Form 990

Department of the Treasury Internal Revenue Service

### Return of Organization Exempt From Income Tax

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

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

2017 Open to Public Inspection

OMB No. 1545-0047

For the 2017 calendar year, or tax year beginning 07/01/17, and ending 06/30/18 D Employer identification number C Name of organization Check if applicable: Address change Adelante Mujeres 03-0473181 Doing business as Name change Room/suite Number and street (or P.O. box if mail is not delivered to street address) 503-992-0078 2030 Main Street Ste A Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated 4,190,805 Forest Grove OR 97116 G Gross receipts \$ Amended return Name and address of principal officer: H(a) Is this a group return for subordinates? Application pending Jacqueline Alarcon H(b) Are all subordinates included? If "No " attach a list (see instructions) 501(c)(3) 501(c) ) (insert no.) 4947(a)(1) or Tax-exempt status www.adelantemujeres.org Website: H(c) Group exemption number 2002 M State of legal domicile: Form of organization: X Corporation Year of formation: Summary 1 Briefly describe the organization's mission or most significant activities: See Schedule O Governance 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 19 3 3 Number of voting members of the governing body (Part VI, line 1a) රේ 19 4 Number of independent voting members of the governing body (Part VI, line 1b) 76 5 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 4000 6 Total number of volunteers (estimate if necessary) 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 b Net unrelated business taxable income from Form 990-T, line 34 7b Prior Year Current Year 2,486,063 2,286,931 8 Contributions and grants (Part VIII, line 1h) Revenue 1,818,383 1,239,700 9 Program service revenue (Part VIII, line 2g) 668 1,966 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 62,132 -2,65111 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 4,104,629 3,788,563 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 2,298,341 2,576,036 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 34,200 8,550 292,453 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 538,881 567,857 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,900,398 3,123,467 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 888,165 981,162 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 58 3,736,117 2,713,206 20 Total assets (Part X, line 16) 895,474 853,725 21 Total liabilities (Part X, line 26) 859,481 2,840,643 22 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign President Alarcon Here Jacqueline Type or print name and title Print/Type preparer's name Preparer's signature Check Paid self-employed Preparer This tax return Firm's EIN Firm's name Use Only prepared by a non-paid preparer. Phone no May the IRS discuss this return with the preparer shown above? (see instructions) Yes No Form 990 (2017) For Paperwork Reduction Act Notice, see the separate instructions.

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

277,254 including grants of \$

4e Total program service expenses ▶ 2,698,349

) (Revenue \$

Form 990 (2017) Adelante Mujeres
Part IV Checklist of Required Schedules

complete Schedule A  1	1	In the appointing described in a setting 504/VOV and 477 VOV.		Yes	No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to cardidates for public office? If "Yes." complete Schedule C. Part II  4 Section 501(c)(3) organizations. Did the organization engage in tabbying activities, or have a section 501(h) election in effect during the tax year? If "Yes." complete Schedule C. Part II  5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or shinlar amounts as defined in Revenue Procedure 98-197 "Yes," complete Schedule C. Part II  6 Part III  6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II  7 Did the organization receive or hold a consenvation essement, including assements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III  9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodia for amounts in listed in Part X, in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts for listed in Part X, in or provide credit counseling, debt management, redit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  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 VIII II II The organization sansorer or any of the following questions is "Yes," the complete Schedule D, Part V VIII II II The organization sansorer or any of the following questions is "Yes," complete Schedule D, Part V VIII II II The organization seport an amount for investments—program related in Part X, line 107 If "Yes," complete Schedule D, Part X VIII II II I	'		1	x	1
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5 is the organization a section 601(c)(4), 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 if "Yes," complete Schedule C, Part III  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? III "Yes," complete Schedule D, Part III  Did the organization resistence or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? II "Yes," complete Schedule D, Part III  Did the organization maintain collections of works of art, historical treasures, or other similar assests? II "Yes," complete Schedule D, Part III  Did the organization organization organization organization and a custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or death negotiation services? II "Yes," complete Schedule D, Part IV  Did the organization, directly or through a related organization, hold assets in temporary restricted condowments, permanent endowments, or quasi-endowments? II "Yes," complete Schedule D, Part V  If the organizations asserve or any of the following questions is "Yes," then complete Schedule D, Part VI, VII, VIII, IX, or X as applicables.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10 If "Yes," complete Schedule D, Part VIII  Did the dragnization report an amount for investments—other securities in Part X, line 110 that is 5% or more of its total assets reported in Part X, line 17 If "Yes," complete Schedule D, Part VIII  Did the organization report an amount for investments—other securities in Part X, line 18 It is 15% or more of its total assets reported in Part X, line 18 If II "Yes," complete Schedule D, Part VIII  Did the organization report an amount for other isabilities in Par	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			x
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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  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 III  But the organization maintain callections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  But the organization or 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  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  If the organization report an amount for fire following questions is "Yes," then complete Schedule D, Part VI  Did the organization report an amount for investments—other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI  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  Did the organization report an amount for investments—organize 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  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 VIII  Did the organization report an amount for investments—program related in Part X, line 16 that addresses the organization is liability for uncertain tax positions under FIN 148 (ASC 740)? If "Yes," complete Schedule D, Part X  Did the organ	6	401.000.000.000.000.000.000.000.000.000.	5		X
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11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.  2 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  3 Did the organization report an amount for investments—other securities in Part X, line 12? If at it is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  4 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  5 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 X III  6 Did the organization report an amount for other isabilities in Part X, line 25? If "Yes," complete Schedule D, Part X III  7 Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X III  8 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III  9 Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII III  10 Did the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule D, Parts XI and XII III IIII IIII IIII IIII IIII IIII			10	Y	
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of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  11b  11c  C Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  11c  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  11d X  11d X  11d bid the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  11e X  11e 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  12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.  12a W Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII is optional  12b Was the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  12b Is the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  12b Did the organization maintain an office, employees, or agents outside of the United Statas?  12a Is the organization maintain an office, employees, or agents outside of the United Statas?  12b Did the organization and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  12b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gargegate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  12c Did the organization rep	b		IIa		-
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of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part 4/III  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  e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  f Did the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  116  X  117  If "Did the organization batain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X  118  If Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X I and XII  b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  118  Is the organization ashool described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E  119  If the organization maintain an office, employees, or agents outside of the United States?  120  If the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV  121  If the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  122  If the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of expenses for professional fundraising services on Part IX, column (A), line 5 and 11e? If "Yes," complete Schedule G, Part II (see in	С		110		-
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If "Vos " complete School to O Ded III	10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
		If "Yes," complete Schedule G, Part III	19		x

			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		-
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		46	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		2
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Jhi-	4
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		2
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	1 1	- //	
	organization's current and former officers, directors, trustees, key employees, and highest compensated		10	
	employees? If "Yes," complete Schedule J	23	-	2
la	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	- 150- 500	1 -	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	04		١,
	through 24d and complete Schedule K. If "No," go to line 25a	24a	-	
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	-	_
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	The second	550	
	to defease any tax-exempt bonds?	24c		_
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		_
а	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	A LOS IN		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	Company Charles	- 6.4	
	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		
3	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	THE RESERVE		
	current or former officers, directors, trustees, key employees, highest compensated employees, or	The state of		
	disqualified persons? If "Yes," complete Schedule L, Part II	26		
Ž.	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 of any of these persons? If "Yes," complete Schedule L, Part III	27		
В	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	150,010		
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):		# -	
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	CONTROL OF THE PARTY OF THE PAR		
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	C I I	
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	-	L
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	Secure School Control Es		
	Part I	31		
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"		- Ingaria	
	complete Schedule N, Part II	32		
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			Τ
	or IV, and Part V, line 1	34		
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		T
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	300000000000		
~	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	1	
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			T
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	4.4.4.0-30.64		T
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			1
	Part VI	37		
	Part VI  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			+
18	Did the organization complete Schedule O and provide extratations in Schedule O for Part VI, lines 1 to and	38	x	1

