			** PUBLIC DISCLOSURE COPY **	*					
	Ω	00	Return of Organization Exempt From	Income Tax	OMB No. 1545-0047				
For	тy	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (e		2018				
Depa	artment	of the Treasury	Do not enter social security numbers on this form as it may	y be made public.	Open to Public				
		enue Service	Go to www.irs.gov/Form990 for instructions and the late		Inspection				
<u>A I</u>	or th	e 2018 calend	ar year, or tax year beginning JUL 1,2018 and ending	<u>JUN 30, 2019</u>					
B	Check if applicat	le: C Name o	forganization	D Employer identificat	ion number				
_	Addr	aro	s International						
F	_ chan		usiness as	91-127	76578				
	chan Initial returi		and street (or P.O. box if mail is not delivered to street address) Room/su		0370				
		2225	- 4th Avenue, 2nd Floor		528-1066				
	⊥returı termi ated	'n	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	2,799,270.				
	Amer	nded Cost	tle, WA 98121	H(a) Is this a group retur					
	Appli		nd address of principal officer: Alberto Solano	for subordinates?					
	pend		Fourth Ave, 2nd F1, Seattle, WA 98121	H(b) Are all subordinates includ	= =				
1	Гах-ө>			If "No," attach a list					
J١	Nebs		agros.org	H(c) Group exemption n					
κF	Form c	f organization:	X Corporation	ar of formation: 1984 M S	tate of legal domicile: WA				
Pa	art I	Summary							
_	1	Briefly describ	e the organization's mission or most significant activities: Inspired	by the teachin	gs of				
nce		<u>Jesus,</u>	Agros International breaks the cycle of	f poverty and o	creates				
rna	2	Check this bo	$x \mathrel{\blacktriangleright}$ if the organization discontinued its operations or disposed of mo	ore than 25% of its net assets	3.				
Governance	3	Number of vo	ting members of the governing body (Part VI, line 1a)		12				
Ŭ	4	Number of inc	lependent voting members of the governing body (Part VI, line 1b)		12				
es S	5		of individuals employed in calendar year 2018 (Part V, line 2a)		15				
Activities &	6		of volunteers (estimate if necessary)		35				
Acti	7 a	Total unrelate	d business revenue from Part VIII, column (C), line 12		0.				
_	b	Net unrelated	business taxable income from Form 990-T, line 38		0.				
			-	Prior Year	Current Year				
e	8		and grants (Part VIII, line 1h)	1,784,369.	2,540,476.				
Revenue	9		ce revenue (Part VIII, line 2g)	4,361.	0.				
Be	10		come (Part VIII, column (A), lines 3, 4, and 7d)	38,057.	<u> 17,484.</u> -6,778.				
	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>-20,495.</u> 1,806,292.	2,551,182.				
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	211,612.	131,132.				
	13		nilar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4)	0.	0.				
	46	-	r compensation, employee benefits (Part IX, column (A), line 4)	1,382,203.	1,407,699.				
Expenses	15 16a		undraising fees (Part IX, column (A), line 11e)	0.	0.				
Den			ing expenses (Part IX, column (D), line 25) \blacktriangleright 576, 126.						
ň	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	929,418.	859,446.				
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,523,233.	2,398,277.				
	19		expenses. Subtract line 18 from line 12	-716,941.	152,905.				
JO.	_			Beginning of Current Year	End of Year				
Net Assets or Fund Balances	20	Total assets (F		1,247,073.	1,721,971.				
Ass	21	-	(Part X, line 26)	619,317.	941,311.				
Net	22		fund balances. Subtract line 21 from line 20	627,756.	780,660.				
	art II	Signature	Block						
Und	er pen	alties of perjury,	I declare that I have examined this return, including accompanying schedules and state	ments, and to the best of my kn	owledge and belief, it is				
true	, corre	ct, and complete	Declaration of preparer (other than officer) is based on all information of which prepa	rer has any knowledge.					

Sign	Signature of officer		D	ate			
Here	Kenneth B. Kierstead,	<u>Executive Vice Pr</u>	esident				
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN			
Paid	Allen Gilbert, CPA	Allen Gilbert, CH	PA 07/09/2	20 self-employed P01380103			
Preparer	Firm's name 🕒 CliftonLarsonAll	en LLP	Fi	irm's EIN 🕨 41-0746749			
Use Only	Firm's address 🖕 10700 Northup Wa	y, Suite 200					
	Bellevue, WA 980	04	Р	hone no.425-250-6100			
May the IRS discuss this return with the preparer shown above? (see instructions)							
832001 12-3	-18 LHA For Paperwork Reduction Act Noti	ce, see the separate instruction	s.	Form 990 (2018)			

832001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions. See Schedule O for Organization Mission Statement Continuation

Form	n 990 (2018) Agros International	91-1276578 Page 2
Par	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	Agros' mission is to see rural poor families own	n agricultural land,
	attain economic self-sufficiency, realize their	
	and pass on to future generations the values and	d resources that enable
	them to flourish.	
2	Did the organization undertake any significant program services during the year which were no	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any pr	ogram services? Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest prog	gram services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and a	llocations to others, the total expenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$1, 525, 491. including grants of \$131,	132.) (Revenue \$ 64,121.)
	SEE SCHEDULE O	
		-
46		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
		,
		-
4d		
	(Expenses \$ including grants of \$) (Rever	nue \$)
4e	Total program service expenses 1,525,491.	
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 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		
Ū	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	<u> </u>		
3	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
40	If "Yes," complete Schedule D, Part IV	–		- 23
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40		x
	endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	<u>11a</u>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes, " complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? /f "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		<u> </u>
18		10	х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	- 27	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			v
<u></u>	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		<u> </u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	-	v	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		
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 Agros International

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
-	any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2.74		<u> </u>
ZJa		25a		x
	transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	258		<u> </u>
a	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes, " complete			v
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		<u>x</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? /f "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			<u> </u>
01	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	- 31		<u> </u>
52		0.0		x
~~	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		₁₇	
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			X
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 21			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
		1	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 15			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b	If "Yes," enter the name of the foreign country: See Schedule O			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	x	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand			v
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			(00.10)

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 Part VI
 Governance, Management, and Disclosure
 For each "Yes" response to lines 2 through 7b below, and for a "No" response

 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schodule O contains a response or pote to any line in this Part VI

			Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	12		
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent	12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	1		X
6	Did the organization have members or stockholders?			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	76		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	x	1
	Each committee with authority to act on behalf of the governing body?	<u>8</u> b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
3	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	3	-	1 4
00	(Inis Section B requests information about policies not required by the internal Revenue Code.)		Vaa	
<u> </u>	Did the expenization have lead charters, branches, or offiliates?	10-	Yes	N X
	Did the organization have local chapters, branches, or affiliates?	<u>10a</u>		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10		
	and branches to ensure their operations are consistent with the organization's exempt purposes?		x	-
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	? 11a		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
-				-
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<u>12</u> b	X	-
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
_	in Schedule O how this was done		_	-
3	Did the organization have a written whistleblower policy?		X	-
4	Did the organization have a written document retention and destruction policy?	14	X	
5	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official			
b	Other officers or key employees of the organization	<u>15b</u>	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	<u>16a</u>		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
ec	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed WA , CO , CA , OR			
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain in Schedule O)			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,	and finan	cial	
	statements available to the public during the tax year.			
0	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Kenneth Kierstead - 206-528-1066			
	2225 Fourth Avenue, 2nd Floor, Seattle, WA 98121			
			n 990	(00

<u>Form 990 (</u>		91-1276578	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	mpensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (Ď), (E), and (F) if no compensation was paid.

(. .

