 (ASC 958-720)						

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Form 990 (2017)
Part X	Balance Sheet

	Check if Schedule O contains a response or note to any line in this	Part X			
			(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing		210,059.	1	88,323.
2	Savings and temporary cash investments		10,037.	2	10,043.
3	Pledges and grants receivable, net			3	
4				4	2,242.
5	Loans and other receivables from current and former officers, direct	ors,			
	trustees, key employees, and highest compensated employees. Co	mplete			
	Part II of Schedule L			5	
6	Loans and other receivables from other disqualified persons (as def	ined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and	contributing			
	employers and sponsoring organizations of section 501(c)(9) volunt	ary			
ts.	employees' beneficiary organizations (see instr). Complete Part II of	Sch L		6	
Assets	Notes and loans receivable, net			7	
< 8	Inventories for sale or use			8	
9	Prepaid expenses and deferred charges			9	
10	a Land, buildings, and equipment: cost or other				
	basis. Complete Part VI of Schedule D 10a	4,308.			
	b Less: accumulated depreciation 10b	3,919.	801.	10c	389.
11	Investments - publicly traded securities			11	
12	Investments - other securities. See Part IV, line 11			12	
13	Investments - program-related. See Part IV, line 11			13	
14	Intangible assets			14	
15	Other assets. See Part IV, line 11			15	
16	Total assets. Add lines 1 through 15 (must equal line 34)		220,897.	16	100,997.
17	Accounts payable and accrued expenses		27,977.	17	7,306.
18	1 7		18		
19	Deferred revenue			19	
20	Tax-exempt bond liabilities			20	
21	Escrow or custodial account liability. Complete Part IV of Schedule	D		21	
se 22					
iii iii	key employees, highest compensated employees, and disqualified				
Liabilities	Complete Part II of Schedule L			22	
23				23	
24		F		24	
25	Other liabilities (including federal income tax, payables to related thi				
	parties, and other liabilities not included on lines 17-24). Complete F	Part X of			
	Schedule D	····· -	27,977.	25	7,306.
26	5	v	21,911.	26	7,300.
	Organizations that follow SFAS 117 (ASC 958), check here	and			
Se ces	complete lines 27 through 29, and lines 33 and 34.		31,407.	07	48,178.
	Unrestricted net assets		161,513.	27 28	45,513.
		Г	101, 515.		43,313.
Pu 29				29	
Ĕ	Organizations that do not follow SFAS 117 (ASC 958), check her				
Net Assets or Fund Balances	and complete lines 30 through 34.			20	
30 set				30 31	
ÿ 31	Paid-in or capital surplus, or land, building, or equipment fund	F		31	
Ten 132 133	3 <i>i i i</i>		192,920.	32	93,691.
33			220,897.	33 34	100,997.
34	י סימי וומטווונופס מויט רופי מסספנס/זערוט שמומוונופס		220,007.	94	Form 990 (2017)

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Form	990 (2017) GIVE TO COLOMBIA, INC.	<u>26-</u> 0	073580	Pag	ge 12	
	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	1,897 1,996	7,0	95.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,996	5,3	24.	
3	Revenue less expenses. Subtract line 2 from line 1	3			29.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	192	2,9	20.	
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				~ 1	
D -	column (B))	10	93	8,6	91.	
Ра	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 in Schedule				v	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
D	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 separat	e basis,				
	consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis					
~	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	o audit				
U	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 in Sch					
39	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir					
ou	Act and OMB Circular A-133?		3a		х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ					
~	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b			
			Form	990 ((2017)	
					2017)	
	7					

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SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form	990	or	990	-EZ)
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Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ

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

OMB No. 1545-0047
2017
Open to Public Inspection

Name of	f the	organization
---------	-------	--------------

ployer	identification	number
2	6-00735	80

Nam	lame of the organization Employer identification number								
			TO COLOMB						6-0073580
Pa	rt I	Reason for Public	Charity Status (A	All organizations must co	omplete th	nis part.) Se	ee instruction	S.	
The o	organ	ization is not a private found	dation because it is: (For lines 1 through 12, o	check only	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches describe	d in sectic	on 170(b)(*	1)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Forr	n 990 or 9	90-EZ).)			
3		A hospital or a cooperative	hospital service orga	anization described in s	ection 170	0(b)(1)(A)(i	ii).		
4		A medical research organiz	ation operated in co	njunction with a hospita	l describe	d in sectio	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental	unit descrit	oed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local go	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	Х	An organization that norma		ntial part of its support	from a gov	vernmental	unit or from t	the general	public described in
		section 170(b)(1)(A)(vi). (C							
8		A community trust describe							
9		An agricultural research org							
		or university or a non-land-g	grant college of agric	ulture (see instructions)	. Enter the	name, city	y, and state o	f the colleg	je or
40		university:		u 00 4 (00 / 1 1)					
10		An organization that norma							
		activities related to its exer							
		income and unrelated busin		(less section 511 tax) in	ombusine	esses acqu	lifed by the o	rganization	alter Julie 30, 1975.
11		See section 509(a)(2). (Con An organization organized a		ively to test for public s	fety See	section 5(1Q(a)(4)		
12		An organization organized a						arry out the	e nurnoses of one or
		more publicly supported or		-				-	
		lines 12a through 12d that							
а		Type I. A supporting orga							/ aivina
		the supported organization							
		organization. You must o							
b		Type II. A supporting org	anization supervised	l or controlled in connec	tion with it	ts support	ed organizatio	on(s), by ha	aving
		control or management of	of the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	oported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
с		Type III functionally inte	egrated. A supporting	g organization operated	in connec	tion with, a	and functiona	Illy integrat	ed with,
		_ its supported organizatio	n(s) (see instructions). You must complete	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	y integrated. A supp	orting organization oper	rated in co	nnection v	with its suppo	rted organ	ization(s)
		that is not functionally int	tegrated. The organiz	ation generally must sa	tisfy a dist	ribution re	quirement an	d an attent	iveness
		requirement (see instruct	tions). You must con	nplete Part IV, Section	s A and D,	, and Part	V.		
е		Check this box if the orga					а Туре I, Туре	e II, Type III	
		functionally integrated, o		nally integrated support	ing organi	zation.			
f		er the number of supported of	•						
g		vide the following information i) Name of supported	n about the supporte (ii) EIN	ed organization(s). (iii) Type of organization	(iv) Is the ora	anization listed	(v) Amount o	fmonetary	(vi) Amount of other
	,	organization		(described on lines 1-10	in your governi Yes	anization listed ing document? No	support (see in	,	support (see instructions)
		•		above (see instructions))	165				
Tota	1								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 Schedule A (Form 990 or 990-EZ) 2017 13

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 Schedule A (Form 990 or 990-EZ) 2017 GIVE TO COLOMBIA, INC.
 26-00735

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

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

fails to qualify under the tests listed below, please complete Part III.)