	Check if Schedule O contains a response or note to any line in						Г
				***************		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		1a	24	116+		
Ь	The first and the first applicable	L	1b	0			
С	3 Telephone payments to ve	endors and					
20	reportable gaming (gambling) winnings to prize winners?				1c	X	
2a	The state of the s	1976	.	7.6			line.
b	Statements, filed for the calendar year ending with or within the year covered by this retu		2a	76			1100
	If at least one is reported on line 2a, did the organization file all required federal employr  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see	ment tax return	is?		2b	X	- Control
3a							77
b					3a		X
4a					3b		
	over, a financial account in a foreign country (such as a bank account, securities account	nt or other fina	ncial	y		in and	
	account)?	it, or other lina	IIGai		40	410	x
b	If "Yes," enter the name of the foreign country: ▶				4a		A
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank ar	nd Financial Ac	count			Male	
	(FBAR).	ind I manda A	Jood III				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the	e tax vear?			5a		x
b			on?		5b		X
C					5c		
6a	***************************************	00, and did the	2000/20				
	organization solicit any contributions that were not tax deductible as charitable contributions	ions?			6a		X
b		ch contributions	s or				
	gifts were not tax deductible?				6b		
7	Organizations that may receive deductible contributions under section 170(c).						
а	a payment in excess of the made party as a contribution at	nd partly for go	ods				
	and services provided to the payor?	ferrore contract.			7a		
b	the deliver of the value of the goods of services provide	led?			7b		
C	the second of the second of the second property to	or which it was					
	required to file Form 8282?				7c		
d	the year		7d	- ye ill control of the			
e	and and an area of an area of the pay premiums on a perso	onal benefit cor	ntract?		7e		
f	and the year, pay promiding, directly of indirectly, on a personal i	benefit contrac	t?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization received a contribution of qualified intellectual property, did the organization received a contribution of qualified intellectual property.	zation file Form	8899	as required?	. 7g		
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did	the organization	on file	a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fur sponsoring organization have excess business holdings at any time during the year?	nd maintained	by the	The same of the same of the			
9	Sponsoring organizations maintaining donor advised funds.				8	AT ELECTRIC	
a	Did the sponsoring organization make any taxable distributions under section 4966?				0	311411	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related	nerson2			9a	775	
0	Section 501(c)(7) organizations. Enter:	po			9b	NAME OF	1000
a	Initiation fees and capital contributions included on Part VIII, line 12	14	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b				
1	Section 501(c)(12) organizations. Enter:		100		in the second	1 930	
a	Gross income from members or shareholders	11	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources						
	against amounts due or received from them.)	1	11b				
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	lieu of Form 1	041?		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		2b	**************			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.					n in the	
a	Is the organization licensed to issue qualified health plans in more than one state?	****			13a		
	Note. See the instructions for additional information the organization must report on Sche	edule O.					MR48
b	Enter the amount of reserves the organization is required to maintain by the states in which	ich .					
	the organization is licensed to issue qualified health plans		3b				
	Enter the amount of reserves on hand		3c	M. D. M. P. C.	The state of		
	Did the organization receive any payments for indoor tanning services during the tax year		STEELES		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation	in Schedule C	)		14b		1

Form 990 (2017) Adelante Mujeres

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 19 Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? X 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a X Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." X 12c describe in Schedule O how this was done X 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 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? X 15a The organization's CEO, Executive Director, or top management official X 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X 16a with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Another's website X Upon request Other (explain in Schedule O) X Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records:

2030 Main Street, Suite A OR 97116-3141 503-992-0078 Form 990 (2017)

Sue Rubin

Forest Grove

	) Adelante					03-0	473181			-
Part VII	Compensation Independent C	of Officers, Contractors	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and

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

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

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

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

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

(A) Name and Title	Average hours per week (list any	off	Position (do not check more than one box, unless person is both an officer and a director/trustee)				(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Melanie Stagnit		0							
0.5050000000000000000000000000000000000	2.00								
Vice President	0.00	X		X			0	0	0
(2) Ingrid Solares								Fig. 8 J B 1705	
	2.00							alwest Hot	
Secretary	0.00	X		X			0	0	0
(3) Marco Espinoza									THE ST THE DELIVERY
	2.00								
Director	0.00	X					0	0	0
(4) Jacqueline Alaro							THE THE ST	A STATE OF THE PARTY OF	
	2.00			25.22					
President	0.00	X		X			0	0	0
(5) Leroy Feigelson									
	4.00							The state of the s	
Director	0.00	X					0	0	0
(6) Dave Dorman	20 24 25						A THE PARTY OF		
	3.00							The second secon	
Director	0.00	X			9		0	0	0
(7) Miguel Cholula							100 17 DV 11 TO 12	E SEE SE S	- Company
	2.00			- 1				A Decision	
Director	0.00	X					0	0	0
(8) Veronica Grave	To make								0
	2.00								
Director	0.00	X					0	0	0
(9) Veronica Dujon								0	0
	2.00			-					
Director	0.00	X		_			0	0	
(10) Octaviano Mereci	as-Cueva	as						0	0
	2.00								
Director	0.00	x					0	0	
11) Marcia Ramirez-H	orn				1		0	U	0
	2.00					- 1			
Director	0.00	x					0		
DAA	Trement III						U	0	Form <b>990</b> (2017)

Part VII Section A. Officers,	Takenay	3100	3, 130			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	d Highest Compensated	(E)		(F)		
(A) Name and title	(B) Average hours per week (list any	box	, unle	ss per	ion nore i son is	than or both r/truste	an	(D) Reportable compensation from the organization	Reportable compensation from related organizations (W-2/1099-MISC)	comp	timated nount of other pensati om the	of ion	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		and	anizatik d relatio	ed	
(12) Narcedalia Ro	driguez	10		Di		TANK THE							
Director	0.00	x						0	0				0
(13) Carmen Suarez								Louis Paragraphical					
	1.00								0				0
Director	0.00	X	-	-		-		0	- 0			SIMIL	-
(14) Debra Dunn	1.00	-				lo		hips-and-apt my					
Director	0.00	X						0	0				0
(15) Luciana Rapos	50												
	2.00							0	0				0
Treasurer (16) Tatiana Mendo	0.00	X	+	X		-		0	· ·				
(16) Tatiana Mendo	1.00												
Director	0.00	X	-					0	0				0
(17) Luz E Maciel	Villarr	· pe	7										
	0.00	X				1		0	0				0
Director (18) Nias Vahdat	0.00	1	-	1		1	T						
(10) 11125 (21122)	1.00			1	-				0				0
Director	0.00	X	_	-	-	+	-	0	0				-
(19) Yesenia Andr	1.00 0.00	X						0	0	Eur Si			0
Director  1b Sub-total	0.00	21	-				•						
c Total from continuation she	ets to Part VII,	Sec	tion	Α			•						
d Total (add lines 1b and 1c)							<b>&gt;</b>	who received more than	\$100,000 of				
Total number of individuals (if reportable compensation from	ncluding but not n the organizati	on P	ed t	o tho	se II	sted	abov	e) who received more than	<b>4100,000</b> 0.		- 300	Yes	No
						leave		loves or highest compens	ated		7,000	Tes	1975
3 Did the organization list any temployee on line 1a? If "Yes.	" complete Sch	edule	a Jt	OF SU	ch I	naivio	Juai				3	Maria III	X
4 For any individual listed on lit	ne 1a is the su	m of	repo	ortabl	e co	mpe	nsati	on and other compensation	from the				
organization and related organization								The second secon			4	Ministration of the Control	X
5 Did any person listed on line	1a receive or a	ccru	e co	mper	sati	on fr	om a	ny unrelated organization o	or individual		5		X
for services rendered to the Section B. Independent Contract		103	,	Пре	10 0	CHEC	uie o	Tor Such person					
	S bishest con	npen	sate	d ind	epe	ndent	con	tractors that received more	than \$100,000 of	ear			
compensation from the organ	nization. Report	com	pens	ation	for	the o	calen	dar year ending with or wit	(B) ption of services	Cui.	C	(C) ompensa	ation
Name a	(A) nd business address	_	-0.		-		+	Descri	pain of services			Omponso	and a
				10				Mar Little					
							-					-	
									A LEGISTRA				
The second secon										Y			
2 Total number of independen	t contractors /ir	clud	ing h	out no	ot lin	nited	to th	nose listed above) who	*•				
received more than \$100,00	00 of compensa	tion	from	the	orga	nizat	ion 🕨		0		E	orm 99	10 (20