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

(D)

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

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

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

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

 $\langle \alpha \rangle$

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

(A)	(B) (C)							(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one						Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	s both	n an	compensation	compensation	amount of
	week	<u> </u>	cer an	nd a di	irecto	or/trus	tee)	from	from related	other
	(list any	ector	lirector					the	organizations	compensation
	hours for					ted		organization	(W-2/1099-MISC)	from the
	related	stee i	ruste			SUBC		(W-2/1099-MISC)		organization
	organizations	al tru	onal 1		ploye	com 96				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	rmer			organizations
(1) Stephen Spare	line) 3.00	Ē	Ĕ	9	Ke	Ξ. P	ይ			
Board Chair	5.00	x						ο.	0.	0.
(2) Bart Brynestad	2.00								0.	<u>v.</u>
Director	2.00	x						ο.	0.	0.
(3) Bruce Andrews	2.00							V.	0.	<u>v.</u>
Director	2.00	x						ο.	0.	0.
(4) Chi-Dooh Li	3.00	<u> </u>							0.	<u>0.</u>
Director	5.00	x						0.	0.	0.
(5) Mark Weber	2.00									
Director		x						0.	0.	0.
(6) Molly Delamarter	1.00									
Director		X						0.	0.	0.
(7) Paul Moulton	2.00									
Director		Х						0.	0.	0.
(8) Susanna Hoke	2.00									
Director		X						0.	0.	0.
(9) Dustin Brumbaugh	3.00									
Secretary/Treasurer		x		Х				0.	0.	0.
(10) Robert Kopp	3.00									
Vice Chair	45.00	X		X				0.	0.	0.
(11) Kenneth Kierstad	45.00							101 000	0	11 010
Executive Vice President	45 00			X				121,888.	0.	11,813.
(12) Alberto Solano	45.00							150 060	0	10 040
President (13) Christopher Megargee	45.00	-		X				158,868.	0.	10,848.
Vice President (Former)	45.00	•		x				115,197.	0.	6,072.
	ł			<u> </u>				115,197.	0.	0,072.
		•								
	<u> </u>	1								
		1								
832007 12-31-18										Form 990 (2018)

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(5)

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	990 (2018) Agros Int									91-12	<u>2765</u>	578	Ρ	age 8
Par	Gection A. Onicers, Directors, Trus		oloye	ees,			ghes	t C			<u> </u>		(=)	
	(A) Name and title	(B) Average hours per week	Average hours per (do not check more than one box, unless person is both ar			an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimate amount other		of		
		(list any hours for related organizations below line)	ndividual trustee or director	nstitutional trustee	Officer	ƙey employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fr orga and	pensa om th anizat d relat inizati	ie tion ted
			_	_	0	K	e +							
											\neg			
									205 052				<u> </u>	
							0.			<u>33.</u> 0.				
									395,953.		0.	28	8,7	33.
2	Total number of individuals (including but no compensation from the organization	ot limited to the	ose	liste	d ab	ovej) wh	o re	eceived more than \$100,	000 of reportable			Yes	3 No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for su								highest compensated er		ſ	3	162	x
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportable	ә со	mpe	ensa	tion	and	oth	ner compensation from t	ne organization		4	х	
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i>	-				-			-			5		x
1	tion B. Independent Contractors Complete this table for your five highest co										ensat	ion fro	m	
	the organization. Report compensation for t (A) Name and business			ndir DNE		ith c	or wit	thin	<u>the organization's tax y</u> (B) Description of s			(C omper		n
			INC	/141	2									
2	Total number of independent contractors (ir	-	ot lin	nitec	to t	thos 0		ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz					0	,						000	

		Check if Schedule O contains a response or	note to any line	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	(D) Revenue exclud from tax unde sections 512 - 514
S	1 a	Federated campaigns 1a					
and Other Similar Amounts	b	Membership dues 1b					
	С	Fundraising events 1c 7	60,913.				
ar	d	Related organizations 11	25,927.				
Ē	е	Government grants (contributions) 1e					
ō	f	All other contributions, gifts, grants, and					
TUE		similar amounts not included above If 🏾 , 7	53,636.				
פ		Noncash contributions included in lines 1a-1f: \$1	.47,192.				
	h	Total. Add lines 1a-1f		2,540,476.			
	2 a	<u>B</u>	usiness Code				
Ð	b						
ň	С						
eve	d						
Revenue	е						
	f	All other program service revenue					
	<u>g</u> 3	Total. Add lines 2a-2f Investment income (including dividends, interest					
	5	other similar amounts)		14,115.			14,11
	4	Income from investment of tax-exempt bond pro					
	5	Royalties					
	-	(i) Real	(ii) Personal				
	6 a	Gross rents 1,395.	()				
	b	Less: rental expenses 0.					
		Rental income or (loss) 1,395.					
		Net rental income or (loss)	►	1,395.	1,395.		
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 149,066.	2,475.				
	b	Less: cost or other basis					
		and sales expenses 148,172.	0.				
	С	Gain or (loss) 894.	2,475.	_			
	d	Net gain or (loss)	►	3,369.	2,475.		89
	8 a	Gross income from fundraising events (not					
		including \$ 760,913. of					
		contributions reported on line 1c). See					
			31,572.				
		· · · · · · · · · · · · · · · · · ·	99,916.	60 244			6 6 74
		Net income or (loss) from fundraising events	····· ►	-68,344.			-68,34
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 a					
		Less: direct expenses b					
		, , , , , , , , , , , , , , , , , , ,	····· ►				
'	iu a	Gross sales of inventory, less returns					
	h	and allowances a Less: cost of goods sold b					
		Net income or (loss) from sales of inventory	•				
F	<u> </u>		usiness Code				
	11 a	Bad debt recoveries	900099	49,250.	49,250.		
		Service Trips	900099	11,210.	11,210.		
	с	Other income	900099	3,207.	3,207.		
	d	All other revenue	900099	-3,496.	-3,496.		
		Total. Add lines 11a-11d		60,171.			
1	12	Total revenue. See instructions	► F	2,551,182.	64,041.	0.	-53,33

Agros International

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Agros International

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										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations									
	and domestic governments. See Part IV, line 21	65,324.	65,324.							
2	Grants and other assistance to domestic									
	individuals. See Part IV, line 22									
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign	65 000	65 000							
	individuals. See Part IV, lines 15 and 16	65,808.	65,808.							
4	Benefits paid to or for members									
5	Compensation of current officers, directors,	400 100	151 400	110 110	150 570					
-	trustees, and key employees	422,189.	151,498.	118,112.	152,579.					
6	Compensation not included above, to disqualified									
	persons (as defined under section $4958(f)(1)$) and									
-	persons described in section 4958(c)(3)(B)	810,524.	525,490.	78,123.	206,911.					
7	Other salaries and wages	010,524.	525,490.	/0,123.	200,911.					
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	600.	39.	501.	60					
9	Other employee benefits	53,838.	18,917.	14,230.	60. 20,691.					
9 10	Payroll taxes	120,548.	71,647.	16,553.	32,348.					
11	Fees for services (non-employees):	120, 540.	/1,01/.	10,5551	52,540.					
'' a	Management	110,414.	82,921.	5,954.	21,539.					
a b	Legal	30,344.	12,876.	285.	17,183.					
c	A	29,295.	2,893.	26,402.						
d			_,							
e	Professional fundraising services. See Part IV, line 17									
f	Investment management fees									
g										
Ū	column (A) amount, list line 11g expenses on Sch O.)									
12	Advertising and promotion	43.	13.		30.					
13	Office expenses	114,729.	31,978.	23,863.	58,888.					
14	Information technology	12,907.	9,126.	70.	3,711.					
15	Royalties									
16	Occupancy	190,655.	96,397.	28,662.	65,596.					
17	Travel	97,091.	76,517.	323.	20,251.					
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials \dots									
19	Conferences, conventions, and meetings	10.000								
20	Interest	10,002.	2.	10,000.						
21	Payments to affiliates	40 500	44 004							
22	Depreciation, depletion, and amortization	49,739.	41,334.	2,558.	5,847.					
23	Insurance	23,280.	14,516.	2,667.	6,097.					
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)									
а	Village development pro	62,443.	62,443.							
b	Equipment for Developme	54,422.	52,072.	715.	1,635.					
С	Miscellaneous	32,822.	20,856.	1,111.	10,855.					
d	Loss on program investm	32,494.	32,494.							
е	All other expenses	8,766.	90,330.	-33,469.	-48,095.					
25	Total functional expenses. Add lines 1 through 24e	2,398,277.	1,525,491.	296,660.	576,126.					
26	Joint costs. Complete this line only if the organization									
	reported in column (B) joint costs from a combined									

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Check here

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educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

10 2018.06000 AGROS INTERNATIONAL Form 990 (2018)

Form 990 (2018)