Sec	Section A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	1771833.	1002492.	1075322.	772,833.	2037303.	6659783.			
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	1001000	1000400	1085000		0008000				
4	Total. Add lines 1 through 3	1771833.	1002492.	1075322.	772,833.	2037303.	6659783.			
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,						1 - 4			
	column (f)						1545722.			
	Public support. Subtract line 5 from line 4.						5114061.			
-	ction B. Total Support					()				
	ndar year (or fiscal year beginning in) 🕨	(a)2013 1771833.	(b) 2014 1002492.	(c) 2015 1075322.	(d) 2016 772,833.	(e) 2017 2037303.	(f) Total 6659783.			
	Amounts from line 4	1//1055.	1002492.	1075522.	112,033.	2037303.	0059705.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,	89.	84.	102.	16.	5.	296.			
_	and income from similar sources	09.	04.	102.	10.	5.	290.			
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.)						6660079.			
	Total support. Add lines 7 through 10	ata (aga inatruati	2020)			12	0000075.			
12	Gross receipts from related activities, First five years. If the Form 990 is for			d fourth or fifth to						
13	organization, check this box and stor									
Sec	ction C. Computation of Publ	ic Support Pe	rcentage	·····						
-	Public support percentage for 2017 (column (f))		14	76.79 %			
	Public support percentage from 2016					15	67.67 %			
	33 1/3% support test - 2017. If the c						, -			
	stop here. The organization qualifies	-								
b	33 1/3% support test - 2016. If the c						······ • —			
-	and stop here. The organization qual									
17a	10% -facts-and-circumstances tes									
	and if the organization meets the "fac									
	meets the "facts-and-circumstances"			-	-	-				
b	10% -facts-and-circumstances tes									
	more, and if the organization meets th									
	organization meets the "facts-and-cire									
18	Private foundation. If the organization									
	Schedule A (Form 990 or 990-EZ) 2017									

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Schedule A (Form 990 or 990 EZ) 2017 GIVE TO COLOMBIA, INC.

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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-						
	iness 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						
	Amounts included on lines 1, 2, and						
	3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)			1	1	L	
14	First five years. If the Form 990 is for	•					ization,
	check this box and stop here		······				>
	ction C. Computation of Publ					, , <u>, , , , , , , , , , , , , , , , , </u>	
	Public support percentage for 2017 (15	%
	Public support percentage from 2016					16	%
Sec	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20)17 (line 10c, colur	nn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2016 Schedule A,	Part III, line 17			18	%
	33 1/3% support tests - 2017. If the					 33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	-					
b	33 1/3% support tests - 2016. If the						
	line 18 is not more than 33 1/3%, che	•			-		
20	Private foundation. If the organization						
	23 10-06-17			, c			0 or 990-EZ) 2017
2201				15	2011		
211	109 759998 33590-00	00 201	L7.05000 (OLOMBIA,	INC.	33590-01

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

732024 10-06-17

Schedule A (Form 990 or 990-EZ) 2017

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16

11			Yes	
			res	N
	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
ject	ion B. Type I Supporting Organizations			_
			Yes	<u> </u>
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		Г
	ion C. Type II Supporting Organizations			-
			Yes	П
4	Ware a majority of the experimentarian's directors or tructors during the tay year also a majority of the directors		Tes	Ľ
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
ect	ion D. All Type III Supporting Organizations			-
			Yes	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		Γ
	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
	ion E. Type III Functionally Integrated Supporting Organizations	5		L
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instructions	4		
		·)·		
	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
a	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
b			- 1	
b c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instanting of the second se	struction	ĺ .	—
b c 2	Activities Test. Answer (a) and (b) below.	struction	s). Yes	
b c 2 a	Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	struction	ĺ .	
b c 2 a	Activities Test. Answer (a) and (b) below.	structions	ĺ .	
b c 2 a	Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	struction	ĺ .	
b c 2 a	Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If</i> "Yes," <i>then in</i> Part VI identify	structions	ĺ .	
b c 2 a	Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If</i> "Yes," <i>then in</i> Part VI identify those supported organizations and explain <i>how these activities directly furthered their exempt purposes,</i>	2a	ĺ .	
b c 2 a	Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined		ĺ .	
b c 2 a b	Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If</i> "Yes," <i>then in</i> Part VI identify those supported organizations and explain <i>how these activities directly furthered their exempt purposes,</i> <i>how the organization was responsive to those supported organizations, and how the organization determined</i> <i>that these activities constituted substantially all of its activities.</i> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		ſ.	
b c 2 a b	Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If</i> "Yes," <i>then in</i> Part VI identify those supported organizations and explain <i>how these activities directly furthered their exempt purposes,</i> <i>how the organization was responsive to those supported organizations, and how the organization determined</i> <i>that these activities constituted substantially all of its activities.</i> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If</i> "Yes," <i>explain in</i> Part VI <i>the</i>		ſ.	
b 2 a b	Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If</i> "Yes," <i>then in</i> Part VI identify those supported organizations and explain <i>how these activities directly furthered their exempt purposes,</i> <i>how the organization was responsive to those supported organizations, and how the organization determined</i> <i>that these activities constituted substantially all of its activities.</i> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If</i> "Yes," <i>explain in</i> Part VI <i>the</i> <i>reasons for the organization's position that its supported organization(s) would have engaged in these</i>	2a	ſ.	
b 2 a b	Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If</i> "Yes," <i>then in</i> Part VI identify those supported organizations and explain <i>how these activities directly furthered their exempt purposes,</i> <i>how the organization was responsive to those supported organizations, and how the organization determined</i> <i>that these activities constituted substantially all of its activities.</i> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If</i> "Yes," <i>explain in</i> Part VI <i>the</i> <i>reasons for the organization's position that its supported organization(s) would have engaged in these</i> <i>activities but for the organization's involvement.</i>		ſ.	
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b 2 a b	Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If</i> "Yes," <i>then in</i> Part VI identify those supported organizations and explain <i>how these activities directly furthered their exempt purposes,</i> <i>how the organization was responsive to those supported organizations, and how the organization determined</i> <i>that these activities constituted substantially all of its activities.</i> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If</i> "Yes," <i>explain in</i> Part VI <i>the</i> <i>reasons for the organization's involvement.</i> Parent of Supported Organizations. Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2a 2b	ſ.	
b 2 a b 3 a	Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If</i> "Yes," <i>then in</i> Part VI identify those supported organizations and explain <i>how these activities directly furthered their exempt purposes,</i> <i>how the organization was responsive to those supported organizations, and how the organization determined</i> <i>that these activities constituted substantially all of its activities.</i> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If</i> "Yes," <i>explain in</i> Part VI <i>the</i> <i>reasons for the organization's involvement.</i> Parent of Supported Organizations. Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	2a	ſ.	
b 2 a b 3 a b	Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If</i> "Yes," <i>then in</i> Part VI identify those supported organizations and explain <i>how these activities directly furthered their exempt purposes,</i> <i>how the organization was responsive to those supported organizations, and how the organization determined</i> <i>that these activities constituted substantially all of its activities.</i> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If</i> "Yes," <i>explain in</i> Part VI <i>the</i> <i>reasons for the organization's position that its supported organization(s) would have engaged in these</i> <i>activities but for the organization's involvement.</i> Parent of Supported Organizations. Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in</i> Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	2a 2b 3a	ſ.	
b 2 a b 3 a b	Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If</i> "Yes," <i>then in</i> Part VI identify those supported organizations and explain <i>how these activities directly furthered their exempt purposes,</i> <i>how the organization was responsive to those supported organizations, and how the organization determined</i> <i>that these activities constituted substantially all of its activities.</i> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If</i> "Yes," <i>explain in</i> Part VI <i>the</i> <i>reasons for the organization's involvement.</i> Parent of Supported Organizations. Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	2a 2b 3a 3b	Yes	

Schedule A (Form 990 or 990 EZ) 2017 GIVE TO COLOMBIA, INC.