				note to any line in	(B)	(C)	(D)	
(0)				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
fun 1	1a Federated campaigns	1a					312-314	
mo	b Membership dues	1b						
L A	c Fundraising events	1c	65,985					
nia n	d Related organizations	1d						
S	e Government grants (contributions)	1e	877,607					
her	f All other contributions, gifts, grants, and similar amounts not included above	44	242 222					
ō	g Noncash contributions included in lines 1		,343,339					
and	h Total. Add lines 1a-1f	a-1f: \$	17,103	2 206 021				
and Other Similar Amounts	The state of the s	****	Busn. Code	2,286,931				
2	a Contract income		Busii. Code	1,691,943	1,691,943			
1	b Program service fee	28		114,869	114,869			
	c Other income			6,954	6,954		A PROPERTY OF	
	d CSA and distributor	net sales		4,617	4,617			
	е			-/	4,017			
	f All other program service reve	enue						
5	g Total, Add lines 2a-2f			1,818,383				
3	and the finding	dividends, inter	est,					
	and other similar amounts)		<b>&gt;</b>	1,966			1,966	
4	The month introduction of the	x-exempt bond	proceeds >				2,500	
5		********	<b>&gt;</b>					
0-	(i) Real	(ii)	Personal					
6a								
b								
d	The second of th							
	Gross amount from (i) Securities							
	sales of assets	(11	Other					
b	other than inventory  Less: cost or other							
	basis & sales exps.							
C								
d	and the second s			Mass of Following Edit				
8a	Gross income from fundraising eve	nts						
133	(not including \$ 65,							
	of contributions reported on line 1c							
	See Part IV, line 18	a	83,525					
	Less: direct expenses	b	86,176					
C	Net income or (loss) from fund	Iraising events		-2,651		The same of the sa		
9a	Gross income from gaming activitie	S.				ALL DANSELS OF STREET		
1	See Part IV, line 19	a						
b	Less: direct expenses	. b	DAY					
C	Net income or (loss) from gam	ing activities	<b>&gt;</b>	and the same of th		A STATE OF THE STA		
Tua	Gross sales of inventory, less							
h	returns and allowances Less: cost of goods sold	. a						
		• b						
-	Net income or (loss) from sales  Miscellaneous Revenue	s of inventory	Burn Code					
11a			Busn. Code					
b	* * * * * * * * * * * * * * * * * * * *		7					
c		1.53.138.888.888.8	Maritime - 120					
d	All other revenue	**********						
	Total. Add lines 11a-11d		•					
	Total revenue. See instruction		1.1111111	3.516				

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (B) Program service (A) Total expenses Management and general expenses Do not include amounts reported on lines 6b, expenses expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors. 17,782 30,630 96,952 145,364 trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 163,361 65,330 1,996,746 1.768.055 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 8,802 238,291 947 248,040 Other employee benefits 21,957 139,549 24,380 185,886 Payroll taxes Fees for services (non-employees): a Management b Legal 675 285 11,540 12,500 c Accounting d Lobbying 8,550 8,550 e Professional fundraising services. See Part IV, line 17 Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 9,127 2,316 124,823 113,380 (A) amount, list line 11g expenses on Schedule O.) 6,936 9,419 486 16,841 12 Advertising and promotion 3,142 20,194 1,793 25,129 Office expenses Information technology Royalties 15 5,512 8,133 98,223 111,868 16 Occupancy 1,197 2,575 45,446 49,218 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 3,646 3,646 Conferences, conventions, and meetings 19 16,183 1,010 1,607 18,800 Payments to affiliates 3,000 21 3,261 14,318 20,579 Depreciation, depletion, and amortization 812 6 13,290 14,108 23 Insurance 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.) 15,018 3,226 71,794 90,038 Supplies 50 25,390 25,440 Incentives h 316 1,859 9,798 9,787 7,623 Professional Development 3,908 377 5,502 Fees 1,834 1,272 3,200 6,306 e All other expenses 132,665 292,453 2,698,349 3,123,467 Total functional expenses. Add lines 1 through 24e 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 ▶ following SOP 98-2 (ASC 958-720) Form 990 (2017)

	Check if Schedule O contains a response or	- to a		//	T	
-				(A) Beginning of year		(B) . End of year
	1 Cash—non-interest bearing			2,758	1	
	2 Savings and temporary cash investments			272,436		28,96
	Pledges and grants receivable, net     Accounts receivable, net			700,149		208,16
1	Tribudanto receivable, net			130,531		847,06
	5 Loans and other receivables from current and form	ner officers, dir	ectors	130,331	4	252,91
	trustees, key employees, and highest compensate	ed employees.			Mary L	
	Complete Part II of Schedule L				-	
1	6 Loans and other receivables from other disqualified	d persons (as o	defined under section		5	MEASURE FROM
-1	4958(f)(1)), persons described in section 4958(c)(3	B)(B), and contr	ributing employers and			
	sponsoring organizations of section 501(c)(9) volume	ntary employee	es' beneficiary			
83	organizations (see instructions). Complete Part II o	f Schedule I	o deficitally			
Assets	7 Notes and loans receivable, net	Toniodalo E			6	
¥					7	
	9 Prepaid expenses and deferred charges	********		20,000	8	
1	10a Land, buildings, and equipment cost or		** F10. * * * * * * * * * * * * * * * * * * *	28,888	9	8,38
	other basis. Complete Part VI of Schedule D	10a	1 102 200			
-	b Less: accumulated depreciation	10b	1,103,308	004 505		
1	11 Investments—publicly traded securities			801,535	10c	1,052,09
1	12 Investments—other securities. See Part IV, line 11				11	
1:	13 Investments—program-related See Part IV, line 11				12	
14	Investments—program-related. See Part IV, line 11 Intangible assets			13		
100	If Other coasts See Dat NA Page 44			14		
	16 Total assets. Add lines 1 through 15 (must equal li			776,909	15	1,338,52
17	7 Accounts payable and account expenses	ne 34)		2,713,206	16	3,736,11
18	19 C	*************	32,138	17	53,53	
19	9 Deferred revenue				18	A STATE OF THE PARTY OF THE PAR
20					19	
21					20	A STATE OF THE STA
00	2 Loans and other payables to current and former off	IV of Schedule	D	Anna Talana	21	
24	trustees key employees bishest services to	icers, directors,				
	trustees, key employees, highest compensated employees, disqualified persons. Complete Part II of Schedule L	ployees, and				
23					22	
24		third parties		548,511	23	534,043
25		ird parties			24	
-	parties, and other liabilities not included on lines 17-	les to related to	hird			
	of Schedule D	-24). Complete	Part X		1 1 2	
26		(*, *, *, *, *, *, *, *, *, *, *, *, *, *		273,076	25	307,899
	Organizations that follow SFAS 117 (ASC 958), c	book hous b	<b>V</b> .	853,725	26	895,474
	complete lines 27 through 29, and lines 33 and 3	neck nere	X and		- 1 30	
27 28 29 30 31 32		4.	100			
28	*************************			540,821	27	441,226
29	1,000,000,000,000,000,000,000,000,000,0		*********	1,318,660	28	2,399,417
"	Organizations that do not follow SFAS 117 (ASC	050)			29	
	complete lines 30 through 34.	958), check h	ere and			
30						
31			*********	7-13-76411	30	
32		nent fund			31	(A) "行及 自治(A) 人
33		e, or other fund	IS	1 050 101	32	the state of the state of
34				0 540 666	33	2,840,643
	and not additional datances		ALCO CONTRACTOR OF THE CONTRAC	2,713,206	34	3,736,117

the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

X

Form 990 (2017)

### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2017

Open to Public

Name of the organization Employer identification number Adelante Mujeres 03-0473181 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university X 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (III) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of organization listed in your governing (described on lines 1-10) support (see other support (see above (see instructions)) document? instructions instructions) Yes No (A) (B) (C) (D) (E)

Schedule A (Form 990 or 990-EZ) 2017

Part II Support Schedule 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.)

	on A. Public Support	The second of	Test and the second of				
Calend	ar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	953,856	966,522	1,931,185	3,088,164	2,286,931	9,226,658
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		The state of the s				
•	The value of services or facilities furnished by a governmental unit to the organization without charge			part of	e bosel		
4	Total. Add lines 1 through 3	953,856	966,522	1,931,185	3,088,164	2,286,931	9,226,658
	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						9,226,658
Sect	ion B. Total Support					4 1 0047	40 T-1-1
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	953,856	966,522	1,931,185	3,088,164	2,286,931	9,226,658
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	840	12,752	349	10,503	1,966	26,410
9	Net income from unrelated business activities, whether or not the business is regularly carried on					P M P K	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	6,365	36,842	-1,521			41,686
11	Total support. Add lines 7 through 10			ASSESSMENT OF STREET			9,294,754
12	Gross receipts from related activities, etc	(see instructions)				12	3,647,909
13 Sec	First five years. If the Form 990 is for the organization, check this box and stop he tion C. Computation of Public S	e organization's first re		rth, or fifth tax yea	ar as a section 501	(c)(3)	
14	Public support percentage for 2017 (line			n (f))		14	99.27 %
15	Public support percentage from 2016 Sch	edule A, Part II, line	14	Separation and the second		15	99.06%
16a	33 1/3% support test—2017. If the organization quality and stop here. The organization quality	nization did not chec alifies as a publicly s	k the box on line 1 supported organization	tion			<b>▶</b>   X
b	33 1/3% support test—2016. If the orgathis box and stop here. The organization	qualifies as a publi	cly supported orga	nization			▶ □
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the	ets the "facts-and-ci	rcumstances" test,	check this box ar	d stop here. Expla	ain in	
	organization						· · · · · · · · · · · · · · · · · · ·
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization Explain in Part VI how the organization	on meets the "facts-and	and-circumstances" -circumstances" te	test, check this back. The organization	oox and <b>stop here.</b> on qualifies as a pr		▶ [
18	Private foundation. If the organization of	lid not check a box of	on line 13, 16a, 16	b, 17a, or 17b, ch	eck this box and se		<b>&gt;</b>

Schedule A (Form 990 or 990-EZ) 2017

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.)