Part X Balance Sheet

га	ιΛ	Dalance Sheet					
		Check if Schedule O contains a response or note	e to any line	in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			426,688.	1	538,375.
	2	Savings and temporary cash investments			35,878.	2	48,215.
	3	Pledges and grants receivable, net		98,801.	3	554,063.	
	4	Accounts receivable, net		4			
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualif					
		section 4958(f)(1)), persons described in section	•	•			
		employers and sponsoring organizations of secti					
Ś		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9				56,349.	9	46,803.
	10a	Land, buildings, and equipment: cost or other					
			10a	382,159.			
	b	basis. Complete Part VI of Schedule D	10b	314,638.	100,339.	10c	67,521.
	11	Investments - publicly traded securities		11	· · · ·		
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line 1	529,018.	13	466,994.		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa			1,247,073.	16	1,721,971.
	17	Accounts payable and accrued expenses		273,105.	17	340,148.	
	18	Grants payable		18			
	19	Deferred revenue	346,212.	19	351,163.		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
(0	22	Loans and other payables to current and former					
Liabilities		key employees, highest compensated employee					
lide		Complete Part II of Schedule L	•	· ·		22	
Ľ	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	250,000.
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines					
		Schedule D				25	
	26			Г	619,317.	26	941,311.
		Organizations that follow SFAS 117 (ASC 958)), check he	re 🕨 🗴 and			
Ś		complete lines 27 through 29, and lines 33 and	d 34.				
nce	27	Unrestricted net assets			-78,424.	27	-257,861.
ala	28				385,027.	28	902,484.
d B	29	Permanently restricted net assets			321,153.	29	136,037.
'n		Organizations that do not follow SFAS 117 (As	SC 958), ch	eck here 🕨 📃			
or H		and complete lines 30 through 34.					
∋ts	30	Capital stock or trust principal, or current funds				30	
SSE	31	Paid-in or capital surplus, or land, building, or eq	uipment fur	nd		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated ind	come, or otl	ner funds		32	
ž	33	Total net assets or fund balances			627,756.	33	780,660.
	34	Total liabilities and net assets/fund balances			1,247,073.	34	1,721,971.
							Form 990 (2018)

Agros International

Form	Agros International	91-	-1276578	Pa	ge 12			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,55	1,1	82.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,398	8,2	77.			
3								
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	62'	7,7	56.			
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.			
10								
	column (B)) 10							
Ра	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				X			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.							
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		<u>2</u> b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	Separate basis X Consolidated basis Both consolidated and separate basis							
С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,							
	review, or compilation of its financial statements and selection of an independent accountant?							
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				1			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud	lit					
	Act and OMB Circular A-133?		<u>3a</u>		<u>x</u>			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				1			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>		000	L			

Form **990** (2018)

SC	ΗE	DU	LE	Α

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

n 990 or Form 990-F**7** Atte ch to Eor

OMB No. 1545-0047
2018
2010
Open to Public
Increation

Department of the Treasury Internal Revenue Service			► Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.						Open to Public Inspection
Name of	the organizati	on						Employer	identification number
			s Internat						1-1276578
Part I	Reason	for Public (Charity Status 🕡	All organizations must co	omplete th	is part.) Se	e instruction	S.	
The orga	nization is not a	ι private found	lation because it is: (l	For lines 1 through 12, c	heck only	one box.)			
1	A church, co	nvention of ch	urches, or associatio	on of churches described	in sectio	on 170(b)(*	I)(A)(i).		
2				Attach Schedule E (Form		• • •			
3				anization described in s			ii).		
4	•	•		njunction with a hospital)(iii). Enter	the hospital's name,
	city, and stat	-	·	, ,					ι <i>,</i>
5			or the benefit of a co	llege or university owned	or operat	ed by a go	overnmental u	init describe	əd in
	section 170(b)(1)(A)(iv). (Complete Part II.)								
6	A federal, sta	te, or local go	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7 X			•	ntial part of its support fi			. ,	he general i	oublic described in
	-		omplete Part II.)		Ũ			5 1	
8	•		, ,	(1)(A)(vi). (Complete Par	t II.)				
9				in section 170(b)(1)(A)(ed in conju	unction with a	land-grant	college
				ulture (see instructions).					
	university:		, , ,	· · · · · ·		, ,	,	0	
10		on that norma	Illy receives: (1) more	than 33 1/3% of its sup	port from a	contributio	ns, members	hip fees, an	d 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.								
			mplete Part III.)	· · · · ·		•		-	
11				ively to test for public sa	fety. See	section 50)9(a)(4) .		
12	An organizati	on organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to ca	arry out the	purposes of one or
	more publicly	supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3).	Check the box in
	lines 12a thro	bugh 12d that	describes the type o	f supporting organization	n and com	plete lines	12e, 12f, and	112g.	
a		•		upervised, or controlled				-	giving
			•	gularly appoint or elect a		-			• •
		-	complete Part IV, Se						
b	Type II. As	supporting org	anization supervised	l or controlled in connect	ion with it	s supporte	ed organizatio	on(s), by hav	<i>i</i> ng
	control or r	nanagement o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
	organizatio	n(s). You mus	t complete Part IV,	Sections A and C.	-				
с 🗌	 Type III fur	nctionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functiona	lly integrate	ed with,
	its support	ed organizatio	n(s) (see instructions). You must complete I	Part IV, Se	ections A,	D, and E.		
d	Type III no	n-functionally	/ integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	rted organiz	zation(s)
	that is not	functionally int	tegrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and	an attentiv	/eness
				nplete Part IV, Sections					
е 🗌	Check this	box if the orga	anization received a \	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III	
	functionally	/ integrated, o	r Type III non-functio	nally integrated supporti	ng organiz	ation.			
f Ent	er the number	of supported o	organizations						
g Pro	vide the follow	ing informatior	n about the supporte	d organization(s).					
	(i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the org in your govern	anization listed ing document?	(v) Amount c	-	(vi) Amount of other
	organizatior	1		above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)

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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18

Total

13 2018.06000 AGROS INTERNATIONAL

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 Agros International

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2977305.	2415173.	2194253.	1784369.	2540476.	11911576.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
4	Total. Add lines 1 through 3	2977305.	2415173.	2194253.	1784369.	2540476.	11911576.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1805482.
6	Public support. Subtract line 5 from line 4.						10106094.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	2977305.	2415173.	2194253.	1784369.	2540476.	11911576.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	44,996.	22,091.	231,757.	62,745.	-85,478.	276,111.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						12187687.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	59,287.
13	First five years. If the Form 990 is for	r the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectior	n 501(c)(3)	
	organization, check this box and stop	bhere					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2018 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	82.92 %
	Public support percentage from 2017					15	<u>75.87 %</u>
16a	33 1/3% support test - 2018. If the o	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2017. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	- 2018. If the org	anization did not c	heck a box on line	9 13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and stop h	iere. Explain in Pa	rt VI how the orga	nization
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	oublicly supported	organization		
b	10% -facts-and-circumstances test	- 2017. If the org	anization did not c	heck a box on line	9 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	ne "facts-and-circur	nstances" test, ch	eck this box and	stop here. Explair	n in Part VI how the	Ð
	organization meets the "facts-and-circ	cumstances" test. ⁻	The organization q	ualifies as a public	ly supported orgar	nization	
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instruction	s ►
					Soho	dula A (Earm 000) or 990-E7) 2018

Scnedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990 EZ) 2018 Agros International

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

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

Section A. Public Support	-	-	-	-		-
Calendar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	r the organization's	s first, second, thir	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiza	ation,
check this box and stop here						····· ►
Section C. Computation of Publi	c Support Per	rcentage				
15 Public support percentage for 2018 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2017		1			16	%
Section D. Computation of Inves	tment Income	e Percentage				
17 Investment income percentage for 2018 Investment income percentage from a					17 18	<u>%</u>
19a 33 1/3% support tests - 2018. If the					33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box ar						
b 33 1/3% support tests - 2017. If the	-	•				ind
line 18 is not more than 33 1/3%, che	•					
20 Private foundation. If the organization		•			•	
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		15	,			,

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Schedule A (Form 990 or 990-EZ) 2018 Agros International

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

No

Yes

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2018

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			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	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		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No, " explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	;).		
а	The organization satisfied the Activities Test. <i>Complete</i> line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		<u> </u>
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
83202	5 10-11-18 Schedule A (Form	990 or 99	90-EZ)	2018

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	. (Form 990 or 990-EZ) 2018 Ag:		
Part V	Type III Non-Functional	y Integrated 509(a)(3) Su	pporting Organizations

1

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

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

instructions).