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

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

Section A - Adjusted Net Income			(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain		1		
2 Recoveries of prior-year distributions		2		
3 Other gross income (see instructions)		3		
4 Add lines 1 through 3		4		
5 Depreciation and depletion		5		
6 Portion of operating expenses paid or incurre	ed for production or			
collection of gross income or for managemer	nt, conservation, or			
maintenance of property held for production	of income (see instructions)	6		
7 Other expenses (see instructions)		7		
8 Adjusted Net Income (subtract lines 5, 6, ar	nd 7 from line 4)	8		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exemp	t-use assets (see			
instructions for short tax year or assets held	for part of year):			
a Average monthly value of securities		1a		
b Average monthly cash balances		1b		
c Fair market value of other non-exempt-use as	ssets	1c		
d Total (add lines 1a, 1b, and 1c)		1d		
e Discount claimed for blockage or other				
factors (explain in detail in Part VI):				
2 Acquisition indebtedness applicable to non-e	exempt-use assets	2		
3 Subtract line 2 from line 1d		3		
4 Cash deemed held for exempt use. Enter 1-1	/2% of line 3 (for greater amount,			
see instructions)		4		
5 Net value of non-exempt-use assets (subtrac	t line 4 from line 3)	5		
6 Multiply line 5 by .035		6		
7 Recoveries of prior-year distributions		7		
8 Minimum Asset Amount (add line 7 to line 6	3)	8		
Section C - Distributable Amount				Current Year
1 Adjusted net income for prior year (from Sec	tion A, line 8, Column A)	1		
2 Enter 85% of line 1		2		
3 Minimum asset amount for prior year (from S	ection B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3		4		
5 Income tax imposed in prior year		5		
6 Distributable Amount. Subtract line 5 from	line 4, unless subject to			
emergency temporary reduction (see instruc	tions)	6		
7 Check here if the current year is the or	ganization's first as a non-functionally	integra	ted Type III supporting ord	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2017

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Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsiv	е	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
с	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
с	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

732027 10-06-17

Schedule A (Form 990 or 990-EZ) 2017 GIVE TO COLOME	BIA, INC.	26-0073580 _{Pag}
	Supplemental Information. Provide the explan Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9 line 1; Part IV, Section D, lines 2 and 3; Part IV, Section D, Secti	ש, 9c, 11a, 11b, and 11c; Part IV, Seo ו E, lines 1c, 2a, 2b, 3a, and 3b; Part \	tion B, lines 1 and 2; Part IV, Section C, /, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines (See instructions.)	s 2, 5, and 6. Also complete this part f	or any additional information.
32028 10-06-1	7		Schedule A (Form 990 or 990-EZ)
AZU28 10-06-1	1	20	Schedule A (FORM SSU OF SSU-EZ)

723171 04-01-17

Identification of Excess Contributions Included on Part II, Line 5

26-0073580

2017

** Do Not File ** *** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
FUNDACION CARLOS Y SONIA HAIME	336,000.	202,798
HILTI FOUNDATION	199,975.	66,773
INSTITUTO PARA NINOS CIEGOS Y SORDOS	729,000.	595,798
MOTOROLA FOUNDATION	287,864.	154,662
TAMARIN FOUNDATION	658,893.	525,691
Fotal Excess Contributions to Schedule A, Part II, Line 5	1	1,545,722.

Schedule of Contributors

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

INC.

OMB No. 1545-0047

2017

Employer identification number

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24 (,	v	v	1	-	-	U	U	

Name of the organization

GIVE TO COLOMBIA,

Organization type (check or	ne):
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
Check if your organization is	s covered by the General Rule or a Special Rule .

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

General Rule

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

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name	of	oraa	nization

Employer identification number

26-0073580

art I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
3	ANONYMOUS		Person X Pavroll
	6705 RED ROAD, SUITE 502	\$50,000.	Noncash (Complete Part II for
	CORAL GABLES, FL 33143		noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
1	MOTOROLA FOUNDATION		Person X
	1303 E. ALGONQUIN ROAD	\$ 50,000.	Payroll Noncash
	SCHAUMBURG, IL 60196		(Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
4	OCCIDENTAL OIL AND GAS CORPORATION		Person X
	5 GREENWAY PLAZA, SUITE 110	\$300,000.	Payroll Noncash
	HOUSTON, TX 77046		(Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
2	TAMARIN FOUNDATION		Person X
	610 BROADWAY 6TH FLOOR	\$91,309.	Payroll Noncash
	NEW YORK, NY 10012		(Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
			Person
			Payroll Noncash
		\$	(Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
			Person
		\$	Payroll Noncash
			(Complete Part II for

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GIVE TO COLOMBIA, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

	Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received
$-\equiv$		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a)		\$	
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
23453 11-01-17		\$Schedule B (Form	990, 990-EZ, or 990-PF)

rt III	O COLOMBIA, INC. Exclusively religious, charitable, etc., con the year from any one contributor. Complete	tributions to organizations described in se	26-0073580 ection 501(c)(7), (8), or (10) that total more than \$1,000
	completing Part III, enter the total of exclusively religion	us, charitable, etc., contributions of \$1,000 or less	for the year. (Enter this info. once.) \$
	Use duplicate copies of Part III if addition	nal space is needed.	
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
- -			
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
-			
-			
lo. m tl	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			-
- -			
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee		
–			
-			
No.			
om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_ -			_
-			
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
-	•		
-			
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
- -			_
		(e) Transfer of gift	
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
-			

14211109 759998 33590-000

^{2017.05000} GIVE TO COLOMBIA, INC. 33590-01

SC	HEDULE D	Supplement	al Financial Statements		OMB No. 1545-0047		
	n 990)	Complete if the org	anization answered "Yes" on Form 990,		2017		
Depart	ment of the Treasury	Part IV, line 6, 7, 8, 9, 10), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.		Open to Public		
	Revenue Service		90 for instructions and the latest information.		Inspection		
Nam	e of the organizat	ion GIVE TO COLOMBIA,	TNC	Emp	ployer identification number 26-0073580		
Par	t I Organiz		ed Funds or Other Similar Funds or A				
1 41		on answered "Yes" on Form 990, Part IV, lir					
	organizatio			b) Fun	ds and other accounts		
1	Total number at e	nd of year					
2		of contributions to (during year)					
3	Aggregate value of	of grants from (during year)					
4		at end of year					
5	-		writing that the assets held in donor advised fun				
			exclusive legal control?		Yes II No		
6	•	C	advisors in writing that grant funds can be used of	-			
			or donor advisor, or for any other purpose confer	-			
Par	impermissible priv		ganization answered "Yes" on Form 990, Part IV				
1		servation easements held by the organizat					
•		n of land for public use (e.g., recreation or	· · · · ·	impor	tant land area		
		of natural habitat	Preservation of a certified hi	•			
	Preservatio	n of open space					
2	Complete lines 2a	a through 2d if the organization held a qual	ified conservation contribution in the form of a co	nserv	ation easement on the last		
	day of the tax yea	ır.			Held at the End of the Tax Year		
а	Total number of c	onservation easements		2a			
b				2b			
С			ructure included in (a)	2c			
d			after 7/25/06, and not on a historic structure				
2			leased autinguiched or terminated by the error	2d	during the tax		
3	year ►	rvation easements modified, transferred, re	eleased, extinguished, or terminated by the organ	ΠΖατιΟΙ	r duning the tax		
4		where property subject to conservation ea	sement is located				
5		ation have a written policy regarding the pe					
-		forcement of the conservation easements			Yes No		
6	Staff and voluntee	er hours devoted to monitoring, inspecting	, handling of violations, and enforcing conservati				
	▶						
7	Amount of expense	ses incurred in monitoring, inspecting, han	dling of violations, and enforcing conservation ea	isemer	nts during the year		
	▶\$						
8			ve satisfy the requirements of section 170(h)(4)(E				
9		-	ion easements in its revenue and expense state				
		· · · · · · · · · · · · · · · · · · ·	ation's financial statements that describes the org	ganiza	tion's accounting for		
Par	conservation ease		of Art, Historical Treasures, or Other	Simil	ar Assets.		
		if the organization answered "Yes" on Forn		•			
1a			SC 958), not to report in its revenue statement a	nd bala	ance sheet works of art.		
			hibition, education, or research in furtherance of				
		thote to its financial statements that descr			· · · · ·		
b	If the organization	elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statement and b	alance	e sheet works of art, historical		
	treasures, or othe	r similar assets held for public exhibition, e	ducation, or research in furtherance of public se	rvice, p	provide the following amounts		
	relating to these if						
					\$		
	.,				\$		
2	•		easures, or other similar assets for financial gain,	provid	e		
	-	unts required to be reported under SFAS 1		•	•		
					\$ ¢		
		Reduction Act Notice, see the Instruction	us for Form 990		» Schedule D (Form 990) 2017		
	1 10-09-17						