Se	ction A. Public Support			olow, please ce	inplote i dit ii.	Marie Programme Stiller	
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			(0)	(4) 2010	(0) 2017	(I) Total
	fees received. (Do not include any "unusual grants.")	953,856	966,522	1,931,185	3,088,164	2,286,931	9,226,658
2	Gross receipts from admissions, merchandise		The second second		THE ELECTION	1 1 3 EM	STATE OF THE PARTY
	sold or services performed, or facilities furnished in any activity that is related to the	100 50000 110			Water Inc.	5 5 7 1 1 1	
	organization's tax-exempt purpose		Hall of the last	371,130	1,374,871	1,901,908	3,647,909
3	Gross receipts from activities that are not an unrelated trade or business under section 513					III Jupas malasika	
4	Tax revenues levied for the			11 1 1		LUCAL PROPERTY.	2 100 100
	organization's benefit and either paid to or expended on its behalf				V no filosom		
5	The value of services or facilities furnished by a governmental unit to the organization without charge		artis Incom				
6	Total. Add lines 1 through 5	953,856	966,522	2,302,315	4,463,035	4,188,839	12,874,567
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	HELD PROPERTY			STATE OF STATE OF	- 72007035	12,014,307
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		alt India				
8	Public support. (Subtract line 7c from line 6.)						- C 10 (a) V
Sec	tion B. Total Support		THE CONTRACTOR OF THE CONTRACT				12,874,567
Caler	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	953,856	966,522	2,302,315	4,463,035	4,188,839	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	840	12,752	349		- Strange pro	12,874,567
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		12,132	349	10,503	1,966	26,410
С	Add lines 10a and 10b	840	12,752	349	10,503	1,966	26,410
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		d voly do	a dather y division ense delle parti			
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	6,365	36,842	-1,521			41,686
13	Total support. (Add lines 9, 10c, 11,			The state of the s	Sent fortant	rat the recommend to	41,000
	and 12.)	961,061	1,016,116	2,301,143	4,473,538	4,190,805	12,942,663
14	First five years. If the Form 990 is for the	organization's first,	second, third, fourti	h, or fifth tax year	as a section 501(c	)(3)	22/312/003
0	organization, check this box and stop here						<b>&gt;</b>
	tion C. Computation of Public Su			Salumetry Public	A COLUMN	Ether Philipps La	A TOWN
15	Public support percentage for 2017 (line 8,	column (f) divided b	y line 13, column	(f))		15	99.47 %
16	Public support percentage from 2016 Sche	dule A, Part III, line	15	***********		16	99.21 %
	tion D. Computation of Investmen			A ARREST STATE	THE RESERVE TO SHE	LIKE STORY OF STREET	Alexander Control
17	Investment income percentage for 2017 (lin	ne 10c, column (f) di	vided by line 13, c	olumn (f))		17	%
18	Investment income percentage from 2016					18	%
19a	33 1/3% support tests—2017. If the organ	ization did not check	the box on line 14	4, and line 15 is m	ore than 33 1/3%,	and line	
h	17 is not more than 33 1/3%, check this bo	x and stop here. Th	e organization qua	alifies as a publicly	supported organiz	ation	▶ X
b	33 1/3% support tests—2016. If the organ	ization did not check	a box on line 14	or line 19a, and line	e 16 is more than	33 1/3%, and	
00	line 18 is not more than 33 1/3%, check this	s box and stop here	. The organization	qualifies as a pub	olicly supported org	janization	▶ <u></u>
20	Private foundation. If the organization did	not check a box on	line 14, 19a, or 19	b, check this box a	and see instructions	S	

Schedule A (Form 990 or 990-EZ) 2017

Part IV Supporting Org 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

Secti	on A. All Supporting Organizations			720
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
*	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
-	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
20	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
3a	(b) and (c) below.	3a	The same	
	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and		7-12-5	
b	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			Eq. (
		3b	NAME OF TAXABLE PARTY.	
	organization made the determination.	17.19.00B		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	3c	Alleh state and state	NEW PROPERTY.
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	30	Name of the last	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	4a		ECHIEL STAN
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	44	Constitution of	ment of
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			Portion limite
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
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.	4c		
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;		land va	10000
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		10
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
b	designated in the organization's organizing document?	5b		
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
C	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
6	Did the organization provide support (whether in the form of grants of the provision of schools of accompanies)		1000	
	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	6		
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.			The same
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			Turis.
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	7	Application in the latest the lat	SECTION AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF T
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	E350		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	8	STATE OF STA	
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	0		e la rome
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	the design of the defined in line (a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	91:		
c	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.	90		
10a	the transport business haldings rules of section 4943 herause of section		100	
100	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10	a	
-	to the beautiful and the second hydrogen had been the tay year? (Use Schedule C. Form 4720, to			
r	Did the organization have any excess business holdings in the tax year. Tools our organization	10	-	

Pa	rt IV Supporting Organizations (continued)			
		## DE 19 19 1	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		D'ATE!	
а	and the state of t	J. St. Lev.		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	0.162	
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	100		
	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		121-1110	
	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			DE L
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	Letter		lo and
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Cast	supervised, or controlled the supporting organization.	2		10,000,000
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			Lin
	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			
Conti	the supported organization(s).	1		
Secu	on D. All Type III Supporting Organizations			
	Did the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			Fig.
•	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			
2	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	TO THE RESERVE		
Section	supported organizations played in this regard.	3		
1	on E. Type III Functionally-Integrated Supporting Organizations			
а	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	ictions).		
b	The organization satisfied the Activities Test. Complete line 2 below.			
C	The organization is the parent of each of its supported organizations. Complete line 3 below.			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instructions).		
2 A	ctivities Test. Answer (a) and (b) below.	Г		Link
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		Yes	No
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.		E SARTINE	Hillo
b		2a		
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.		of the last	
	Parent of Supported Organizations. Answer (a) and (b) below.	2b		To the same
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	\$750.5K		
		3a	1079,101	-8-
W TO	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
AA		3b	Or 000 5	7) 204

Part V Type	e III Non-Functionally Integrated 509(a)(3) Supporting	g Organizati	ons	
1 Check here	if the organization satisfied the Integral Part Test as a qualifying trus	t on Nov. 20, 19	970 (explain in Part VI).S	See
instruction	s. All other Type III non-functionally integrated supporting organization	ons must comple	ete Sections A through E	
Section A - Adjuste			(A) Prior Year	(B) Current Year (optional)
1 Net short-term	capital gain	1		THE BUILDING
	prior-year distributions	2		
	ncome (see instructions)	3		
4 Add lines 1 th		4		
5 Depreciation a		5		
	erating expenses paid or incurred for production or			
	income or for management, conservation, or			
maintenance of pr	roperty held for production of income (see instructions)	6		West of the second
	es (see instructions)	7		ST CA V ST
	Income (subtract lines 5, 6 and 7 from line 4).	8		
Section B - Minimu			(A) Prior Year	(B) Current Yea (optional)
1 Aggregate fai	r market value of all non-exempt-use assets (see			
	ort tax year or assets held for part of year):			
	monthly value of securities	1a		
	monthly cash balances	1b		
	tet value of other non-exempt-use assets	1c		
	d lines 1a, 1b, and 1c)	1d		
	claimed for blockage or other			
factors (expla	in in detail in Part VI):	a wone of		
2 Acquisition in	debtedness applicable to non-exempt-use assets	2	The second second second	
3 Subtract line	2 from line 1d.	3		
4 Cash deemed	d held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	Selection of the select		Marie Marie Marie
see instructions).	The line of the state of the st	4		
5 Net value of	non-exempt-use assets (subtract line 4 from line 3)	5	THE PARTY OF THE P	
6 Multiply line 5		6		
	of prior-year distributions	7		
	sset Amount (add line 7 to line 6)	8		
Section C - Distril	butable Amount	- 42 manifest		Current Year
1 Adjusted net	income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% o		2		
3 Minimum ass	set amount for prior year (from Section B, line 8, Column A)	3		
	r of line 2 or line 3.	4		

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

Schedule A (Form 990 or 990-EZ) 2017

6

5 Income tax imposed in prior year

instructions).

emergency temporary reduction (see instructions).