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990 EZ) 2018 Agros International

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Sect	ion D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exer	npt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
_7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		r	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
_1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
C	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
<u> </u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2018 distributable amount			
<u> i</u>	Carryover from 2013 not applied (see instructions)			
<u> i</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
_	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
e	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

832027 10-11-18

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

OMB No. 1545-0047

2018

Employer identification number

91-1276578

Agros International	Agros	International
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Section:
X 501(c)(3) (enter number) organization
4947(a)(1) nonexempt charitable trust not treated as a private foundation
527 political organization
501(c)(3) exempt private foundation
4947(a)(1) nonexempt charitable trust treated as a private foundation
501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Name of organization

(d) Type of contribution

91-1276578

Agros International

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	
1			

1		\$ <u>100,000.</u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>162,500.</u>	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
3		\$49,789.	PersonPayrollNoncashX(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$40,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$50,000.	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
6		\$50,047.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
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Name of organization

91-1276578

Agros International

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (a) (h) Т

No. Name, address, and ZIP + 4 7	Total contributions 50,400. (c) Total contributions	Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution
(a) (b)	(c)	Payroll Noncash (Complete Part II for noncash contributions.) (d)
\$	β	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) (b) No. Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
[] \$	ß	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) (b) No. Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		Person Payroll Payroll (Complete Part II for noncash contributions.)
(a) (b) No. Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
\$	ß	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) (b) No. Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
\$		Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

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Name of organization

Page 3

Employer identification number

91-1276578

Agros International

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

(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I	792 shares COP Stock		
3			
-		\$49,789.	04/29/19
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I	1120 shares of GNR Stock		
6			
-		\$50,047.	05/16/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-			
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-			
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-			
		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received
Part I		(See instructions.)	<u>Date room ou</u>
-		<u> </u>	
-			

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Page 4

lame of orgar	nization		Employer identification numbe
aros Ti	nternational		91-1276578
Part III E	Exclusively religious, charitable, etc., contribut rom any one contributor. Complete columns (a		tion 501(c)(7), (8), or (10) that total more than \$1,000 for the yea
co	ompleting Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or le	ss for the year. (Enter this info. once.) 🕨 \$
լa) No.	Jse duplicate copies of Part III if additional	space is needed.	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
_		[
-			
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
_			
		e) Transfer of gift	
		(e) Transier of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
-		[
(a) No.			1
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_			
-			— ———
		(e) Transfer of gift	
	Transferee's name, address, a	nd $7IP \pm 4$	Relationship of transferor to transferee
	Transferee 3 hame, address, a		
-			
-		[
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	(b) Fulpose of gift		
		(a) Transfer of	
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
-			
-			

17310709 131839 032-208486-00

2018.06000 AGROS INTERNATIONAL 032-2082

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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.



Department of the Treasury Internal Revenue Service

Name of the organization

►

	Attach to Form 990.	
Go to www.irs.gov/Fo	rm990 for instructions ar	nd the latest information.

Employer identification number

Italli	Agros International		91-1276578
Pa	t I Organizations Maintaining Donor Advised	I Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	96.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	lvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring
Pa			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizatio		
	Preservation of land for public use (e.g., recreation or ec		orically important land area
	Protection of natural habitat	Preservation of a cert	tified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements		
b		atura included in (a)	
C C	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired at listed in the National Degister		
3	listed in the National Register		
0	year	ased, extinguished, or terminated by the	
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period		
-	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
	▶		
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conservat	tion easements during the year
	▶\$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservatio	n easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes t	the organization's accounting for
De	conservation easements.	Art Historical Traceuras ar At	har Cimilar Acasta
Ра	t III Organizations Maintaining Collections of		ner Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (ASC		
	historical treasures, or other similar assets held for public exhi		nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		and belonce about works of out historical
b	If the organization elected, as permitted under SFAS 116 (ASC		
	treasures, or other similar assets held for public exhibition, edu relating to these items:	usation, or research in furtherance of put	אווטעמנע געש איזער אווטעאווע אווטעמנצ
	-		¢
	(i) Revenue included on Form 990, Part VIII, line 1(ii) Assets included in Form 990, Part X		x .
2	If the organization received or held works of art, historical trea	sures or other similar assets for financia	
Z	the following amounts required to be reported under SFAS 11		gan, provido
а	Revenue included on Form 990, Part VIII, line 1	· · ·	▶ \$
b	Assets included in Form 990, Part X		
_	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2018

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2018.06000	AGROS	INTERNATIONAL