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Sche	dule D (Form 990) 2017 GIVE TO	COLOMBIA,	INC	•				26-00	7358	0 _{Pa}	ige 2
Par	t III Organizations Maintaining C	ollections of A	rt, Hist	orical Tr	reasures,	or Oth	er Simila	ar Asse	ts (contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following that	at are a s	significant ı	use of its	collectio	n item	S
	(check all that apply):										
а	Public exhibition	d			hange progr						
b	Scholarly research	e		Other							
c	Preservation for future generations										
4	Provide a description of the organization's co							ose in Par	t XIII.		
5	During the year, did the organization solicit o		,		,				7.		1
Da	to be sold to raise funds rather than to be ma t IV Escrow and Custodial Arran								Yes		No
1 01	reported an amount on Form 990, Par			organizatio	n answered	165 0	11 FOITT 990	, Fait IV,	iii le 9, 0i		
1a	Is the organization an agent, trustee, custodi		hiary for (contribution	ns or other a	ssets no	t included				
Ĩ	on Form 990, Part X?		•						Yes	X	No
b	If "Yes," explain the arrangement in Part XIII							······			
-									Amoun	t	
с	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on Fe								Yes	X	No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete i	f the organization an	swered	"Yes" on Fo			1				
		(a) Current year	(b) Pi	rior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four	years	back
	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs	<u>^</u>									
	Administrative expenses End of year balance										
g 2	Provide the estimated percentage of the curr	rent year end balanc	o (lino 1)	a column (a)) held as:						
2 a	Board designated or quasi-endowment		%	g, column (a							
b	Permanent endowment	%									
	Temporarily restricted endowment	%									
•	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse		ation tha	t are held a	and administe	ered for	the organiz	ation			
	by:						C C]	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requi	red on S	chedule R?	•				3b		
	Describe in Part XIII the intended uses of the		wment f	unds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere										
	Description of property	(a) Cost or o basis (investr			t or other (other)		Accumulate epreciation	d	(d) Boo	k value)
1a	Land										
b	Buildings										
с	Leasehold improvements										<u> </u>
d	Equipment				4,308.		3,91	19.		38	89.
	Other										<u> </u>
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colurr	nn (B), line 1	10c.)					38	89.

Schedule D (Form 990) 2017

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Schedule D (Form 990) 2017 GIVE TO COLO Part VII Investments - Other Securities.	MBIA, INC.		26-0073580 Page 3
Complete if the organization answered "Yes" o	n Form 990, Part IV, li	ne 11b. See Form 990, Part	X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuati	on: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) (B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990 Part IV li	ne 11c, See Form 990, Part '	X line 13
(a) Description of investment	(b) Book value		on: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
(7)			
(8)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, li	ne 11d. See Form 990, Part 2	X, line 15.
(a) D	escription		(b) Book value
(1)			
<u>(2)</u>			
(3)			
(4)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, li		, Part X, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line			
 Liability for uncertain tax positions. In Part XIII, provide t organization's liability for uncertain tax positions under F 			
organization o hability for uncertain tax positions under r			Schedule D (Form 990) 2017

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Sche	edule D (Form 990) 2017 GIVE TO COLOMBIA, INC.	26-0073580 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue pe	er Return.
	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 2c	
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:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.) 4b	
с	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
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:	
а	Donated services and use of facilities	
b	Prior year adjustments 2b	
С	Other losses 2c	
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 IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.) 4b	
с	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line</i> 18.)	5
Pa	rt XIII Supplemental Information.	

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

SCHEDULE F	: I :	Stateme	nt of Act	ivities Outside the Ur	nited Sta	ates	OMB No. 1545-0047
(Form 990)				n answered "Yes" on Form 990, Part			2017
Department of the Treasury		•		Attach to Form 990.			Open to Public
Internal Revenue Service Name of the organiza	tion	Go to v	www.irs.gov/Fo	orm990 for instructions and the lates	t information.		Inspection lentification number
name of the organiza						Employer ic	
GIVE TO COL						26-007	
	al Infori 0, Part IV,		ctivities Ou	tside the United States. Comple	ete if the orgar	ization answe	red "Yes" on
-			n maintain recor	ds to substantiate the amount of its gra	ants and other	assistance,	
				the selection criteria used to award the			X Yes No
2 For grantmake United States.	e rs. Descri	ibe in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	ther assistanc	e outside the
3 Activities per Re	egion. (Th	e following Part	I, line 3 table ca	an be duplicated if additional space is r	needed.)		
(a) Region		(b) Number of	(c) Number of employees,	. ,		vity listed in (d) (f) Total expenditures
		offices in the region	l agents, and	(by type) (such as, fundraising, pro- gram services, investments, grants to		gram service, e specific type	for and
		the region	contractors	recipients located in the region)		(s) in the regio	Investments
			in the region				
SOUTH AMERICA		1	0	GRANTMAKING			1,903,346.
3 a Sub-total	Г	1	0				1,903,346.
b Total from continues		0	0				_
sheets to Part I c Totals (add line		0	U				0.
and 3b)	,5 0a	1	0				1,903,346.