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

Pai	rt V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	itions (continued)	
Sect	tion D - Distributions		THE THE PARTY OF T	Current Year
1	Amounts paid to supported organizations to accomplish exempt purp			
2	Amounts paid to perform activity that directly furthers exempt purpos organizations, in excess of income from activity		I SO I INTO INC.	
3	Administrative expenses paid to accomplish exempt purposes of sup			
4	Amounts paid to acquire exempt-use assets	ported organizations		
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 organizations	zation is responsive		
	(provide details in Part VI). See instructions.	Editori is responsive		
9	Distributable amount for 2017 from Section C, line 6			-
10	Line 8 amount divided by line 9 amount			
	and the second s	(i)	(ii)	/iii)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	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 (reasonable cause required-explain in Part VI). See instructions.	And the second s		
3	Excess distributions carryover, if any, to 2017:			
a	Sittle and depressing the profit to the profit of the prof			
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			
	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			DON'S THE PARTY OF
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
	Section D, line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			HORE SET OF THE
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.		GARREN TAKE	
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			The state of the s
8	Breakdown of line 7:	A STEEL WHEN SHEET		
	Excess from 2013			
b	Excess from 2014			
	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

Schedule A /Fo	orm 990 or 990-EZ) 2017 Adelante Mujeres	03-0473181 Page 8
Part VI	Supplemental Information. Provide the explanations required by FIII, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9l B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section lines 2, 5, and 6. Also complete this part for any additional information	Part II, line 10; Part II, line 17a or 17b; Part b, 9c, 11a, 11b, and 11c; Part IV, Section 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, D, lines 5, 6, and 8; and Part V, Section E,
Part I	III, Line 12 - Other Income Detail	
Progra	am and other income \$ 41,	686
* ***********		
		······
* **********	***************************************	**************************************
		OCCUPATION DE COMPANIES DE LA RECURSIÓN DE LA PRIMER DE L

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

Department of the Treasury Internal Revenue Service Schedule of Contributors

OMB No. 1545-0047

2017

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

Name of the organization

Employer identification number

Adelante Mujeres		03-0473181
Organization type (chec	k one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Check if your organization  Note: Only a section 501( instructions.  General Rule	is covered by the <b>General Rule</b> or a <b>Special Rule</b> . (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule.	cial Rule. See
For an organization or more (in mone) contributor's total	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions to y or property) from any one contributor. Complete Parts I and II. See instructions for contributions.	taling \$5,000 determining a
Special Rules		
regulations under 13, 16a, or 16b, a	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> / <sub>3</sub> % supposections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-End that received from any one contributor, during the year, total contributions of the gof the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete	EZ), Part II, line
For an organizatio contributor, during	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received the year, total contributions of more than \$1,000 exclusively for religious, charitable.	from any one
	onal purposes, or for the prevention of cruelty to children or animals. Complete Parts	
contributor, during contributions totale during the year for General Rule app	In described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received if the year, contributions exclusively for religious, charitable, etc., purposes, but no suid more than \$1,000. If this box is checked, enter here the total contributions that we an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unlies to this organization because it received nonexclusively religious, charitable, etc., more during the year.	ch ere received nless the
aution: An organization t	hat 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).

Page 1 of 2

Name of organization Adelante Mujeres Employer identification number 03-0473181

Part I	Contributors (see instructions). Use duplicate copies of Par	t I if additional space is nee	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Oregon Community Foundation 1221 SW Yamhill St Ste 1000 Portland OR 97205	s 214,569	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	James and Shirley Rippey Family Foun 565 Highline Rd Hood River OR 97031	s 75,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No. 3	Wells Fargo 635 SW 6th Avenue Ste 300 Portland OR 97204	s 75,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No. 4	Kaiser Foundation 19301 NW Venetian Dr Hillsboro OR 97124	\$ 150,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	America's Promise Alliance 1110 Vermont Avenue  Washington DC 20005	\$ 238,652	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	New York Life Foundation 51 Madison Ave New York NY 10010	s 100,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Adelante Mujeres

Employer identification number 03-0473181

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
7	Meyer Memorial Trust 425 NW 10th Avenue  Portland OR 97209	\$ 250,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
8	Murdock Charitable Trust 703 Broadway Street 710 Vancouver WA 98660	\$ 350,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
	* ************************************	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
111111		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

ame of the organization		Employer Identification number
Adelante Mujeres	Constitution restriction and the latest	03-0473181
Part I Organizations Maintaining Donor Advis Complete if the organization answered "Y	sed Funds or Other Similar Funds of es" on Form 990, Part IV, line 6.	or Accounts.
Complete in the original control of the control of	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
A Aggregate value at end of year	Manager 1	
5 Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advised	
funds are the organization's property, subject to the organization	tion's exclusive legal control?	Yes No
6 Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used	
only for charitable purposes and not for the benefit of the don	nor or donor advisor, or for any other purpose	
conferring impermissible private benefit?		Yes No
Part II Conservation Easements. Complete if the organization answered "Y	'es" on Form 990. Part IV, line 7.	
Purpose(s) of conservation easements need by the organization  Preservation of land for public use (e.g., recreation or ed		important land area
Protection of natural habitat	Preservation of a certified h	
Preservation of open space  Complete lines 2a through 2d if the organization held a quality	ified conservation contribution in the form of a	conservation
2 Complete lines 2a through 2d if the organization field a qualified easement on the last day of the tax year.	med conscivation dentalester in the remaining	Held at the End of the Tax Yea
		2a
a Total number of conservation easements		
b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic str	rueture included in (a)	4343344
c Number of conservation easements on a certified historic str	ofter 7/25/06, and not on a	4110444
d Number of conservation easements included in (c) acquired	alter 7/25/00, and not on a	2d
historic structure listed in the National Register  3 Number of conservation easements modified, transferred, re	leased extinguished or terminated by the organization	
	leased, extinguished, or terminated by the engineering	
tax year >	coment is located	
4 Number of states where property subject to conservation ea	seried manifering inspection handling of	
5 Does the organization have a written policy regarding the pe	the Idea	Yes No
violations, and enforcement of the conservation easements	it holds?	tion easements during the year
6 Staff and volunteer hours devoted to monitoring, inspecting,		
7 Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation e	easements during the year
Does each conservation easement reported on line 2(d) about	ove satisfy the requirements of section 170(h)(4	4)(B)(i)
8 Does each conservation easement reported on line 2(d) abo	ove satisfy the requirements of section 11-1/1/	Yes No
and section 170(h)(4)(B)(ii)?  9 In Part XIII, describe how the organization reports conserva	tion easements in its revenue and expense sta	tement, and
9 In Part XIII, describe how the organization reports conserval balance sheet, and include, if applicable, the text of the fool		
balance sheet, and include, if applicable, the text of the loo	mote to the organization of manners	
organization's accounting for conservation easements.  Part III Organizations Maintaining Collections	of Art Historical Treasures, or Ot	her Similar Assets.
Part III Organizations Maintaining Collections Complete if the organization answered "	Yes" on Form 990, Part IV, line 8.	
1a. If the organization elected, as permitted under SFAS 116 (A	ASC 958), not to report in its revenue statement	t and balance sheet
works of art, historical treasures, or other similar assets help	d for public exhibition, education, or research in	n furtherance of
public service, provide, in Part XIII, the text of the footnote	to its financial statements that describes these	items.
b. If the organization elected, as permitted under SFAS 116 (A	ASC 958), to report in its revenue statement an	d balance sheet
works of art, historical treasures, or other similar assets hel	d for public exhibition, education, or research in	n furtherance of
public service, provide the following amounts relating to the	ese items:	
(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
(ii) Assets included in Form 990, Part X		<b>▶</b> \$
2 If the organization received or held works of art, historical to	reasures, or other similar assets for financial ga	ain, provide the
following amounts required to be reported under SFAS 116	(ASC 958) relating to these items:	
a Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$
. A total ded in Form 000 Part V	The state of the s	<b>&gt;</b> \$