Part IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	-		nternationa								B Page 2
cendex all that apply: d Loan or exchange programs a Debto exchange programs e Other	Par	t III Organizations Maintaining C	ollections of Ar	t, Histor	ical Tre	asures, o	r Othe	r Simila	r Assets	(contin	ued)
a Public exhibition d □ can or exchange programs b Schuler preserve 0 Other	3	Using the organization's acquisition, accession	on, and other record	s, check a	ny of the f	ollowing that	are a si	gnificant u	se of its c	ollection	items
b Scholarly research e Other c Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donatons of art, historical treasures, or other similar assests to the solid to raise hunds rather than to be ansimilarined as part of the organization collection? Yee No Part VI Escrew and Custodial Arrangements. Complete if the organization answered "Yes" on Form 980, Part X? Yes No 1 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X? Yes No b If Yes' explain the arrangement in Part XIII and complete the following table: Amount 10 c Beginning balance 4 10 10 10 10 2a Dd the organization include an amount on Form 980, Part X, line 21, for secrew or custodial account liability? Yes No b If Yes' explain the arrangement in Part XIII. Check here if the organization inserved 'Yes' on Form 980, Part X, line 21. Yes No b If Yes' explain the arrangement in Part XIII. Check here if the organization include an endownent the arrangement in Part XIII. Check here if the organization include and there are anaradiatin include and there areal and administered for		(check all that apply):									
e Presensition for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, dd the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise kinds rather than to be maintained as part of the organization's exempt purpose in Part XIII. 6 Derror the year, dd the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise kinds rather than to be maintained as part of the organization answered 'Yes' on Form 980, Part X, line 921, the second arrow of the organization answered 'Yes' on Form 980, Part X, line 21, the second arrow of the arrangement in Part XIII and complete the following table: 6 Definition of the organization include an amount on Form 990, Part X, line 21, for secrem or custodial account liability? 9 Definition organization include an amount on Form 990, Part X, line 21, for secrem or custodial account liability? 9 Definition organization include an amount on Form 990, Part X, line 21, for secrem or custodial account liability? 9 Definition organization include an amount on Form 990, Part X, line 21, for secrem or custodial account liability? 9 Definition organization include an amount on Form 990, Part X, line 21, for secrem or custodial account liability? 9 Definition organization include an amount on Form 990, Part X, line 10, for secrem or custodial account liability? 9 Definition organization include an amount on Form 990, Part X, line 10, for secrem or custodial account liability? 9 Definition organization include an amount on Form 990,	а	Public exhibition	d	I 🔄 Lo	oan or exc	hange progra	ams				
Provide a description of the organization's collections and explain how they further the organization's counter purpose in Part XIII. During the year, did the organization solicit or receive donations of att, historical treasures, or other similar assets to be add to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 980, Part X, line 9, or reported an arrandom to Form 980, Part X, line 21. Is the organization an agent, trustee, custodian or other infermediary for contributions or other assets not included on Form 980, Part X? Is the organization an agent, trustee, custodian or other infermediary for contributions or other assets not included on Form 980, Part X? Is a list the organization an agent, trustee, custodian or other infermediary for contributions or other assets not included on Form 980, Part X? Is a list the organization and part XIII and complete the following table: Candidations during the year Candidations Contributions Contributions Candidations Contributions Contributions Candidations Ca	b	Scholarly research	e	• O	ther						
5 During the year, did the organization solicit or receive donations of art, historical trasures, or other similar assets Year IV Escrow and Curstodial Arrangements. Complete it the organization answered 'Yea' on Form 920, Part IV, line 9, or reported an amount on Form 920, Part X, line 21. 1 Is the organization angement. Insules, custodian or other intermediary for contributions or other assets not included on Form 920, Part XP. No b If 'Yes,' explain the arrangement in Part XII and complete the following table: Image: Complete intermediary for contributions or other assets not included on Form 920, Part XP c Beginning balance Image: Complete intermediary for contributions or outper assets in the complete intermediary for contributions of the organization include an amount on Form 920, Part X, line 21, for secrow or custodial account liability? Yes No b If 'Yes,' explain the arrangement in Part XII. Check here if the explanation has been provided on Part XI, line 10. Part V Fording balance Image: Complete if the organization answered 'Yes' on Form S00, Part X, line 10. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form S00, Part X, line 10. Image: Complete it the organization answered 'Yes' on Form S00, Part X, line 10. 1a Beginning of year balance Image: Complete it the organization answered 'Yes' on Form S00, Part X, line 10. 1a Beding additis or scholarships Image: Complete it the organizati	С	Preservation for future generations									
to be sold to raise funds rether than to be maintained as part of the organization's collection? Yes No Part IV Escrew and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part N, line 9, or reported an amount on Form 990, Part N, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X III and complete the following table: Amount c Baginning balance 1c Amount d Additions during the year 1d If If 2a Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Ves No b thryes, " explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII Im Image: State	4	Provide a description of the organization's co	ollections and explair	n how they	further th	e organizatio	on's exer	npt purpo	se in Part	XIII.	
Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 980, Part IV, line 9, or reported an amount on Form 980, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X line 21. Ves No b If 'Yes,' explain the arrangement in Part XII and complete the following table: Image: Complete intermediary for contributions or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. Amount c Beginning balance Image: Complete intermediary for secret or custolial account liability? Ves No b If 'Yes,' explain the arrangement in Part XII me 21, for secret or custolial account liability? Ves No Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 980, Part IV, line 10. Image: Contributions 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back. (d) Four years back. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back. (d) Four years back. (d) Four years back. 1a Beginning of year balance (a) Current year end balance fine 10, column (a) held as: (b) Power balance (c) Powerepart balance (c) Power Part Part Con	5	During the year, did the organization solicit of	r receive donations o	of art, histo	orical treas	sures, or othe	ər similar	assets		_	
reported an anount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 24, for explaining balance Ves No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount 1a c Beginning balance 1a 1a Amount d Additions during the year 1a 1a 1a 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No Part V Endowment Funds. Complete if the organization nawered 'Yes' on Form 980, Part X, line 24, for escrow or custodial account liability? Ves No b Contributions 4a (a) Durine years back (b) Prior year (b) Prior years back (c) Turce years back (c) Four											No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 960, Part X2 Image: Ves Ves No b If Yes, 'explain the arrangement in Part XIII and complete the following table: Image: Amount	Par			ete if the o	rganizatio	n answered '	'Yes" on	Form 990), Part IV, I	ine 9, or	
on Form 500, Part X? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1d 1d 1d 1d 1d 1d 1d 1d 1d 1d 1d 1d 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (b) Orthree years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back iercert year end balance (line 1g, column (a)) held as: a Orther expenditures for facilities and programs (c) Three years back iercert year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment		•									
b If "Yes," explain the arrangement in Part XIII and complete the following table: anount anount	1a			-						-	
c Beginning belance Image: constraint of the set									L	Yes	No
c Beginning balance 1c id id id	b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	llowing tab	ole:						
d Additions during the year 1d e Distributions during the year 1e 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No Part V Endowment Funds. Complete if the organization answered "Yes' on Form 980, Part X, line 10. Image: Complete if the organization answered "Yes' on Form 980, Part X, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Grants or scholarships (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a diministrative exponses (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 2 Provide the estimated percentage of the current year end balance (line 1g, column (a) held as: (a) Control the organization (a) Control the organization (b) Prive year and programs (c) Control the organization 2 Provide the estimated percen										Amount	
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f Ending balance	d										
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b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, Line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Net investment earnings, gains, and losses (a) Current year end balance (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Other expenditures for facilities (a) Current year end balance (line 1g, column (a) held as: (a) Current year end balance (line 1g, column (a) held as: a Board designated or quasi-endowment (model or ganization that are held and administered for the organization by: (f) unrelated endowment (model or ganizations (b) Permanent endowment (model or ganizations (f) Intere endowment (model or ganizations (g) Intere endowment funds. f(f) unrelated organizations (g) Intere endowment Image. (g) Intere endowment Image. g Permanent endowment (mode ones of the organization's endowment Image. (g) Intere endowment Image. f(f)											
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (b) Current year (c) Prior year (c) Two years back (c) Three years back (e) Four years back c Net investment earnings, gains, and losses (c) Two years back (c) Two years back <td></td> <td>-</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>L</td> <td>_</td> <td></td>		-							L	_	
Ia Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back Ia Beginning of year balance Image: State											
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs	L ai								ware back	(a) Four	voare back
b Contributions	10	Pegipping of year balance	(a) Culterit year		Ji yeai	(C) I WU year	S Daur	(u) mee y	Hais Dauk	(e) Four	years back
c Net investment earnings, gains, and losses	la h										
d Grants or scholarships	U O										
e Other expenditures for facilities and programs	с А										
and programs	u o										
f Administrative expenses	e										
g End of year balance	f										
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Temporarily restricted endowment ▶% main % main % <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>											
a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Temporarily restricted endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:		•	ent vear end halance	e (line 1 a)	column (a)) held as:					
b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	- a				oolanni (ay	<i>y</i> 11010 00.					
c Temporarily restricted endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (ii) related organizations (iii) related organizations (ii) related organizations (iii) related organizations (iiii) related organizations (iii) related organizations (iii) related organizations (iiii) related organizations (iiii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations (iii) related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (c) Accumulated depreciation (d) Book value (d) Book value (d) Book value (d) Book value (ii) Postimum (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (i) Accumulated (inprovements) (i) Accumulated (inpr	h										
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (ii) related organizations (iii) related organizations (ii) related organizations (iii) related organizations (iiii) related organizations (iii) related organization answered "Yes" on Schedule R? (iii) Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value (d) Equipment (d) So (2, 518, 302, 992, 59, 52	c	· · · · · · · · · · · · · · · · · · ·									
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) unrelated organizations 3a(i) (ii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (other) (c) Accumulated depreciation b Buildings 11,083, 111,083, 0. 0. c Leasehold improvements 11,083, 111,083, 0. 0. d Equipment 362,518, 302,992, 59,526. 0. e Other 8,558, 563, 7,995.	-										
by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) c Leasehold improvements c Leasehold improvements d Equipment e Other (c) Accumulated (d) Book value (d) Book value (f) Cost or other (f)	3a		-	ation that a	re held ar	nd administer	ed for th	ne organiza	ation		
(i) unrelated organizations 3a(i) (ii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3tb Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land 1a Land 11,083. 11,083. b Buildings 362,518. 302,992. 59,526. e Other 8,558. 563. 7,995.			0					Ũ		Г	Yes No
(ii) related organizations 3a(ii) 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation Ia Land Image: Colored test of the organized test of the organized test of test		(i) unrelated organizations								3a(i)	
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings (d) Book value c Leasehold improvements 11,083. 11,083. d Equipment 362,518. 302,992. 59,526. e Other 8,558. 563. 7,995.		4								3a(ii)	
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land	b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Sch	edule R?					3b	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	4	Describe in Part XIII the intended uses of the	organization's endo	wment fur	ids.						
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land	Par	t VI Land, Buildings, and Equipm	ent.								
basis (investment) basis (other) depreciation 1a Land		Complete if the organization answered	d "Yes" on Form 990), Part IV, I	ine 11a. S	ee Form 990	, Part X,	line 10.			
b Buildings 11,083. 11,083. 0. c Leasehold improvements 362,518. 302,992. 59,526. e Other 8,558. 563. 7,995.		Description of property			• •		• •		əd	(d) Book	k value
b Buildings 11,083. 11,083. 0. c Leasehold improvements 362,518. 302,992. 59,526. e Other 8,558. 563. 7,995.	1a	Land									
c Leasehold improvements 11,083. 11,083. 0. d Equipment 362,518. 302,992. 59,526. e Other 8,558. 563. 7,995.											
e Other 8,558. 563. 7,995.	c										
	d	Equipment				-					
Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.)	e	Other				8,558.		5	63.		-
	Tota	. Add lines 1a through 1e. <i>(Column (d) must e</i>	qual Form 990, Part	<u>X. column</u>	(B). line 1	<u>))</u>				67	,521.