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

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Schedule F (Form 990) 2017

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			OPEN 5 LIBRARIES IN					
			THE SCHOOLS JAIME					
			GARZN, GIRALDA,					
		SOUTH AMERICA - 1	SANTIAGO DE LAS	285,238.	WIRE TRANSFER	٥.		
			SUPPORT THE MISSION					
			OF UWC TO USE					
			EDUCATION SO AS TO					
		SOUTH AMERICA - 2	GENERATE POSITIVE	18,005.	WIRE TRANSFER	٥.		
			SUPPORT THE LOCAL NGO					
			ENSEA POR COLOMBIA IN					
			DESIGNING AND					
		SOUTH AMERICA - 3	IMPLEMENTING A	19,700.	WIRE TRANSFER	Ο.		
			SUPPORTING A					
			SCHOLARSHIP FUND FOR					
			COLOMBIAN SOLDIERS					
		SOUTH AMERICA - 4	WOUNDED IN COMBAT,	78,632.	WIRE TRANSFER	Ο.		
			PROVIDE NEW HOMES AS					
			WELL AS PSYCO-SOCIAL					
			SUPPORT FOR 14					
		SOUTH AMERICA - 5	FAMILIES AFFECTED BY	320,900.	WIRE TRANSFER	Ο.		
			ALLOCATE PROVISIONS					
			AND SUPPLIES FOR THE					
			EARLY CHILDHOOD					
		SOUTH AMERICA - 6	CENTER THAT WILL BE	62,251.	WIRE TRANSFER	Ο.		
			SUPPORT THE					
			CONSTRUCTION AND					
			PROVIDE SUPPLIES FOR					
		SOUTH AMERICA - 7	A RECREATIONAL AND	93,465.	WIRE TRANSFER	Ο.		
			CREATE JOB					
			OPPORTUNITIES FOR THE					
			MOST UNPROTECTED;					
		SOUTH AMERICA - 8	CHANGE THEIR LIVES	18,600.	WIRE TRANSFER	0.		
2 Enter total number of	recipient organizatio	ns listed above that are	recognized as charities by the	foreign country,	, recognized as tax-e	xempt		
by the IRS, or for whi	ch the grantee or cou	unsel has provided a sec	tion 501(c)(3) equivalency lette	er	-	►		18
						🕨		0

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Schedule F (Form 990) 2017

Part II	F (Form 990) Continuation of		TO COLOMBIA, Assistance to Organiza	ations or Entities Outside the	United States	(Scher	2 Jule F
1	e of organization	(b) IRS code section and EIN (if applicable)	(c) Begion	(d) Purpose of grant	(e) Amount	Ì	Mann
				BUILD AN INTERACTIVE			
				SCIENCE, ART AND			
				TECHNOLOGY CENTER			
			SOUTH AMERICA - 9	WHERE CHILDREN AND	34,420.	WIRE	TRAN
				SUPPORT EMPLOYEES OF			
				THE GRUPO ALUMINA			
			SOUTH AMERICA -	FAMILY BUSINESS IN			
			10	MEDELLIN, THROUGH	37,500.	WIRE	TRAN
				SUPPORT A LEADERSHIP			

e F (Form 990), Part II, line 1) nner of

26-0073580

		Assistance to Organiza	ations of Entities Outside the	United States.		90), Fait II, III e	I)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	I In Ponion	(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of non-cash	(h) Description of non-cash	(i) Method of valuation (book, FMV,
	anu Lin (ii applicable)		grant	or cash grant	cash disbursement	assistance	assistance	appraisal, other)
			BUILD AN INTERACTIVE					
			SCIENCE, ART AND					
			TECHNOLOGY CENTER					
			WHERE CHILDREN AND	34 420.	WIRE TRANSFER	0.		
			SUPPORT EMPLOYEES OF					
			THE GRUPO ALUMINA					
			FAMILY BUSINESS IN					
			MEDELLIN, THROUGH	37 500.	WIRE TRANSFER	٥.		
			SUPPORT A LEADERSHIP					
			CAMP FOR 5TH AND 6TH					
			GRADE CHILDREN THAT					
			STRENGTHENS THE	6 975.	WIRE TRANSFER	٥.		
			BUILD A CULTURAL					
			EXCHANGE CENTER AND					
			DEVELOP ACTIVITIES TO					
			PROMOTE THE EXCHANGE	74,297.	WIRE TRANSFER	٥.		
			SUPPORT THE ACADEMIC					
			AND HEALTH PROJECTS					
		SOUTH AMERICA -	OF THE FOUNDATION					
		13	WHICH SEEN TO IMPROVE	25,000.	WIRE TRANSFER	0.		
			SUPPORT THE SOCIAL	,				
			DEVELOPMENT OF YOUNG					
		SOUTH AMERICA -	GIRLS THROUGH					
			PROGRAMS THAT FOCUS	9,789.	WIRE TRANSFER	0.		
			PROMOTE AND SUPPORT	, ,				
			EDUCATION,					
		· · · ·	, HEALTH/NUTRITION AND					
			ECONOMIC DEVELOPMENT	126,611.	WIRE TRANSFER	0.		
			SUPPORT THE	, ,				
			DEVELOPMENT OF					
			CHILDREN AT THE EARLY					
			CHILDHOOD CENTER BY	27,680.	WIRE TRANSFER	0.		
			PROMOTING DIGITAL	, ,				
			LITERACY FOR THE					
			EDUCATIONAL COMMUNITY					
			SPACES, FAVORING THE	538,200.	WIRE TRANSFER	0.		
			,	, , ,				

Schedule F (Form 990)		TO COLOMBIA,			26-00			Page 2
	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9			-
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
			CHANNELING THE DONATION DESTINED TO THE FINANCING OF THE PROJECT AUXILIO	18,000.	WIRE TRANSFER	0.		

Schedule F (Form 990) 2017

GIVE	то	COLOMBIA,	INC.
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26-0073580

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash noncash assistance assistance

Schedule F (Form 990) 2017

(h) Method of valuation (book, FMV, appraisal, other)

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	🗌 Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No
		Schedule F (For	m 990) 201

Schedule F (Form 990) 2017

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

PART I, LINE 2:

AFTER G2C PROVIDES A GRANT TO ORGANIZATIONS OUTSIDE THE US, IT COMPLETES

THE FOLLOWING STEPS TO REGULATE, MONITOR AND REPORT ON THE GRANT

DISBURSEMENTS AND PROJECT PROGRESS.

1. G2C CREATES A PAYMENT AND DELIVERABLES SCHEDULE FOR THE BENEFICIARY

ORGANIZATION, INDICATING THE DEADLINES OF NARRATIVE AND/OR FINANCIAL

REPORTS AND GRANT INSTALLMENT PAYMENT.

2. A GRANT AGREEMENT IS SIGNED BETWEEN G2C AND THE BENEFICIARY

ORGANIZATION OUTSIDE THE US IN THE LOCAL LANGUAGE.

3. FOR EACH GRANT INSTALLMENT RECEIVED BY THE BENEFICIARY ORGANIZATION,

G2C RECEIVES AN ACKNOWLEDGEMENT LETTER FROM THE BENEFICIARY ORGANIZATION.

4. NARRATIVE AND FINANCIAL REPORTING FORMS ARE SUBMITTED TO G2C BY THE

BENEFICIARY ORGANIZATION.

5. G2C PERFORMS ON-SITE VISITS TO ENSURE AN APPROPRIATE USE OF FUNDS BY

THE BENEFICIARY ORGANIZATION.

PART II, COLUMN (D):

REGION: SOUTH AMERICA - 1

(D) PURPOSE OF GRANT: OPEN 5 LIBRARIES IN THE SCHOOLS JAIME GARZN,

GIRALDA, SANTIAGO DE LAS ATALAYAS, MIRAVALLE, AND ARGELIA SO AS TO CREATE

RESOURCE CENTERS FOR ACADEMIC RESEARCH AND HELP EACH SCHOOL DEVELOP THEIR

CURRICULUM.