Part III	Organizations Maintaining						(contin	ued)	-30
3 Using the collection	ne organization's acquisition, accession items (check all that apply):	on, and other records,	check any of the follo	owing that are a	significant use	of its			
a Pub	lic exhibition	d 🔲 L	oan or exchange pro-	grams					
b Sch	olarly research	e 🔲 C	Other						
c Pre	servation for future generations								
4 Provide XIII.	a description of the organization's co	ollections and explain	how they further the	organization's ex	kempt purpose	in Part			
5 During t	the year, did the organization solicit of	or receive donations of	f art, historical treasur	res. or other sim	nilar				
	o be sold to raise funds rather than						☐ Ye	es	No
Part IV	Escrow and Custodial Ar		9						
	Complete if the organization 990, Part X, line 21.		on Form 990, Par	rt IV, line 9, c	or reported a	n amount	on Forn	n	
	rganization an agent, trustee, custod on Form 990, Part X?		23		ot		Пүе	98	No
	explain the arrangement in Part XIII	and complete the following	owing table:	10.11.000	44.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4		П.,	_	
			oming table.				Amoun	t	
c Beginnir	ng balance					1c			
	s during the year	E4 - 4 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -	**************		4	1d		12507	-
e Distribut	ions during the year					1e		1	NE C
f Ending					****	1f			
2a Did the	organization include an amount on F	orm 990. Part X. line	21, for escrow or cus	todial account lia	ability?		T Ye	95	No
	explain the arrangement in Part XIII.						Ш.		- 110
Part V	Endowment Funds.								
	Complete if the organization	answered "Yes"	on Form 990, Par	t IV. line 10.					
118 (85)		(a) Current year	(b) Prior year	(c) Two years be	ack (d) The	ee years back	(e) Fou	r years	back
1a Beginnir	ng of year balance								
b Contribu	A CONTRACTOR OF THE CONTRACTOR	310,138	1,039,948						
c Net inve	estment earnings, gains, and								
	or scholarships								
	xpenditures for facilities and							-	STILL STATE
program	s	242,069	252,347	2018-14 (C.D.	Ser From	M Level			
f Adminis	trative expenses							-	112
	year balance	1,250,694	787,601			April 1			
a Board d b Permand c Tempora The per	the estimated percentage of the curresignated or quasi-endowment ment endowment ment endowment ment endowment ment endowment ment endowment ment ment endowment ment ment endowment funds not in the posse	% % puld equal 100%.							
organiza		ssion of the organizati	on that are new and	administered for	trie		- 1	Yes	No
	elated organizations						3a(i)	165	No X
	ed organizations						3a(ii)		X
	on line 3a(ii), are the related organization	ations listed as require	nd on Schedule R2			f. f. b. f. c. c. f. f. c. c. c. c. c. c. c.	3b		45
	in Part XIII the intended uses of the					**********	Can		
Part VI	Land, Buildings, and Equ		Thore rando.				-		
Department of the second	Complete if the organization		on Form 990 Par	IV line 11a	See Form	agn Part	line 1	0	
J. Sentalies	Description of property	(a) Cost or other bas			(c) Accumulate		(d) Book		198
		(investment)	(other		depreciation		(d) Dook	Tuluu	
1a Land	THE PERSON NAMED IN COLUMN			37,794			3.	37	794
b Buildings		The state of the		02,078	23	590			488
-	ld improvements	A CONTRACT OF	1		23	330	- 0	,	200
d Equipme				53,270	24	324		28	946
e Other				10,166		297	-		869
	es 1a through 1e. (Column (d) must e	equal Form 990. Part >	K, column (B), line 10	c.)			1,05		
		*****	(-)/ 11/0 / 01	A			-/00	-/	

Schedule D (F	orm 990) 2017 Adelante Mujeres		03-0473181	Page 3
Part VII	Investments—Other Securities.	ACUIT EL MONTE DE LA CONTRACTION DEL CONTRACTION DE LA CONTRACTION		
	Complete if the organization answered "Yes" on F	Form 990, Part IV, line	11b. See Form 990, Part	X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of valu	
	(including name of security)		Cost or end-of-year ma	arket value
1) Financial	derivatives			
The second secon	ld equity interests			
	1 1	THE PROPERTY OF		NAME OF TAXABLE PARTY.
481	***************************************			
(B)				and the state of t
(C)	***************************************	CHEMENING ENGLESS		the state of the state of
		The second secon	THE NAME OF THE PARTY OF THE PARTY OF	UI I/A WAS
(=)		CONTRACTOR OF THE O		
(5)		THE REAL PROPERTY.		
(0)			THE PERSON NAMED IN	SIGNOT THE
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.) ▶			A STANSON OF THE STAN
Part VIII	Investments—Program Related.			
Fait VIII	Complete if the organization answered "Yes" on I	Form 990 Part IV line	11c See Form 990 Part	X line 13
	(a) Description of investment	(b) Book value	(c) Method of val	
	(a) Description of investment	(5) 5001 1015	Cost or end-of-year m	
Control of				HE R. POTATE
(1)				
(2)			A	THE RESERVE OF THE PARTY OF THE
(3)				
(4)			AND THE RESERVE TO THE PARTY OF	
(5)				
(6)				
(7)	CONTRACTOR AND ADDRESS OF THE PARTY OF THE P			
(8)				
(9)				
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on	Form 990, Part IV, line	11d. See Form 990, Par	
	(a) Description			(b) Book value
(1)	Cash use is limited			1,300,422
(2)	OR Employment Dept Depo	osit	February 1	35,687
(3)	Rental Deposits			2,417
(4)				
(5)				
(6)		THE PERSON NAMED IN THE PE		
(7)			ALL MANAGEMENT AND AND ADDRESS OF THE PARTY	TAKE NOTES
(8)		in all hear may have a	THE WAY TO SELECT THE PARTY OF	
(9)				TWO ROLLS AND A
	nn (b) must equal Form 990, Part X, col. (B) line 15.)		<b>&gt;</b>	1,338,526
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" on	Form 990, Part IV, line	11e or 11f. See Form 99	90, Part X,
	line 25.			X (FCX F) THY
1.	(a) Description of liability	(b) Book value		
101000 Page 5175	income taxes	Up to Participate to below		
	ued Wages	184,733		
	ued Vacation	110,742		
	ued 401(k) payable	6,579		
		4,654		
	ent loan savings	1,191		
	ent Ivan savings	2,232		
(7)				
(8)				
(9)	41 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	307,899		
Total (Colun	nn (b) must equal Form 990, Part X, col. (B) line 25.)	301,099		English Company

Schedule D	(Form 990) 2017 Adelante Mujeres	03-	-0473181	Page
Part XI	Reconciliation of Revenue per Audited Financial St	tatements With Reven	ue per Return.	
	Complete if the organization answered "Yes" on Form S	990, Part IV, line 12a.	Service Telephone	
	revenue, gains, and other support per audited financial statements		1	4,104,629
2 Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net u	nrealized gains (losses) on investments	2a		
b Donat	ed services and use of facilities	2b		
c Recov	renes of prior year grants	2c		
u Other	(Describe in Part XIII.)	2d	350	
3 Subtra	nes 2a through 2d		2e	1
4 Amount	act line 2e from line 1		3	4,104,629
	nts included on Form 990, Part VIII, line 12, but not on line 1:			
h Other	ment expenses not included on Form 990, Part VIII, line 7b (Describe in Part XIII.)			
	nes 4a and 4b	4b	- Italia	
	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		4c	4 104 604
Part XII			5	4,104,629
	Complete if the organization answered "Yes" on Form S	990 Part IV line 12a	ises per Return	
1 Total	expenses and losses per audited financial statements	ood, rait IV, mic 12a.	1	3,123,467
	nts included on line 1 but not on Form 990, Part IX, line 25:		***************************************	3,123,40
a Donate	ed services and use of facilities	2a		
b Prior y	rear adjustments	2b		
c Other	losses	2c		
d Other	(Describe in Part XIII.)	2d		
e Add lir	nes 2a through 2d		2e	
3 Subtra	ct line 2e from line 1		3	3,123,467
4 Amour	nts included on Form 990, Part IX, line 25, but not on line 1:			0,120,10
	ment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other	(Describe in Part XIII.)	4b		
c Add lin	nes 4a and 4b		4c	
	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.	)	5	3,123,467
Part XIII	Supplemental Information.			
	nes 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p			
		***************************************		************************
	***************************************			*****************
		TTO BE TELLET HELDINARIES WHEN EVE	****************	