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 Agros Internationa	cernational
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Complete if the organization answered "Yes" or (a) Description of security or category (including name of security)	(b) Book value			d-of-year market value
	(D) BOOK value	(c) Method of Va	iuation. Cost or en	d-oi-year market value
I) Financial derivatives				
Closely-held equity interests				
) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" or	n Form 990, Part IV, line 1	1c. See Form 990, P	art X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of va	luation: Cost or en	d-of-year market value
(1) Enterprise loans				
(2) receivable	31,094.	Cost		
(3) Land held for village				
(4) development	435,900.	Cost		
(5)				
(6)				
(7)				
(8)				
(9)				
total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►	466,994.			
Part IX Other Assets.				
Complete if the organization answered "Yes" or	n Form 990, Part IV, line 1	1d. See Form 990, P	art X, line 15.	
	escription		,	(b) Book value
(1)	`			
(2)				
(3)				
(4)				
(5)				
(6)				
(6) (7)				
(6) (7) (8)				
(6) (7) (8) (9)				
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	(5.)			
(6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X, col. (B) line T Part X Other Liabilities.				
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line : Part X Other Liabilities. Complete if the organization answered "Yes" or	n Form 990, Part IV, line 1	1e or 11f. See Form	▶ 990, Part X, line 25	5.
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line T Part X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability	n Form 990, Part IV, line 1		▶ 990, Part X, line 25	5.
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line T Part X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability	n Form 990, Part IV, line 1	1e or 11f. See Form	990, Part X, line 25	5.
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line T Part X Other Liabilities. Complete if the organization answered "Yes" or . (a) Description of liability	n Form 990, Part IV, line 1	1e or 11f. See Form	▶ 990, Part X, line 25	5.
(6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line : Part X Other Liabilities. Complete if the organization answered "Yes" or . (a) Description of liability (1) Federal income taxes	n Form 990, Part IV, line 1	1e or 11f. See Form	▶ 990, Part X, line 25	5.
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line : Part X Other Liabilities. Complete if the organization answered "Yes" or . (a) Description of liability (1) Federal income taxes (2) (3)	n Form 990, Part IV, line 1	1e or 11f. See Form	▶ 990, Part X, line 25	5.
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line : Part X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4)	n Form 990, Part IV, line 1	1e or 11f. See Form	▶ 990, Part X, line 25	5.
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line : Part X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	n Form 990, Part IV, line 1	1e or 11f. See Form	▶ 990, Part X, line 25	5.
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line T Part X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	n Form 990, Part IV, line 1	1e or 11f. See Form	▶ 990, Part X, line 25	5.
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line : Part X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	n Form 990, Part IV, line 1	1e or 11f. See Form	990, Part X, line 25	5.
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line : Part X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	n Form 990, Part IV, line 1	1e or 11f. See Form	▶ 990, Part X, line 25	j.
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line : Part X Other Liabilities. Complete if the organization answered "Yes" or 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	n Form 990, Part IV, line 1	1e or 11f. See Form	990, Part X, line 25	5.

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

	dule D (Form 990) 2018 Agros International		91-1276578 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ements With Reven	ue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	ə 12a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial Stat	tements With Exper	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	ə 12a.	
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.		
Pa	t XIII Supplemental Information.		

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

United States. 3 Activities per Region. (T	he following Part	I, line 3 table ca	n be duplicated if additional space is n	eeded.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
				Holistic sustainable	
entral America	2	22	Program services	community development	1,057,926
a Subtotal	2	22			1,057,926
b Total from continuation					
sheets to Part I	0	0			0
c Totals (add lines 3a					
and 3b)	2	22			1,057,926

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, _

SCHEDULE F (Form 990)

Name of the organization

Agros International

Statement of Activities Outside the United States

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

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

832071 10-31-18

Department of the Treasury Internal Revenue Service

5 16.	2018
	Open to Public
	Inspection

L

OMB No. 1545-0047

37

Employer identification number

91-1276578

recipient who rec	recipient who received more than \$5,000. Part II can be duplicated if	recipient who received more than \$5,000. Part II can be duplicated if	additional space is ne	Deded.				
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				6000 6 E	د بر بر د بر بر د بر بر بر	c		
		רכתונומו אוופו וכמ						
2 Enter total number of	recipient organizatio	Enter total number of recipient organizations listed above that are recognized	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt	foreign country, r	ecognized as tax-ex	∋mpt		

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Page 3		(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2018
	IV, line 16.	(g) Description of noncash assistance					Schedi
91-1276578	n Form 990, Part	(f) Amount of noncash assistance					
91	Complete if the organization answered "Yes" on Form 990, Part IV, line 16.	(e) Manner of cash disbursement					
		(d) Amount of cash grant					
tional	e the United Stat	(c) Number of recipients					
Agros International	e to Individuals Outside Iditional space is neede	(b) Region					
Schedule F (Form 990) 2018	r Assista l olicated if	(a) Type of grant or assistance					

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

Schedule F (Form 990) 2018

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Schedule F (Form 990) 2018 Agros International

Part V | Supplemental Information

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

Part I, Line 2:

Agros carries out program activities in Central America either directly through branch offices or in partnership with locally organized affiliates. The latter are reported in Part II: Grants or Other Assistance to Organizations Outside the U.S. The affiliated organizations are recognized as not-for-profit or civic organizations under local laws. Agros International monitors grant funds in the following ways: prior review and analysis of proposed activities and expenses before funds are committed; operating agreements with affiliates that specify the terms and conditions of the funding collaborations; required detailed monthly financial reporting which is reviewed by both program and financial staff prior to release of additional funds; required progress reporting on program accomplishments and performance indicators; program oversight and monitoring by regional and international staff, including site visits; financial review procedures conducted by international staff; and required independent audits for affiliates. Additional monitoring procedures may be implemented depending on the capacities of a particular affiliate or the activities funded.

Part I, line 3:

Accrual basis disbursements.

832075 10-31-18

032 - 2082

SCHEDULE G	DULE G Supplemental Information Regarding Fundraising or Gaming Activities						ities	OMB No. 1545-0047	
(Form 990 or 990-EZ)	rm 990 or 990-EZ) 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.							2018	
Department of the Treasury								Open to Public	
Internal Revenue Service Name of the organization		to www.irs.gov/Form990 for instruction	uction	s and	the latest informati	on.	Employer ide	Inspection Inspection number	
						91-1276			
	ing Activities.	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	í filers are not	
 a Mail solicitat b Internet and c Phone solicit d In-person so 2 a Did the organization key employees list 	ions email solicitations tations licitations on have a written c ed in Form 990, P highest paid indiv	f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover iising d ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes		
(i) Name and address of individual or entity (fundraiser)		(ii) Activity	tivity tiv		tò (e	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization		
			Yes	No					
3 List all states in whi or licensing.	ch the organizatio	n is registered or licensed to solicit c	xontrib	utions	or has been notified	it is	exempt from re	gistration	
LHA For Paperwork Re	eduction Act Noti	ice, see the Instructions for Form 9	90 or	990-E	Z. S	Sche	dule G (Form 9	990 or 990-EZ) 2018	

Sch Pa		le G (Form 990 or 990-EZ) 2018 Agros] I Fundraising Events. Complete if ti	International	"Yes" on Form 990. Par		1276578 Page 2 more than \$15.000	
		of fundraising event contributions and gr					
Revenue	1	Gross receipts	(event type)	(event type)	(total number)	792,485.	
Œ	2	Less: Contributions	760,913.			760,913.	
	3	Gross income (line 1 minus line 2)	31,572.			31,572.	
	4	Cash prizes					
st Expenses	5	Noncash prizes	14 615			14 615	
		Rent/facility costs Food and beverages				<u>14,615.</u> 30,670.	
Direct	8	Entertainment					
	9	Other direct expenses Direct expense summary. Add lines 4 throug				54,631. 99,916.	
Revenue Ba	10 <u>11</u> irt	Net income summary. Subtract line 10 from	line 3, column (d)	990, Part IV, line 19, or i (b) Pull tabs/instant bingo/progressive bingo		-68,344. (d) Total gaming (add col. (a) through col. (c))	
Re	1	Gross revenue					
ses	2	Cash prizes					
Direct Expens	3	Noncash prizes					
Direc	4	Rent/facility costs					
	5	Other direct expenses	Yes%	Yes %	Yes %		
	6	Volunteer labor	□ Tes 70 □ No	No 765 / 76	□ Tes /₀ □ No		
	7 8	Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7					
		ere any of the organization's gaming licenses r Yes, " explain:			ear?	Yes No	

832082 10-03-18

Schedule G (Form 990 or 990-EZ) 2018

<u>Sch</u>	edule G (Form 990 or 990-EZ) 2018 Agros International	<u>91-1</u> 2	276578	Page 3
	Does the organization conduct gaming activities with nonmembers?	[Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	[Yes	📃 No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility		13a	%
b	An outside facility	L	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and recorr	ds:		
	Name			
	Address 🕨			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?]	Yes	No No
h	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the am	ount		
	of gaming revenue retained by the third party \triangleright \$	built		
с	If "Yes," enter name and address of the third party:			
	Name			
	Address			
10	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 💲			
	Description of services provided			
	Director/officer Employee Independent contractor			
	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	,		—
_	retain the state gaming license?		Yes	No No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	in the		
Pa	organization's own exempt activities during the tax year ▶ \$ rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v)	and Dart		ah 10h
<u> </u>	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	, and Fait i	iii, iii ies 9, s	90, 100,
83208		e G (Form s	990 or 990	-EZ) 2018
	38			

Schedule G (Form 990 or 990-EZ)

832084 04-01-18

SCHEDULE I (Form 990)		000	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	d Other Assistance to Organizations, ts, and Individuals in the United States	s in the Unit	izations, ed States		2018 No. 1545-0047
Department of the Treasury Internal Revenue Service)		► Attach to Form 990.	n 990.			Open to Public
Name of the organization	o Crod	Tatavational				ation.		Employer identification number 01_1076578
Part I General In	General Information on Grants and Assistance	d Assistance	_					0100177-76
1 Does the organiz	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	o substantiate the	amount of the grants of	or assistance, the g	Jrantees' eligibility	for the grants or assis	tance, and the selectic	u
criteria used to a	criteria used to award the grants or assistance?	ance?	>)	· · · · · · · · · · · · · · · · · · ·	Yes X No
2 Describe in Part I	Describe in Part IV the organization's procedures for monitoring the use	cedures for monit		of grant funds in the United States	States.			
Part II Grants and	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	omestic Organiz	ations and Domestic	Governments.	omplete if the orga	inization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient th	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	5,000. Part II can	be duplicated if additic	onal space is neede	bd.	14) Mothood of		
1 (a) Name and ad or gov	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(1) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Land Hope Life								Assist rural poor
2225 4th Avenue, 2	2nd floor							families in market-led
Seattle, WA 98121		27-2898839	170(b)(1)(A)(vi)	65,324.	0.			agricultural production
2 Enter total numb	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	id government orç	anizations listed in the	line 1 table				
3 Enter total numb	Enter total number of other organizations listed in the line 1 table	listed in the line 1	table					
LHA For Paperwork	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instructi	ons for Form 990.					Schedule I (Form 990) (2018)

832101 11-02-18

Schedule I (Form 990) (2018) Agros International	onal				91-1276578 Page 2
Part III Grants and Other Assistance to Domestic Individuals. Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	Complete if the organization answered "Yes" on Form 990, Part IV, line 22	00, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	uired in Part I, line	92; Part III, column	(b); and any other add	litional information.	
Part I, Line 2:					
<u>The grantee, Land Hope Life, is an</u>	organization		controlled by Agros	Jros	
International's board of directors	and	whose purposes	are	aligned with	
those of Agros International. Grants	ts are made	for	specific activ	activities in	
support of that mission. Written g	grant agr	agreements se	set forth the terms	e terms,	
conditions and reporting requirements	for	the award.	The grantee	e is audited	
<u>in conjunction with Agros International</u>	_ ນ	annual audit.	t.		

Schedule I (Form 990) (2018)

SC	HEDULE J	Compensation Information	I	OMB No.	545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	-	20	10)
		Compensated Employees		20	10)
Depar	tment of the Treasury	 Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. 		Open to	Publ	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nam	e of the organizatio			identificatio		mber
<u> </u>		Agros International	91-1	127657	8	
Ра	rt I Question	s Regarding Compensation				
					Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c					
	Travel for com					
		cation and gross-up payments				
	Discretionary	spending account Personal services (such as maid, chauffer	ir, cnet)			
	If any of the house	on line to are phonical did the executation follow a written policy regarding permant or				
a		on line 1a are checked, did the organization follow a written policy regarding payment or		46		
2	•			<u>1b</u>		├──
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by all directors, rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
	trustees, and onice			····· <u> </u>		
3	Indicate which if a	ny, of the following the filing organization used to establish the compensation of the organiza	tion's			
•		ector. Check all that apply. Do not check any boxes for methods used by a related organization				
		ation of the CEO/Executive Director, but explain in Part III.	01110			
	X Compensation					
	·	compensation consultant Compensation survey or study				
		ther organizations X Approval by the board or compensation of	ommittee			
		,				
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re					
а	Receive a severance	e payment or change-of-control payment?		4a		Х
b	Participate in, or re	ceive payment from, a supplemental nonqualified retirement plan?		4b		X
С	Participate in, or re	ceive payment from, an equity-based compensation arrangement?		4c		X
	If "Yes" to any of li	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
		c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r					
а	The organization?			<u>5a</u>		X
b		ation?		<u>5b</u>		X
		pr 5b, describe in Part III.				
6	•	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	'n			
	contingent on the r	•				37
a						X
b		ation?		<u>6b</u>		X
_		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				v
~		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				- v
~				8		X
9		id the organization also follow the rebuttable presumption procedure described in				
		1 53.4958-6(c)?				
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Scheo	dule J (Forn	n 990)) 2018

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Schedule J (Form 990) 2018 Adros		International	a 1		91-1276578	578		Page 2
s, Trustee	nplo	yees, and Highest C	Compensated Empl	oyees. Use duplica	te copies if additional s	pace is needed.		
For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII.	oe rep orm 9	borted on Schedule J 90, Part VII.	l, report compensati	on from the organiz	ttion on row (i) and fron	n related organizations	s, described in the instr	uctions, on row (ii).
Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.	bd ind	lividual must equal th	ne total amount of Fo	orm 990, Part VII, Se	ction A, line 1a, applic	able column (D) and (E) amounts for that indiv	/idual.
		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(c)-(l)(a)	in countin (b) reported as deferred on prior Form 990
(1) Alberto Solano	Ű	158,868.	.0	•0	•0	10,848.	169,716.	0
President		- I	•0	•0	•0	-	-	0
	Ξ							
	Ē							
	Ξ							
	<u>(i)</u>							
	Ξ							
	(ii)							
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	<u>(i)</u>							
	Ξ							
	(ii)							
							Schedu	Schedule J (Form 990) 2018

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Schedule J (Form 990) 2018 Agros International	91-1276578 Page 3	е 3
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	this part for any additional information.	
		ĺ
	Schedule J (Form 990) 2018	018

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

2018 **Open to Public** . Inspection

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

Employer identification number
91-1276578

Aaros	International
119100	THOOTHACTONAT

Pai	rt I Types of Property				•			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(c Method of c noncash contrib	determir	•	3
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	8	147,192.	Mkt value 🛛	on r	ece:	ipt
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ()							
26	Other ► ()							
27	Other ► ()							
28	Other 🕨 ()							
29	Number of Forms 8283 received by the organiz	ation during	the tax year for c	ontributions				
	for which the organization completed Form 828	83, Part IV, I	onee Acknowledg	jement				
							Yes	No
30a	During the year, did the organization receive by			, e				
	must hold for at least three years from the date		l contribution, and	which isn't required to be us	sed for			
	exempt purposes for the entire holding period?					<u>30a</u>		<u>X</u>
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	olicy that re	quires the review o	of any nonstandard contribut	tions?	31	X	
32a	Does the organization hire or use third parties of contributions?		0	,, ,		32a		x
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	r for which column (a) is cheo	cked,			
	describe in Part II.							
I HA	For Paperwork Reduction Act Notice, see t	the Instruct	ions for Form 00()	Schedule	M (Eor	m 0001	2018

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

t	his part for any additional information.	,	,		
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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.



Agros International

Form 990, Part I, Line 1, Description of Organization Mission:

paths to prosperity for farming families in rural Latin America.

Form 990, Part III, line 4a

Agros served 403 families in 9 villages and 3 countries with integrated

programs in four core opportunity areas: land ownership, market-led

agriculture, financial empowerment, and health & well-being. Every

community realized meaningful improvementssuch as agricultural

production increases, building community infrastructure, and increased

food securityin each opportunity area.

Bella Vista and Piedra de Horeb, two Agros villages in Honduras, graduated into prosperous self-governance. All the families in both villages own their own homes and agricultural businesses. Everyone has access to basic services like health care, education, and financial services. Many of the families have found financial stability in a unique investment: tilapia. Other investment areas include coffee and livestock.

Agros met the needs of families in Nicaragua despite political and economic turmoil that derailed the work of many other nonprofits. Under these adverse conditions, we implemented a specialized three-pronged approach. First, our programs continued uninterrupted through the crisis. While many non-Agros farming families had difficulties maintaining their production or accessing credit, families in Agros communities maintained and diversified their agribusiness production LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2018) 832211 10-10-18 47

17310709 131839 032-208486-00

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization Agros International	Employer identification number 91-1276578
created stronger market linkages, and continued profitable	business.
Second, we increased our focus on food security by creatin	g a food bank
of basic grains and teaching workshops on backyard gardens	and
livestock production, helping to keep families healthy dur	ing the peak
of the crisis. Finally, we hosted health fairs for Agros f	amilies and
their neighbors. These fairs gave families access to presc	riptions,
ultrasounds, bloodwork, and other medical services not oth	erwise
available.	
Program service expenses includes approximately \$460,000 o	f wages and
benefits paid to employees in Central America who do not r	eceive a US
Form W-2. The wages are included in Part I line 15 and Par	t IX line 7

and 8.

Form 990, Part V, Line 4b, List of Foreign Countries:

El Salvador, Honduras, Nicaragua, Guatemala

Form 990, Part VI, Section B, line 11b:

Form 990 is reviewed by management, and members of the Finance Committee

before it is filed with the IRS in a detailed manner.

Form 990, Part VI, Section B, Line 12c:

All directors and key employees are required to annually review and sign

the conflict of interest statement. There have not been any conflicts.

Form 990, Part VI, Section B, Li	ne 15:	
The compensation for the Executi	ve Director/President position is se	t by
832212 10-10-18	Schedule O (Form 990 or	990-EZ) (2018)
	48	
7310709 131839 032-208486-00	2018.06000 AGROS INTERNATIONAL	032-2082

Name of the organization Agros International	Employer identification number 91-1276578
the board of directors, all of whom are independent, usi	ng data on
compensation rates for comparable positions, the advice	of professionals in
the field, and with consideration for budget constraints	and equity among
positions within the organization. The position of Exec	cutive Vice
President was added in FY17, as an officer of the corpor	ration.
Compensation is approved by the President, in accordance	e with comparable
positions and competitive labor market conditions.	
Form 990, Part VI, Section C, Line 19:	
The organization's Form 990 is available on its website,	www.agros.org, and
public websites including www.Guidestar.org. The Form 1	023 application for
recognition of exemption was filed in 1984. The organiz	ation does not have
a copy and is unable to make it available upon request.	It did not have a
copy on July 15, 1987, and is therefore exempt from the	requirement to make
it available which went into effect at that time. The g	governing documents,
financial statements and conflict of interest policy are	e available on
request.	

The	audi	t committee	e selects the independent accountant for performance	
of	the a	nnual audit	of Agros International's financial statements,	
ove	rsees	the audit,	and meets independently with the auditors at the	
end	of t	he audit.	This process has not changed from the prior year.	

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Form 990, Part XII, Line 2c:

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service	Comp	Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▲ Go to www.irs.gov/Form990 for instructions and the latest information.	ions and Unrelated Pa ered "Yes" on Form 990, Part IV, I ► Attach to Form 990.	rtnerships ine 33, 34, 35b, 3 ti information.	3, or 37.		OMB No. 1545-0047 2018 Open to Public Inspection
Name of the organization	ion Agros International	ional				Employer identification number 91-1276578	ication number 5 7 8
Part I Identificati	on of Disregarded Entities. Complet	Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.	on Form 990, Part IV, line 30				
Name, add	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	r Total income	me End-of-year assets		(f) Direct controlling entity
Part II Identification organization	Identification of Related Tax-Exempt Organizations. organizations during the tax year.	tions. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt	swered "Yes" on Form 990	, Part IV, line 34, b	ecause it had one	or more related tax-exe	ampt
Narr of r	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes NO
Land Hope Life - 2 2225 4th Avenue, 2 Seattle, WA 98121	27-2898839 2nd floor 11	Assist rural poor families in market-led agricultural production	Washington	Public charity	170(b)(1) (A)(vi)	Agros International	
For Paperwork Redu	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	s for Form 990.				Schedule R	Schedule R (Form 990) 2018

טו ר מעמו אטוה וזפעעטנוטוו הטי וזפיניפין פעי איז וווייני אייייייי ייי י

832161 10-02-18 LHA

Schedule R (Form 990) 2018 Agros	os International	onal							91-13	-1276578	Page 2	N
Part III Identification of Related Organizations Taxable as a Partnership. organizations treated as a partnership during the tax year.	ganizations Taxable a	as a Partne X year.		the organiza	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	es" on Form 990	, Part IV, line	34, becaus	e it had one or r	nore relate	q	I
(a)	(q)	(c)	(p)	(e)			(6)	(H)			(k)	l
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)		Share of total income	Share of end-of-year assets		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		r Percentage	e c
		country)			(110.210			Yes NO				T
												l
												I
												1
	:			-						-	-	Ι
Part IV Identification of Related Organizations Laxable as a Corporation organizations treated as a corporation or trust during the tax year.	ganizations laxable a	as a Corpol ng the tax y	or Irust.	ompiete it tne	Complete it the organization answered "Yes" on Form 950, Part IV, line 34, pecause it had one of more related	swered "Yes" on	Form 990, P8	trt IV, IINe G	4, because It na	a one or m	lore related	
(a)			(q)	(c)	(p)	(e)	(J)		(8)	(4)	0	I
Name, address, and EIN of related organization	NIE	Prima	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	/ Share of total p, income	if total me	Share of end-of-year assets	Percentage ownership	9 512(b)(13) controlled entity?	۱.
											_	-1
												Ι
												I
												I
												Ι
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Schedule R (Form 990) 2018 Agros International

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

				_		
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				<u>></u>	Yes	Ŷ
1 During the tax year, did the organization engage in any of the following transactions	s with one or more re	transactions with one or more related organizations listed in Parts II-IV?	in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		×
b Gift. grant. or capital contribution to related organization(s)				1b J	X	
				-	×	
				+	╉	
d Loans or loan guarantees to or for related organization(s)				1q		×
e Loans or loan guarantees by related organization(s)				1e		X
f Dividends from related organization(s)				1f		×
						⊳
g bale of assets to related organization(s)				6	1	4
h Purchase of assets from related organization(s)				þ		×
i Exchange of assets with related organization(s)				1i		×
i Lease of facilities equipment, or other assets to related organization(s)				1i		×
k Lease of facilities, equipment, or other assets from related organization(s)				ŧ		×
I Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			1		×
Berformance of services or membership or fundraising solicitations by related organization(s)	nization(s)			Ę	\vdash	×
B. Sharing of facilities an interest mailing lists or other assets with related organization(s)	nn(s)			÷		×
	(e)III				╈	: >
 Sharing of paid employees with related organization(s) 				٩	+	×
						ł
p Reimbursement paid to related organization(s) for expenses				1p		×
q Reimbursement paid by related organization(s) for expenses				1q		×
r Other transfer of cash or property to related organization(s)				ł		×
				1s		×
s for infor	ho must complete th	is line, including covered r	mation on who must complete this line, including covered relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount involved	olved		
Land Hope Life (also reported in Schedule	6 20 001					
	В	65,324 . Cash	Cash			
(2) Land Hope Life	υ	25,927.	Cash			
(3)						
(4)						
(5)						
(6)						
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Agros International

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2018

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