REGION: SOUTH AMERICA - 2 (D) PURPOSE OF GRANT: SUPPORT THE MISSION OF UWC TO USE EDUCATION SO AS TO GENERATE POSITIVE IMPACT AT BOTH LARGE AND SALL SCALES. APOYAR LA MISSION DE UWC ATRAVEZ DEL USO DE LA EDUCACIN PARA GENERAR IMPACTOS 732075 10-06-17 35

14211109 759998 33590-000 2017.05000 GIVE TO COLOMBIA, INC.

Part V Supplemental Information

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

POSITIVOS A PEQUEA Y GRAN ESCALA.

REGION: SOUTH AMERICA - 3

(D) PURPOSE OF GRANT: SUPPORT THE LOCAL NGO ENSEA POR COLOMBIA IN

DESIGNING AND IMPLEMENTING A DIGITAL FUNDRAISING STRATEGY THAT ALLOWS

DONATIONS THOUGH AN ONLINE PLATFORM.

REGION: SOUTH AMERICA - 4

(D) PURPOSE OF GRANT: SUPPORTING A SCHOLARSHIP FUND FOR COLOMBIAN

SOLDIERS WOUNDED IN COMBAT, FOR HIGH SCHOOL AND UNIVERSITY EDUCATION, AND

FOR A PROGRAM IN ENTREPRENEURSHIP EDUCATION.

REGION: SOUTH AMERICA - 5

(D) PURPOSE OF GRANT: PROVIDE NEW HOMES AS WELL AS PSYCO-SOCIAL SUPPORT

FOR 14 FAMILIES AFFECTED BY THE DISASTER IN MOCOA.

REGION: SOUTH AMERICA - 6

(D) PURPOSE OF GRANT: ALLOCATE PROVISIONS AND SUPPLIES FOR THE EARLY

CHILDHOOD CENTER THAT WILL BE BUILT IN MOCOA BY THE MINISTRY OF HOUSING.

REGION: SOUTH AMERICA - 7

(D) PURPOSE OF GRANT: SUPPORT THE CONSTRUCTION AND PROVIDE SUPPLIES FOR

A RECREATIONAL AND WELLNESS CENTER IN MONTERA TO SERVE 600 CHILDREN IN

HONOR OF VIVI BARGUIL.

REGION: SOUTH AMERICA - 8

(D) PURPOSE OF GRANT: CREATE JOB OPPORTUNITIES FOR THE MOST UNPROTECTED; 732075 10-06-17 36 14211109 759998 33590-000 2017.05000 GIVE TO COLOMBIA, INC. 33590-01

Part V Supplemental Information

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

CHANGE THEIR LIVES AND THOSE OF THEIR FAMILIES THROUGH THE ACHIEVEMENT OF

PERMANENT EMPLOYMENT.

REGION: SOUTH AMERICA - 9

(D) PURPOSE OF GRANT: BUILD AN INTERACTIVE SCIENCE, ART AND TECHNOLOGY

CENTER WHERE CHILDREN AND TEENS CAN EXPERIENCE DIGITAL AND TECHNOLOGICAL

ADAVANCES AS WELL AS LEARN AND DISCUSS NEW IDEAS AND PROJECTS.

REGION: SOUTH AMERICA - 10

(D) PURPOSE OF GRANT: SUPPORT EMPLOYEES OF THE GRUPO ALUMINA FAMILY

BUSINESS IN MEDELLIN, THROUGH PROGRAMS THAT POSITIVELY AFFECT THE

WELL-BEING OF THE COMMUNITY IN THE AREA OF MEDELLN SURROUNDING THE

BUSINESS.

REGION: SOUTH AMERICA - 11

(D) PURPOSE OF GRANT: SUPPORT A LEADERSHIP CAMP FOR 5TH AND 6TH GRADE CHILDREN THAT STRENGTHENS THE SOCIO-EMOTIONAL ABILITIES NEEDED FOR THEIR PERSONAL AND ACADEMIC SUCCESS.

REGION: SOUTH AMERICA - 12

(D) PURPOSE OF GRANT: BUILD A CULTURAL EXCHANGE CENTER AND DEVELOP

ACTIVITIES TO PROMOTE THE EXCHANGE OF KNOWLEDGE AS WELL AS THE

PRESERVATION OF TRADITIONAL INDIGENOUS MEDICINE IN THE AMAZONS.

REGION: SOUTH AMERICA - 13

(D) PURPOSE OF GRANT: SUPPORT THE ACADEMIC AND HEALTH PROJECTS OF THE

FOUNDATION WHICH SEEN TO IMPROVE THE WELL-BEING OF CHILDING AND TEENS.

732075 10-06-17

33590-01

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REGION: SOUTH AMERICA - 14	
(D) PURPOSE OF GRANT: SUPPORT THE SOCIAL DEVELOPMENT OF YOUNG GIRLS	
THROUGH PROGRAMS THAT FOCUS ON THEIR SELF-GROWTH THROUGH ACADEMIC SUPPO	ORT
AND FAMILY DEVELOPMENT.	
REGION: SOUTH AMERICA - 15	
(D) PURPOSE OF GRANT: PROMOTE AND SUPPORT EDUCATION, HEALTH/NUTRITION	
AND ECONOMIC DEVELOPMENT INITIATIVES THAT DEMOSTRATE IMPACT AND	
SUSTAINABILITY IN VULNERABLE COMMUNITIES IN COLOMBIA AND ABROAD.	
REGION: SOUTH AMERICA - 16	
(D) PURPOSE OF GRANT: SUPPORT THE DEVELOPMENT OF CHILDREN AT THE EARLY	
CHILDHOOD CENTER BY FOCUSING ON A HOLISTIC APPROACH THAT INTEGRATES	
NUTRITION, EDUCATION, AND REESTABLISHMENT OF CHILDREN'S RIGHTS.	
REGION: SOUTH AMERICA - 17	
(D) PURPOSE OF GRANT: PROMOTING DIGITAL LITERACY FOR THE EDUCATIONAL	
COMMUNITY SPACES, FAVORING THE TEACHING PROCESS LEARNING FOR CHILDREN	
WITH VISUAL AND HEARING DISABILITIES AND SO REDUCE THE GAP TECHNOLOGICA	A
AFFECTING PEOPLE WITH DISABILITIES.	
REGION: SOUTH AMERICA - 18	
(D) PURPOSE OF GRANT: CHANNELING THE DONATION DESTINED TO THE FINANCING	G
OF THE PROJECT AUXILIO EDUCATIVO. SUPPORT PROJECT "OPORTUNIDADES DE	
EDUCACION EN MEDICINA" EDUCATION - NEUROLOGICAL STUDIES.	
732075 10-06-17 Schedule F (Form 9 38	90) 201
211109 759998 33590-000 2017.05000 GIVE TO COLOMBIA, INC. 3359	0-01

GIVE TO COLOMBIA,

Schedule F (Form 990) 2017

Part V Supplemental Information

INC.