Schedule D (F	orm 990) 2017	Adelante	Mujeres	03-0473181	Page 5
Part XIII	Supplement	al Information	(continued)		
Fait Aili	Supplement	ai illioilliation	Toomanaday		
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### SCHEDULE G (Form 990 or 990-EZ)

### Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

2017

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

ame of the organ	Adelante Mujere	es			T. Barrey		dentification number .73181
Part I	Fundraising Activities. Comp	lete if the organizat	ion ar	nswer	ed "Yes" on Form	990, Part IV	, line 17.
1 Indicate	Form 990-EZ filers are not requ						
	whether the organization raised funds the						
	solicitations			- Comment	ernment grants		
b Inte	rnet and email solicitations	f Solicitatio	n of g	overnm	ent grants		
c Pho	ne solicitations	g Special for	undrais	ing ev	ents		
d In-p	erson solicitations						
or key e	organization have a written or oral agree employees listed in Form 990, Part VII) o	r entity in connection wi	th profe	essiona	I fundraising services?		Yes N
compen	list the 10 highest paid individuals or entaged at least \$5,000 by the organization	lities (fundraisers) pursu	ant to	agreen	nents under which the	fundraiser is to	be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	raise cust	old fund- er have ody or outions?	(iv) Gross receipts from activity	(v) Amount paid (or retained by fundraiser listed col. (i)	y) (or retained by)
			Yes	No			and the same of the
		- + ' - '	-		73.00		
73,68					entropy states in	TENOVE.	To a state of the same of the
					Transcript V	100	
					4 930		
						Total of	
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No. of Contract of			+				
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	L. L. M. M. C. L.				Tea Present	P 91 (market)	med speak et al.
tal		The second secon		•			
List all st	tates in which the organization is register on or licensing.	ed or licensed to solicit	contrib		or has been notified it	is exempt from	The second residence
. 17 2 7 9 2 9 2 7 7							
,							
	******************************						
						CONTROL WORLD STREET	

03-0473181 Adelante Mujeres Schedule G (Form 990 or 990-EZ) 2017 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events None (add col. (a) through Fiesta of Hope col. (c)) (total number) (event type) (event type) 149,510 149,510 1 Gross receipts 65,985 65,985 2 Less: Contributions 3 Gross income (line 1 minus 83,525 83,525 line 2) 4 Cash prizes 5 Noncash prizes 25,330 25,330 Rent/facility costs Direct Expenses 7 Food and beverages 8 Entertainment 60,846 60,846 9 Other direct expenses 86,176 10 Direct expense summary. Add lines 4 through 9 in column (d) -2,65111 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant (c) Other gaming (a) Bingo Revenue col. (a) through col. (c)) bingo/progressive bingo 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses % Yes Yes Yes No 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: Yes a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

b If "Yes," explain:

Sche	dule G (Fo	orm 990 or 990-EZ)	2017 Adel	ante	Mujeres	The same of the sa	03-047318	1 Page
11	Does the	organization condu	uct gaming activities	with nonn	nembers?	Landon Shallanian		Yes N
12	Is the org	ganization a grantor,	, beneficiary or truste	e of a trus	st, or a member of	f a partnership or other entity		
	formed to	o administer charital	ble gaming?					Yes N
13			aming activity condu					
а							13a	%
b	An outsid	de facility					13b	%
14						gaming/special events books ar	nd	
	records:							
	Name >							
		*1.**************						and the box
	Address	<b>&gt;</b>				a.		
15a	Does the	organization have	a contract with a thir	d party fro	om whom the orga	anization receives gaming		
	revenue?	,						Yes N
b	If "Yes,"	enter the amount of	f gaming revenue rec	ceived by	the organization 🕨	\$	and the	
			retained by the third p					
C			dress of the third part					
	Name >							
	Address	<b>&gt;</b>						
		**************						
16	Gaming	manager informatio	n:					
	Name ▶							
	Gaming	manager compensa	ation > \$					
	Descripti	on of services provi	ided ▶					
	_							
	Dire	ctor/officer	Employee		Independent of	ontractor		
17	Mandato	ry distributions:						
a				ake charit	table distributions	from the gaming proceeds to		
		e state gaming licen						Yes 1
b						o other exempt organizations or	Anthony Breaks to	
utap m			wn exempt activities					
Pa	rt IV					required by Part I, line 2b		
				oc, 16, a	ind 17b, as app	plicable. Also provide any	additional information	1.
		See instructions	S.		and the state of t	The state of the s	The suppose of the	diam'r.
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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.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

Adelante Mujeres

Employer identification number 03-0473181

Form 990 - Organization's Mission or Most Significant Activities

Adelante Mujeres means "women rise up" in Spanish. Founded in 2002, we are
among the leading nonprofit organizations working to educate and empower
low-income Latina women and families in Washington County and beyond. From
infants to adults, we serve more than 8,000 families through our holistic
programs annually. We work to ensure Latina women and families are
empowered to fully participate and take on leadership roles in the
community.

Form 990, Part I, Line 6

Board and Committee Members; Volunteers in all programs; Chicas Youth

Devolpement - social, emotional, congitive and physical well-being of

girls, includes after school activities, college field trips, summer camps,

civic engagement and leadership training for girls and their parents;

Early Childhood Education to prepare low-inocome children for school

success and support parents with leadership, parenting and nutrition

classes; Microenterprise - Farmeer's Market and CSA assistants.

Form 990, Part III, Line 4c - Third Accomplishment

launch successful and sustainable small businesses.

Forest Grove Farmers Market (FGFM) is a cross cultural, family focused community event focused on strengthening the local food system, economic vitality, and community identity. Forest Grove Farmers Market provides access to fresh, local foods sold directly from the farmers to consumers and cultivates a space for sharing and celebrating cultural and community

### Adelante Mujeres

traditions. Forest Grove Farmers Market (FGFM) is a cross cultural, family focused community event focused on strengthening the local food system, economic vitality, and community identity. Forest Grove Farmers Market provides access to fresh, local foods sold directly from the farmers to consumers and cultivates a space for sharing and celebrating cultural and community traditions.

Form 990, Part III, Line 4d - All Other Accomplishment

Adult Education is an education program dedicated to the empowerment of low income Latina women to positively impact the entire family. Adult Education provides a holistic education program to adult Latina women, which includes coursework in English Language Development, mathematics, grammar, parenting, and conflict resolution.

ESPERE (Escuela de Perdón y Reconciliación/School of Forgiveness and Reconciliation) is a six-week long workshop that trains individuals to manage conflict with compassion and understanding that leads to healthy, violent-free relationships.

Washington County Civic Leaders Project: Adelante Mujeres is working with participants from communities of color to conduct specific, hands-on leadership training to better equip them to engage in county government decision making and to actively participate in civic life in the county.

Immigrant Solidarity Project: In response to the fear and trauma facing the Spanish speaking community, this project works to provide support and resources for immigrants.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

Name of the organization

Adelante Mujeres

Employer identification number

03-0473181

Finance committee and Executive Director reviews and aproves of tax return prepared by Director of Finance and Operations and reports to the Board of Directors.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

All new board members must read and sign policy statement which is updated

annually and reviewed by Executive Committee.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

Executive Committee and HR Committee review Oregon MBL published study for

comparative salaries for management and invites input from Board and staff,

holds performance review.

Form 990, Part VI, Line 15b - Compensation Process for Officers

Executive Director, Director of Finance and HR Committee determine

salary range based on published MBL Study. Supervisors review employees

performance annually, The Board reviews the Executive Director annually.

No employees are considered key employees, other than the Executive

Director since all employees make under 100,000.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Available upon request and on GuideStar's web site.

Form 4562

Department of the Treasury

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

hment 4

179

Internal Revenue Service Name(s) shown on return

Adelante Mujeres

Identifying number 03-0473181

Business or activity to which this form relates Indirect Depreciation Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I 510,000 1 Maximum amount (see instructions) 1 2 Total cost of section 179 property placed in service (see instructions) 2 3 2,030,000 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 5 (a) Description of property (b) Cost (business use only) 7 7 Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2016 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) 20,136 16 Part III MACRS Depreciation (Don't include listed property.) (See instructions.) Section A 0 MACRS deductions for assets placed in service in tax years beginning before 2017 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2017 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property (business/investment use (e) Convention (f) Method placed in (a) Depreciation deduction only-see instructions) 19a 3-year property b 5-year property 7-year property 10-year property 15-year property 20-year property g 25-year property S/L 25 yrs. h Residential rental S/L 27.5 yrs. MM property 27.5 yrs. MM S/L Nonresidential real MM 39 yrs. S/L property MM S/L Section C-Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs SIL 40-year MM S/L 40 vrs Part IV Summary (See instructions.) Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 20,136 22 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

### ADELANTE Adelante Mujeres 03-0473181

FYE: 6/30/2018

### Federal Asset Report Form 990, Page 1

Asset	Description		Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per	Conv Meth	Prior	Current
Other	Dammalation										
	Depreciation: ECE Equipment		4/30/08	250			250	5	MO S/L	250	0
-	Sold/Scrapped:	6/30/18		a made and a							
3	ECE Dell Compter		2/11/09	563			563	5	MO S/L	563	0
	Sold/Scrapped:	6/30/18					7.00	-	110 07	562	0
4	Chicas Dell Computer	C/20/10	7/30/08	563			563	5	MO S/L	563	0
	Sold/Scrapped:	0/30/18	3/18/09	546			546	5	MO S/L	546	0
5	Empresas Dell Computer Sold/Scrapped:	6/20/19	3/10/09	340			340	2	IVIO 5/L	540	U
6	Telephone System	0/30/18	9/07/10	3,134			3,134	5	MO S/L	3,134	0
U	Sold/Scrapped:	6/30/18	*A. *. (). * *				-9-40-2011				
7	ECE Elison Equipment		9/17/10	715			715		MO S/L	715	0
8	Admin Dell Computer		11/16/10	789			789	5	MO S/L	789	0
	Sold/Scrapped:	6/30/18						-	110 57	617	
9	Empresas Computer	C/20/10	12/07/10	617			617	5	MO S/L	617	0
10	Sold/Scrapped:	6/30/18	5/17/10	2,589			2,589	5	MO S/L	2,589	0
10	ECE Camers & access		7/01/09	1,250			1,250		MO S/L	1,250	0
11	FM Used Equip AE Case for mini laptops		8/11/11	353			353		MO S/L	353	0
12	Sold/Scrapped:	6/30/18	0/11/11	553			000				
13	AE 15 Dell mini laptops		8/15/11	5,440			5,440	5	MO S/L	5,440	0
	Sold/Scrapped:	6/30/18									
14	AG Dell Computer w/monitor	CONTRACTOR VALUE	10/12/11	722			722	5	MO S/L	722	0
	Sold/Scrapped:	6/30/18		271			274		110 07	274	0
15	AG Projector		10/27/11	374			374 703	5	MO S/L MO S/L	374 703	0
16	Admin Ipad & keyboard		10/06/12	703			285	5	MO S/L MO S/L	285	0
17	AG Scale		7/31/12 11/23/12	285 662			662	5	(P2) (P2) (P2) (P2) (P2)	662	0
18	Chicas Ipad		4/10/13	628			628	5		628	0
19	FM Ipad Chicas Macbook		6/06/13	1,199			1,199	5		1,199	ő
20	Admn Printer/copier/fax		8/29/12	350			350	5		350	0
22	Admin Router		8/29/12	160			160	5		160	0
23	Admn Harddrive		8/29/12	427			427	5	MO S/L	427	0
24	FM Tents		7/08/12	229			229	5		229	0
25	FM Banner Stands		9/10/12	2,140			2,140	5		2,069	63
26	Admin Dell Computers (2)		7/01/13	2,163			2,163	5	Control of the state of the sta	1,732	431
27	Chicas Dell Computers (2)		5/22/14	2,246			2,246	5		1,420	449
28	Empresas Dell Computer		5/13/15	1,199			1,199			520 520	240 240
29	AE Dell Compter		5/13/15	1,199			1,199 1,704	5		512	341
30	Admn Laptop		1/15/16 1/15/16	1,704 1,705			1,704			512	341
31	AE Laptop Server		4/01/17	7,458			7,458			1,492	1,492
33	AG CSA Laptop		4/01/17	1.004			1,004	5		201	201
34	DEV Computer - Sabrina		10/01/16	2,015			2,015	5	MO S/L	403	403
35	Dev HP 9050N HP Laser Jet		5/30/17	500			500		MO S/L	100	100
36	Admn Xerox Phaser 6280 Printer		5/30/17	350			350		MO S/L	70	70
37	Used Furniture		5/30/17	1,110			1,110			158	159
38	2030 Main Builoding Purch		3/01/17	441,354			441,354			11,317	11,317
39	2030 Main Land		3/01/17	337,794			337,794	20	Land MO S/L	478	478
40	2030 Bldg Imprv		6/28/17	18,655 870			18,655 870		MO S/L	0	-174
41	Desktop Computer - Fam Eng Lenovo Thinkpad ECE		8/31/17 8/31/17	1,399			1,399		MO S/L	0	280
43	Macbook Pro,AppleTV,-emr\p		9/26/17	2,084			2,084		MO S/L	ő	417
44	Lenovo Thinkpad -Chicas		9/30/17	1,778			1,778	5	MO S/L	0	356
45	Lenovo Thinpad - Lety		9/30/17	1,978			1,978	5	MO S/L	0	396
46	Lenovo Thinkpad Chicas		9/30/17	870			870		MO S/L	0	174
47	7 - Laptop		4/01/18	12,296			12,296		MO S/L	0	1,078
48	Construction in progreess		6/30/18	242,069			242,069		Land	0	163
49	3 Lenovo Thinkpad Yamel		11/30/17	1,399			1,399		MO S/L	0	163
50	3 Lenovo Thinkpad -develp		10/31/17	4,797			4,797		MO S/L MO S/L	0	640 133
51	Lenovo Thinkpad - evelyn		1/31/18	1,601			1,601	•	WIC 3/L		
	Total Other Deprecia	ation		1,116,285	a T		1,116,285	*1		44,052	20,136
	Total ACRS and Oth	er Depre	ciation	1,116,285			1,116,285			44,052	20,136

11/9/2018 9:39 AM		Fund Raising	9,127	i i	Raising	\$ 624
	:mployee)	Management & General	2,316		Manageme	\$ 522
tements	1g - Other Fees for Service (Non-employee)	Program Service	\$ 32,879 25,596 43,947 10,958	- All C	Servi	3,200
Federal Statements	Form 990, Part IX, Line 11g - Other Fo	Total Expenses	\$ 32,879 25,596 43,947 22,401	 Form 990, Part IX, Line 24e	l otal Expenses	\$ 4,346
ADELANTE Adelante Mujeres 03-0473181 FYE: 6/30/2018	Form 99	Description			Description	Donations and gifts Bad Debt Total

# ADELANTE Adelante Mujeres 03-0473181

FYE: 6/30/2018

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Description	Amount
Federal, State, County and local	\$ 877,607
Foundation Operational Grants	1,159,495
Individual and corporate donations Fiesta of Hope	183,844
Cash Contribution	52,160
	13,825
Total	\$ 2,286,931
Schedule A, Part II, Line 8(e)	
Description	Amount
Interest	\$ 1,966

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Total

1,966

Description	Amount
Program service fees	\$ 114.869
CSA and distributor net sales	4,61
Other income	6,95
Contract income	1,691,94
Fiesta of Hope	83,52
Total	\$ 1,901.90

	018
03-0473181	FYE: 6/30/2018
	03-0473181

### Federal Statements

ine 1(e) Amount	\$ 877,607	1,159,495	52,160
Schedule A, Part III, Line 1( Description	Federal, State, County and local	Capital Campaign - Gov Foundation Operational Grants Individual and corporate donations	Fiesta of Hope Cash Contribution

## Schedule A. Part III, Line 2(e)

Total

52,160 13,825

2,286,931

Description						
	fees	tor net sales				
	Program service	CSA and distribut	Other income	Contract income	Fiesta of Hope	Total

114,869 4,617 6,954 1,691,943 83,525

Amount

1,901,908

### Schedule A, Part III, Line 10a(e)

Description	Amount
nterest	\$ 1,966
easing income	
TOT-	\$ 1,966

Total

ADELANTE Adelante Mujeres

03-0473181

### **Federal Statements**

11/9/2018 9:39 AM

FYE: 6/30/2018

Fiesta of Hope

Other Direct Fundraising or Gaming Expenses

 Description
 Amount

 \$ 60,846

 Total
 \$ 60,846