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

Page 5

SCHEDULE G	Suppleme	ntal Information Regarding	a Fun	drais	ing or Gaming	Activ	vities	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if the	e organization answered "Yes" or	Form	990, I	Part IV, line 17, 18, o			2017
Department of the Treasury Internal Revenue Service	C	organization entered more than \$1 ▶ Attach to Form 99 ▶ Go to www.irs.gov/Form990	0 or Fo	rm 99	0-EZ.			Open to Public Inspection
Name of the organization	GIVE TO	COLOMBIA, INC.					Employer ic	lentification number
Part I Fundraisi		Complete if the organization answ	ered "Y	′es" o	n Form 990, Part IV,	line 1		
	complete this par			vition	Chaole all that apply			
a Mail solicitatio		sed funds through any of the following \mathbf{e} Solicita			overnment grants	•		
	email solicitations			-	nment grants			
c Phone solicita		g └── Specia	l fundra	aising	events			
2 a Did the organization	n have a written c	or oral agreement with any individua						
		art VII) or entity in connection with viduals or entities (fundraisers) purs					ndraiser is to	
compensated at lea				ugrot				
(i) Nome and address	of individual		(iii)	Did aiser ustody			Amount paid	(vi) Amount paid
(i) Name and address or entity (fundr		(ii) Activity	or cor	ustody ustody ntrol of utions?	(iv) Gross receipts from activity	f	r retained by undraiser ed in col. (i)	to (or retained by) organization
			Yes	No		1151		
			\square					
				r				
Total								
	h the organizatio	n is registered or licensed to solicit	contrik	oution	I s or has been notified	d it is	exempt from	registration
or licensing.								
LHA For Paperwork Re	duction Act Not	ice, see the Instructions for Form	990 or	990-	EZ. S	Sched	lule G (Form	990 or 990-EZ) 2017
732081 09-13-17								

Schedule G (Form 990 or 990-EZ) 2017 GIVE TO COLOMBIA, INC.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		(a) Event #1	(b) Event #2 TRANSFORMING	(c) Other events NONE	(d) Total events (add col. (a) through
		GALA 2017	PHILANTHROP	(total number)	col. (c))
		(event type)	(event type)	(total number)	
1	Gross receipts	66,492.	47,612.		114,104
2	Less: Contributions	52,020.	47,612.		99,632
3	Gross income (line 1 minus line 2)	14,472.			14,472
4	Cash prizes				
5	Noncash prizes				
6	Rent/facility costs	56,561.			56,561
7	Food and beverages			-	
8	Entertainment	20,547. 8,797.			20,547
9	Other direct expenses	8,797.	54,306.		
10	Direct expense summary. Add lines 4 throug	gh 9 in column (d)		►	140,211
11					-125,739
Iπ	III Gaming. Complete if the organization	answered "Yes" on Forn	n 990, Part IV, line 19, or r	eported more than	
	\$15,000 on Form 990-EZ, line 6a.				
		(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (ad
		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
		(a) Bingo		(c) Other gaming	
1	Gross revenue	(a) Bingo		(c) Other gaming	(d) Total gaming (ad col. (a) through col. (
1		(a) Bingo		(c) Other gaming	
1	Gross revenue	(a) Bingo		(c) Other gaming	
1 2 3	Cash prizes			(c) Other gaming	
	Cash prizes			(c) Other gaming	
3	Cash prizes Noncash prizes Rent/facility costs			(c) Other gaming	
3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses			(c) Other gaming	
3 4 5 6	Cash prizes	Yes% No	bingo/progressive bingo	Yes% No	
3 4 5 6	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	Yes% No	bingo/progressive bingo	Yes% No	
3 4 5 6 7	Cash prizes	yes% No → No → No	bingo/progressive bingo	Yes% No	
3 4 5 6 7 8	Cash prizes	Yes% No 9h 5 in column (d) 7 from line 1, column (d)	bingo/progressive bingo	Yes% No	
3 4 5 6 7 8 Er	Cash prizes	yes% No	bingo/progressive bingo	Yes% No	col. (a) through col. (
3 4 5 6 7 8 Er	Cash prizes	yes% No	bingo/progressive bingo	Yes% No	col. (a) through col. (
3 4 5 6 7 8 Er	Cash prizes	yes% No	bingo/progressive bingo	Yes% No	col. (a) through col. (
3 4 5 6 7 8 Er	Cash prizes	yes% No	bingo/progressive bingo	Yes% No	col. (a) through col. (
3 4 5 6 7 8 Er	Cash prizes	yes% No 9h 5 in column (d) 7 from line 1, column (d) fucts gaming activities: activities in each of these	bingo/progressive bingo	Yes% No	col. (a) through col. (

732082 09-13-17

Schedule G (Form 990 or 990-EZ) 2017

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<u>Sch</u> e	edule G (Form 990 or 990-EZ) 2017 GIVE TO COLOMBIA, INC.	<u>26-0</u> 0)73580) Page:
	Does the organization conduct gaming activities with nonmembers?		Yes	N
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	
3	Indicate the percentage of gaming activity conducted in:			
	The organization's facility		13a	
	An outside facility		13b	
	Enter the name and address of the person who prepares the organization's gaming/special events books and record			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$	unt		
	of gaming revenue retained by the third party ►\$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
47				
	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		Vee	
	retain the state gaming license?			
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent i	n the		
	organization's own exempt activities during the tax year > \$			<u></u>
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P	art III, lin	es 9, 9b, 1	0b, 15b
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
3208	13 09-13-17 Schedule	G (Form	990 or 99()-EZ) 2
	41	-		-
11	.109 759998 33590-000 2017.05000 GIVE TO COLOMBIA, INC.	,	335	90-0

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	Schedule G (Form 990 or 990-EZ
34 04-01-17	
42 109 759998 33590-000 2017.05000 GIVE TO	
TO 199990 99990-000 ZOT1.02000 GIVE TO	COLOMBIA, INC. 33590-01

	HEDULE M		Nonc	ash Contr	ibutions			OMB No	1545-00)47
- Depart	mm 990)	 Complete if the org Attach to Form 990 	-	answered "Yes" o	on Form 990, Part IV	, lines 29 c	or 30.	20 Open 1		
Interna	I Revenue Service	Go to www.irs.gov.	/Form990 fo	r the latest inforn	nation.			•	ection	
Nam	e of the organizatio	n					Employer			
		GIVE TO COLO	OMBIA,	INC.			2	6-0073	3580	1
Pa	rt I Types of	f Property		_						
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribu amounts reported Form 990, Part VIII,	don	Method noncash co	(d) I of determ Intribution	•	ts
1	Art - Works of art									
2		asures								
3		erests								
4		ations								
5		sehold goods	Х		7,	640.FZ	AIR MAR	KET VA	ALUE	
6		hicles								
7										
8		ty								
9		ly traded								
10		y held stock								
11	Securities - Partne									
12		laneous								
13	Qualified conserva									
10	Historic structures									
14		ation contribution - Other								
15		dential								
16		mercial								
17		r								
18		·		2	20.	600.FZ	AIR MAR	KET V	LUF	
19				$\frac{1}{1}$			AIR MAR			
20		I supplies		_						
21										
22										
22										
23 24		ens								
24 25	Other ► (G	acts IFT CARDS AN)	X	4	·	741. 🕫	AIR MAR	KET V	TUTE	
26	Other \blacktriangleright (/ /				
20 27	Other (,								
28	Other ()								
<u>20</u> 29	· · · · ·	8283 received by the organ	l lization durin	l a tha tax year for c	ontributions					
25		nization completed Form 82				29				
	for which the orga	mzation completed Form 02	200, Fail IV,						Yes	No
20-	During the year of	id the organization reasing h	W contributi	n any proporty ra	ported in Dart L lines	1 through	28 that it		res	
30a		id the organization receive b ast three years from the da								
		for the entire holding period						20-		x
L.		the arrangement in Part II.						<u>30a</u>		<u> </u>
		•	policy that -	oquiros the review	of any populard	contributio	nc?	04	x	
31		tion have a gift acceptance						31		┼──
32a	Does the organiza	tion hire or use third parties	or related 0	ganizations to soll	icit, process, or sell h	oncash			1	1

b	If "Yes," describe in Part II.
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,
	describe in Part II.

contributions?

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

Schedule M (Form 990) 2017

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732141 09-07-17

14211109 759998 33590-000

Page **2 Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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	.
732142 09-07-17	Schedule M (Form 990) 2017
44 211109 759998 33590-000 2017.05000 GIVE TO COLOMB:	TA. TNC. 33590-01

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SCHEDULE O

(Form 990 or 990-EZ)

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

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

Department of the Treasury Internal Revenue Service Name of the organization

GIVE TO COLOMBIA, INC.

Employer identification number 26-0073580

OMB No 1545-0047

Open to Public

Inspection

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

HIGH-IMPACT SOCIAL PROJECTS IN COLOMBIA AND LATIN AMERICA.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND TREASURER PRIOR TO

RELEASING THE FORM 990 FOR REVIEW BY THE ENTIRE BOARD. ONCE REVIEWED BY THE

ENTIRE BOARD THE FORM 990 IS APPROVED AND FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD OF DIRECTORS AND THE EXECUTIVE DIRECTOR ROUTINELY REVIEW

POTENTIAL CONFLICT OF INTEREST ISSUES AS PART OF THE GRANT-MAKING AND

GRANT-MANAGEMENT PROCESS.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION IS REVIEWED BY THE ORGANIZATION'S BOARD OF DIRECTORS.

COMPENSATION IS AWARDED BASED ON PERFORMANCE AND OTHER FACTORS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AZ, CA, CO, CT, FL, GA, IL, KS, MD, MA, MI, MN, NJ, NM, NY, NC, OH, OR, RI, SC, TN, VA, DC, WA

WI

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION'S FORM 990 IS AVAILABLE FOR DOWNLOAD IN OUR WEBSITE:

WWW.GIVETOCOLOMBIA.ORG. THE ORGANIZATION'S FORM 990 IS ALSO LISTED ON

GUIDESTAR'S WEBSITE (WWW.GUIDESTAR.ORG) AND AVAILABLE UPON REQUEST.

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990 or 990-EZ) (2017)73221109-07-17

14211109 759998 33590-000

45 2017.05000 GIVE TO COLOMBIA, INC.

Name of the organization GIVE TO COLOMBIA, INC.	Employer identification number 26-0073580
FORM 990, PART VI, SECTION C, LINE 19:	-
THE ORGANIZATION DOES NOT MAKE IT'S GOVERNING DOCUMENTS,	CONFLICT OF
INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO T	HE PUBLIC. THESE
DOCUMENTS ARE PROVIDED UPON REQUEST SUBJECT TO BOARD APP	ROVAL.
FORM 990, PART XII, LINE 2C:	
THE OVERSIGHT OF THE AUDIT PROCESS IS UNDERTAKEN BY THE	BOARD OF
DIRECTORS OF GIVE TO COLOMBIA, INC.	

SCH	EDULE R

(Form 990)

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.

OMB No. 1545-0047

2017 Open to Public Inspection

Employer identification number

26-0073580

Department of the Treasury Internal Revenue Service

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

Name of the organization

GIVE TO COLOMBIA, INC.

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(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	(f) Direct controlling entity	contr	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
GIVE TO COLOMBIA							
CRA 9 NO 99-02, OFICINA 806	PROMOTE THE DEVELOPMENT OF				GIVE TO COLOMBIA,		
BOGOTA, COLOMBIA	CIVIL SOCIETY IN COLOMBIA	COLOMBIA			INC		x
	-						
	-						

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

Schedule R (Form 990) 2017

Part 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 organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate ations?	Code V-UBI amount in box 20 of Schedule	manag partne	^{or} Percentage ^{ng} ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	lo
	-										
	1										
	4										
	-										
	-										
	-										
										+	_
	-										
	-										

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) 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	Sec 512(l cont ent	(i) ction (b)(13) trolled tity?
		country)		or trusty		233013		Yes	No

Schedule R (Form 990) 2017 GIVE TO COLOMBIA, INC.

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

lote: Complete line 1 if any entity is listed in Parts II, III, or IV of this	schedule.				Yes	i No
1 During the tax year, did the organization engage in any of the fo	ollowing transactions with one or more i	elated organizations listed i	in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from	m a controlled entity	-		1a		X
b Gift, grant, or capital contribution to related organization(s)						X
c Gift, grant, or capital contribution from related organization(s)				1c		X
d Loans or loan guarantees to or for related organization(s)				1d		X
e Loans or loan guarantees by related organization(s)				1e		X
f Dividends from related organization(s)				1f		Σ
g Sale of assets to related organization(s)				1g		Σ
h Purchase of assets from related organization(s)			· · · · · · · · · · · · · · · · · · ·	1h		Σ
i Exchange of assets with related organization(s)				1i		Σ
j Lease of facilities, equipment, or other assets to related organiz				1j		2
k Lease of facilities, equipment, or other assets from related orga	nization(s)			1k		2
Performance of services or membership or fundraising solicitation				11		2
m Performance of services or membership or fundraising solicitation						2
n Sharing of facilities, equipment, mailing lists, or other assets wit	th related organization(s)			1n	Х	Τ
Sharing of paid employees with related organization(s)				10	X	
 Reimbursement paid to related organization(s) for expenses 				1p	x	
Reimbursement paid by related organization(s) for expenses				1q		
				- 4		
· Other transfer of cash or property to related organization(s)				1r		
• Other transfer of cash or property from related organization(s) .				1s		
If the answer to any of the above is "Yes," see the instructions						
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount in	volved		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					_

	type (a-s)	Amount involved	Method of determining amount involved
(1)			
(2)			
<u>(3)</u>			
<u>(</u> 4)			
<u>(5)</u>			
<u>(</u> 6)	10		

Schedule R (Form 990) 2017 GIVE TO COLOMBIA, INC.

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)	(b)	(c)	(d)	-)	(f)	(g)	()	ו)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	(e Are partner 501(c orgs	all s sec.	Share of			opor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General	^{or} Percentage
of entity		(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501(c orgs	s)(3)	total	end-of-year	Dispr tior alloca	iate tions?	amount in box 20 of Schedule K-1	managir partner	ownership
		country)	sections 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	Yes N	D
			r									
		P										

Schedule R (Form 990) 2017

GIVE TO COLOMBIA, INC.

P	e additional information.	
2165 09-11-17	Cohod	ule R (Form 990)

2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

	JU PAGE 10							330	-				-	-	
Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MACHINERY & EQUIPMENT														
2	APPLE COMPUTER	04/21/11	200DB	5.00	нү1	17	1,635.				1,635.	1,635.		٥.	1,635.
3	APPLE COMPUTER	01/01/13	200DB	5.00	HY1	17	1,599.				1,599.	1,254.		230.	1,484.
4	G2C OFFICE COMPUTERS	03/17/14	200DB	5.00	HY1	17	632.				632.	364.		107.	471.
5	COMPUTER EQUIPMENT	04/02/14	200DB	5.00	HY1	17	442.				442.	254.		75.	329.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						4,308.				4,308.	3,507.		412.	3,919.
	* GRAND TOTAL 990 PAGE 10 DEPR					_	4,308.				4,308.	3,507.		412.	3,919.

728111 04-01-17

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone