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Form 990

Department of the Treasury Internal Revenue Service

832001 12-18-08

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

2008

Open to Public Inspection

Address change Name change Initial return suon Amended ratum Applications fooding to the property of the prope		
Address change C	ephone numbe (585	er
Change C	ephone numbe (585	er
Name change Type. Doing Business As	ephone numbe (585	er
Initial return See Specific Insuructions See Specifi	(585	
Termin agon Amended from Applications Application ROCHESTER, NY 14605 Termin agon Amended from Application ROCHESTER, NY 14605 H(a) Is		\ 25 <i>6</i> 8000
Amended return City or town, state or country, and ZIP + 4 Application ROCHESTER, NY 14605 H(a) Is	s receipts \$, 230 <u>~0300</u>
Light Rectified In the Internal Interna	101000hm 4	10,014,921.
pending	s this a group r	eturn
F Name and address of principal officer:	or affiliates?	Yes X No
	re all affiliates inc	cluded? Yes No
		list. (see instructions)
	roup exemption	
	ion: 1968 n	M State of legal domicile: NY
Part I Summary	T ACCUTON	Theore
1 Briefly describe the organization's mission or most significant activities: IBERO-AMERICAN	ACTION	LEAGUE
(IBERO) FOSTERS THE GROWTH AND DEVELOPMENT OF HISP		
(IBERO) FOSTERS THE GROWTH AND DEVELOPMENT OF HISP Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) Total number of employees (Part V, line 2a) Total number of volunteers (estimate if necessary) Total gross unrelated business revenue from Part VIII, line 12, column (C)	1	s. 12
Number of voting members of the governing body (Part VI, line 1a)		12
4 Number of independent voting members of the governing body (Part VI, line 1b)		398
5 Total number of employees (Part V, line 2a)		100
7a Total gross unrelated business revenue from Part VIII, line 12, column (C)		0.
b Net unrelated business taxable income from 990-T, line 34		0.
	or Year	Current Year
7.5	63,925.	8,457,884.
9 Program service revenue (Part VIII, line 2g)	54,526.	1,507,396.
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,067.	187.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8e-9c, 10c, and 11e)	16,304.	24,264.
12 Total revenue - add lines 8 through 11 (must equal Part MI) GOV (A) (Ine 12) 9,0	35,822.	9,989,731.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	44,370.	47,725.
14 Benefits paid to or for members (Part IX, column A), line 4)		
15 Salaries, other compensation, employee benefits (Fart X, column (A) lines 5 100) 6,6	13,165.	7,315,169.
Total Total Control Co	<u> </u>	
b Total fundraising expenses (Part IX, column (D), line 25) GDEN, UT	77,809.	2,738,864.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11r-24r)	35,344.	10,101,758.
	99,522.	
19 Revenue less expenses. Subtract line 18 from line 12		End of Year
	ng of Year 58,796.	4,581,158.
21 Total liabilities (Part X, line 26)	27,287.	3,602,588.
<u> </u>	31,509.	978,570.
Part # Signature Block	,	
Under penalties of penury, I deciare that I have examined this return, including accompanying schedules and statements, and to the tand complete. Deciaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	est of my knowled:	ge and belief, it is true, correct,
and complete. Declaration of prepare (order trial follows) is based on an information of which prepare has any knowledge.		
	1 - 1411	0
sign Duan & Engle		
Sign Here Signature of officer	Date	
Here Signature of officer Hilda R. S. Schen	Date	
Here Signature of officer Hida R. E.Schen Type or print name and title	Date	
Here Signature of officer Type or print name and title Paid Preparer's Date Check if self-	Date Prepare (see ins	er's identifying number structions)
Preparer's Signature of officer Type or print name and title Paid Preparer's signature	(seé ins	er's Identifying number structions)
Paid Preparer's signature Prim's name (or RONADIO & CO, LLP Signature Proparer's Signature Proparer's Signature Firm's name (or RONADIO & CO, LLP	Date Prepare (see ins	er's identifying number structions)
Paid Preparer's Use Only Signature of officer Type or print name and title Preparer's Signature Preparer's Signature Firm's name (or yours if self-employed, self-empl	(seé ins	structions)

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2008)

832002

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice			
	on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
	If "Yes," complete Schedule D, Parts VI, VII, IX, or X as applicable	11	Х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was		·	
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Х	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity			
	located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	X	
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 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, questions 3, 4, or 5? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K.			
	If "No", go to question 25	24a		<u>X</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		_
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_ X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a			
	prior year? If "Yes," complete Schedule L, Part I	25b		X_
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	<u>X</u>	<u></u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial			<u>. </u>
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		<u>X</u>
		Form	990 /	วกกลา

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

Part IV Checklist of Required Schedules (continued) Yes No During the tax year, did any person who is a current or former officer, director, trustee, or key employee: a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other X person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV 28a b Have a family member who had a direct or indirect business relationship with the organization? Х 28b If "Yes," complete Schedule L, Part IV c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional 28c corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х 30 contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? 31 Х 31 If "Yes," complete Schedule N, Part I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X 32 Schedule N, Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? X 34 If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? 35 X 35 If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х

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X

36

37

If "Yes," complete Schedule R, Part V, line 2

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of				103	
	U.S. Information Returns Enter -0- if not applicable	1a	43			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gaming			
	(gambling) winnings to prize winners?	•	• •	1c	Х	
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	398			
b	if at least one is reported on line 2a, did the organization file all required federal employment tax retuin	rns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see		ctions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	ed by t	his return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," 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	author	nty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
b	If "Yes," enter the name of the foreign country:					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank a	and			
	Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		<u>X</u>
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		X
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity	Regar	ding Prohibited	_		
•	Tax Shelter Transaction?			5c	Х	
	Did the organization solicit any contributions that were not tax deductible?			6a		
D	If "Yes," did the organization include with every solicitation an express statement that such contribut were not tax deductible?	lions o	r gms	6b	х	
7	Organizations that may receive deductible contributions under section 170(c).		•	ao		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more	e than	\$ 752	7a		х
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	C (IICIII	Ψ,σ	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as rec	uıred			
	to file Form 8282?			7c		Х
d	If "Yes," Indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	person	al			
	benefit contract?			7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti	ract?		71		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	?		7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0	C as re	quired?	7h		Х
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and sec					
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring or	ganıza	ition, have			
_	excess business holdings at any time during the year?			8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			00		
a b	Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person?			9a 9b		
10	Section 501(c)(7) organizations. Enter: N/A		•	0 0		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	_			
11	Section 501(c)(12) organizations. Enter: N/A					
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.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
<u>b</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b			اــــا	L

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			
	processes, or changes in Schedule O See instructions.			
1a	Enter the number of voting members of the governing body 1a 12			
b	Enter the number of voting members that are independent 1b 12			
2	Did any officer, director, trustee, or key employee nave 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 organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		<u>X</u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	<u>X</u> _	
9a	Does the organization have local chapters, branches, or affiliates?	9a	X	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	9b	<u>X</u>	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must			
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Х	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			.,
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11_		<u>X</u>
<u>sec</u>	tion B. Policies		1	
40.			Yes X	No_
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	^	
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	405	х	
_	to conflicts?	12b		
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	х	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	1-4		
. •	persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
а	The organization's CEO, Executive Director, or top management official?	15a	Х	
b	Other officers or key employees of the organization?	15b		<u>x</u>
-	Describe the process in Schedule O. (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			*********
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure		_	
17	List the states with which a copy of this Form 990 is required to be filed ▶NY			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, ar	nd fina	ncıal	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ion: 🕨		
	GEORGE DICKINSON - (585) 256-8900			
32008	911 EAST MAIN STREET, ROCHESTER, NY 14605			
こくついだり				

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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.

(A)	(B)			(C				(D)	(E)	(F)
Name and Title	Average hours	10		Positi call t			k A	Reportable compensation	Reportable compensation	Estimated amount of
	per	一	leci	ant	mai	арр	עני	from	from related	other
	week	Individual trustee or director				-		the	organizations	compensation
		in in	aste R			ensate		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		혈	onal tr	li	ployee	E 28		(11 2 1000 111100)		and related
		Individ	Institutional frustee	Officer	Key employee	Highest compensated employee	Former			organizations
JOSE CRUZ										
CHAIRMAN	1.00							0.	0.	0
EWIN A. RIVERA			1							
VICE-CHAIRPERSON	1.00	<u> </u>	<u> </u>					0.	0.	0
J. ROBERTO BURGOS									_	
SECRETARY	1.00	<u> </u>	_					0.	0.	0
MARISOL O. LOPEZ	1 00									•
PLANNING COMMITTEE CHAIR KEENAN ALLEN	1.00	├	<u> </u>	\vdash				0.	0.	0
BOARD MEMBER	1 00							0	•	0
ANNETTE R. KENDRICK	1.00		_	\vdash		\vdash		0.	0.	0
BOARD MEMBER	1.00							0.	0.	0
FERNAN CEPERO	1.00	\vdash	 			-		0.		
BOARD MEMBER	1.00		ĺ	!				0.	0.	0
ARTHUR R. HIRST										
BOARD MEMBER	1.00							0.	0.	0
GLADYS P. BURGOS										
BOARD MEMBER	1.00					•		0.	0.	0
JACKLYN ORTIZ										
BOARD MEMBER	1.00							0.	0.	0
KATHIA CASION										
BOARD MEMBER	1.00							0.	0.	0
HILDA R. ESCHER		ļ							_	_
PRESIDENT & CEO	35.00			Х				93,166.	0.	6,397
GEORGE DICKINSON				_					1- 000	
CFO CFO	35.00			Х				64,788.	15,000.	1,244
RUTH COLON	25 00							60 005	•	7 605
C00	35.00				X			60,805.	0.	7,605
	_									

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Pai		VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(A) Name and title	(B) Average			-	C) Ition			(D) Reportable	(E) Reportable		Fe	(F) timate	nd
	Name and the	hours per					арр	oly)	compensation from	compensatio from related	ı [arr	ount o	of
		week	Individual trustee or director	Institutional trustae	Officer	Кеу е пріоуве	Highist compensated	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fro orga and	pensa om the anizati d relate anizati	e Ion ed
			-				-	_						
				-			_	-			_			
				_										
								<u> </u>						
								_						
			_					_						
	Total	<u> </u>	<u> </u>				<u> </u>		218,759.	15,00	00.	1	5,2	46.
2	Total number of individuals (including thos compensation from the organization	e in 1a) who re	ceiv	ed n	nore	tha	ın \$1	00,	000 in reportable				Yes	0 No
3	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for			e, ke	y en	nplo	yee,	or l	highest compensated er	mployee on		3	res	X
4	For any individual listed on line 1a, is the sand related organizations greater than \$15	um of reportab	ole c							the organization		4		х
5	Did any person listed on line 1a receive or the organization? If "Yes," complete Scheen	accrue compe	nsat	ion 1						rices rendered to		5		х
Sec 1	Complete this table for your five highest co	ompensated in	dep	ende	ent c	ont	racte	ors	that received more than	\$100,000 of com	pens	ation f	rom	-
	the organization. NONE (A) Name and business	s address						_	(B) Description of s	services		(C		n
			-											
2	Total number of independent contractors	(including thos	e in	1) w	ho r	ecei	ved	mo	re than \$100,000 in com	pensation			•	
	from the organization	0												

Pa	rt V	II Statement of Revenue .			_		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
its ts	1 8	Federated campaigns 1a					
lan Z	ı	Membership dues 1b					
s, g amo		Fundraising events	93,135.				
gift lar.		Related organizations 1d					
im.	(Government grants (contributions) 1e	7,720,784.				
itio er s	1	All other contributions, gifts, grants, and					
현환		similar amounts not included above 1f 6	<u>43,965.</u>				
Contributions, gifts, grants and other similar amounts	9	Noncash contributions included in lines 1a-1f \$					
O B	1	Total. Add lines 1a-1f	<u> </u>	8457884.			
			Business Code		604 500		
Program Service Revenue	2 8		561000	694,599.			
er.	•	_	624100	515,937.			
m S	•	DAY CARE MISCELLANEOUS	900099	183,565. 113,295.	183,565. 113,295.		
gra Re	9	MISCELLANEOUS	300033	113,293.	113,293.		
Pro	1	All other program service revenue				-	
		Total. Add lines 2a-2f	•	1507396.			
	3	Investment income (including dividends, intere	st, and				
		other similar amounts)	•	187.			187.
	4	Income from investment of tax-exempt bond pr	roceeds ►				
	5	Royalties	▶				
		(i) Real	(ii) Personal				
	6 a	Gross Rents					
	ì	• • • • • • • • • • • • • • • • • • • •		•			
	•	Rental income or (loss)					
		Net rental income or (loss)					
	/ 6	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory Less: cost or other basis					
	•	and sales expenses					
		Gain or (loss)					
		Net gain or (loss)	•				
Other Revenue		Gross income from fundraising events (not including \$ 93,135.of					
eve		contributions reported on line 1c). See					
R Z		Part IV, line 18	49,454.				
E E	ı	Less: direct expenses . b	25,190.				
٠	•	Net income or (loss) from fundraising events	> _	24,264.	24,264.	***************************************	
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 a					
		Less: direct expenses b					
		Net income or (loss) from gaming activities	<u> </u>				
	10 a	Gross sales of inventory, less returns					
		and allowances . a					
		Less: cost of goods sold b			,		
		Net income or (loss) from sales of inventory Miscellaneous Revenue	Business Code				
	11 a		DUSITIESS CODE	İ	,		
	,, ,					-	
		All other revenue					
	•	Total. Add lines 11a-11d	•				
	12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c	c, and 11e	9989731.	1531660.	0.	187.
83200 02-02	9 -09		-				Form 990 (2008)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comp				
	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 governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	47,725.	47,725.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				<u></u>
7	Other salaries and wages	6,247,058.	5,824,894.	422,164.	
8	Pension plan contributions (include section 401(k)			T	
	and section 403(b) employer contributions)	133,016.	124,027.	8,989.	
9	Other employee benefits	220,924.	205,994.	14,930.	
10	Payroll taxes	714,171.	665,909.	48,262.	···
11	Fees for services (non-employees):				
а	Management .				
b	Legal	18,978.	12,641.	6,337.	
С	Accounting	38,692.	25,773.	12,919.	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	329,082.	219,205.	109,877.	_
12	Advertising and promotion	1,327.	906.	421.	
13	Office expenses	697,883.	684,035.	13,848.	
14	Information technology				
15	Royalties				
16	Occupancy	755,506.	660,604.	94,902.	_ _
17	Travel	193,386.	182,573.	10,813.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	25 511		11 055	
19	Conferences, conventions, and meetings	35,511.	23,654.	11,857.	
20	Interest	123,132.	52,121.	71,011.	
21	Payments to affiliates	170 050	110 004	66 025	
22	Depreciation, depletion, and amortization	178,859.	112,824.	66,035.	
23	Insurance	26,824.	24,675.	2,149.	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)			***************************************	
а	BAD DEBTS	290,499.	275,145.	15,354.	
Ь	OTHER	49,185.	46,585.	2,600.	
С					
d					
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	10,101,758.	9,189,290.	912,468.	0.
26	Jaint Casts. Check here If following			T	
	SOP 98-2 Complete this line only if the organization			1	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation	<u> </u>		<u></u>	
922010	12-18-08	 _			Form 990 (2008)

832010 12-18-08

Form **990** (2008)

		(2008) IBERO-AMERICAN	ACTION LEAGUE,	INC.	16-	0954/45	Pa	ge 1
Pa	rt X	Balance Sheet			,	,		
				(A) Beginning of year		(B) End of y	/ear	
	1	Cash - non-interest-bearing		86,999.	1	116	5,5	92
	2	Savings and temporary cash investments			2			
	3	Pledges and grants receivable, net			_3			
	4	Accounts receivable, net		1,805,651.	4	1,179	7,7	30
	5	Receivables from current and former officers, dire	ectors, trustees, key					
	i	employees, or other related parties. Complete Parties	rt II of Schedule L		5			
	6	Receivables from other disqualified persons (as d	efined under section					
		4958(f)(1)) and persons described in section 4958	8(c)(3)(B). Complete					
		Part II of Schedule L			6	· · ·		
sts	7	Notes and loans receivable, net			7			
Assets	8	Inventories for sale or use			8			_
⋖	9	Prepaid expenses and deferred charges		56,284.	9	***************************************		*******
	10a	Land, buildings, and equipment: cost basis	10a 3,980,440.					
	b	Less: accumulated depreciation. Complete						
		Part VI of Schedule D	1,890,964.	2,002,364.	10c	2,089	, 4	<u>76 </u>
	11	Investments - publicly traded securities		1 004 706	11			
	12	Investments - other securities. See Part IV, line 11	l l	1,204,786.	12	909	9,8	14
	13	Investments - program-related. See Part IV, line 1	1		13			
	14	Intangible assets		400 710	14	201		1.0
	15	Other assets. See Part IV, line 11		402,712.	15	285		
	16	Total assets. Add lines 1 through 15 (must equal	line 34)	5,558,796. 1,375,727.	16	4,581 1,522		
	17	Accounts payable and accrued expenses		1,313,121.	17	1,522	2,0	07
	18 19	Grants payable	• •	325,819.	18	247	7 0	80
	20	Deferred revenue	••	323,019.	19	24	, 0	80
,	21	Tax-exempt bond liabilities Escrow account liability. Complete Part IV of Sche	·		20 21			
Liabilities	22	Payables to current and former officers, directors,	, , , , , ,					
ΞĒ	~~	highest compensated employees, and disqualified	· · · · · ·					
Ë		of Schedule L	s persons: complete r art ii	•	22	:		
	23	Secured mortgages and notes payable to unrelate	ed third parties	1,795,605.	23	1,734	1.4	56
	24	Unsecured notes and loans payable			24			
	25	Other liabilities. Complete Part X of Schedule D		330,136.	25	98	3,3	85
	26	Total liabilities. Add lines 17 through 25		3,827,287.	26	3,602		
		Organizations that follow SFAS 117, check her	e X and complete				,	
S		lines 27 through 29, and lines 33 and 34.						
Ĕ	27	Unrestricted net assets		1,180,885.	27			83
3al	28	Temporarily restricted net assets		308,861.	28	169	, 3	74
Net Assets or Fund Balances	29	Permanently restricted net assets		241,763.	29	242	2,0	13
Ī		Organizations that do not follow SFAS 117, che	eck here 🕨 📖 and					
Š		complete lines 30 through 34.						
set	30	Capital stock or trust principal, or current funds			30			
As	31	Paid-in or capital surplus, or land, building, or equ	· · · · · · · · · · · · · · · · · · ·		31			
Net	32	Retained earnings, endowment, accumulated inco	ome, or other funds	1 721 500	32	070) E	70
_	33	Total net assets or fund balances	}	1,731,509.	33	978		
Dat	34 1 XI	Total liabilities and net assets/fund balances		5,558,796.	34	4,581	<u>, , , , , , , , , , , , , , , , , , , </u>	38
rai	* //1	Financial Statements and Reporting					Yes	No
1	Acco	ounting method used to prepare the Form 990:	Cash X Accrual	Other				<u> </u>
		the organization's financial statements compiled o				2a		х
		the organization's financial statements complied by			-	2b	Х	
		es" to lines 2a or 2b, does the organization have a c		 Isibility for oversight of the	audit.			
-		w, or compilation of its financial statements and se	·	•	,	2c	X	
За		result of a federal award, was the organization requ			ile Aud		_	

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Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits?

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2008

Inspection

Name of the organization

Employer identification number

			MERICAN ACTI			INC.			16	0954745
Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st complet	e this par	t.) (see ins	tructions)		
The organ	nization is not	a private foundation	because it is: (Please ch	eck only o	ne organiz	zation.)				
1 🗀	A church, co	nvention of churche	s, or association of chur	ches desc	nbed in se	ction 170	(b)(1)(A)(i)).		
2 🗀	A school des	scribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)						
3 🔲			tal service organization			170(b)(1)	(A)(iii). (At	tach Sche	dule H.)	
4	•	•	operated in conjunction							he hospital's name,
	city, and sta		,		•				•	•
5 🗀	-		benefit of a college or u	niversity o	wned or or	perated by	a govern	mental uni	t describe	ed in
• —	_	(b)(1)(A)(iv). (Comple	•						,	
6 🗆			ent or governmental uni	t describe	d in sectio	n 170(h)(*	11/ Δ 1/ω)			
7 X		-	eives a substantial part					or from the	oeneral r	oublic described in
,	•	(b)(1)(A)(vi). (Comple	•	or its supp	on nom a	governine	intai unit c	i nom me	generar	dolle described in
8 🗀			ection 170(b)(1)(A)(vi).	(Complete	Port II \					
9 🗀	_	•	elves: (1) more than 33		•	rom contr	butions n	nambambi	n food an	d arose receipts from
•			nctions - subject to certa							
			axable income (less sect							
		509(a)(2). (Complete		lion on te	k) ilolii bu	311163363	acquired t	y the orga	ulization	iller Julie 30, 1973.
10 🔲			perated exclusively to te	et for oubl	io oofoty S	co costic	n 500/a)//	1) (coo inc	tructions)	
11 🗀	•		perated exclusively to te perated exclusively for the	•	•					
"	-		ations described in secti		-				•	•
	•				•	, , ,	2). See Se (suon sos ₍	aj(S). One	CK IIIO DOX IIIAI
	a Type	· · · · · · · · · · · · · · · · · · ·	organization and compl		e III - Func		o aratad		d 🗔	Type III - Other
e 🗀			பர் the organization is not			-	_	r mara dia		= =
e										
			han one or more publich						9(a)(1) OF 8	section 509(a)(z).
f			ten determination from t	tne IHS tha	atrısa ıy	pe i, i ype	ii, or Type	9 III		[]
		rganization, check th								. —
9			rganization accepted ar							[v] N
	•	•	irectly controls, either al	one or tog	etner with	persons o	escribed	in (II) and (iii) below,	
	_	- •	upported organization?						• •	11g(i)
	•	<u>-</u>	described in (i) above?				•	•	• •	11g(ii)
			person described in (i) o	` '						11g(iii)
h	Provide the f	following information	about the organizations	the organ	ization sur	oports.				
		<u></u>	(III) Type of			4 3 5 4	4.6 . 10			
	of supported	(ii) EIN	(iii) Type of organization		organization sted in your		u notity the ion in col.	(vi) is organizati	on in col	(vii) Amount of
org	anization		(described on lines 1-9		document?		r support?	(i) organiz U S	ed in the	support
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No	
			(see manuemons)	103		.03	-	163		
		1					[
				 			 - - ·		 	
							 	 	 	
					 		 	 	 	
]					
					-		<u> </u>		 	
									1	
	 						ļ	 		
T-4-4										
Total	Deliver on A	d Donassis S		l	} ^:		<u> </u>	Cab. 1	1 <u> </u>	- 000 000 FT 0000
LHA FOR	rivacy Act ar	ıu raperwork Redu	ction Act Notice, see tl	ne instruc	uons for F	·orm 990.		ocnedul	e A (FOM	n 990 or 990-EZ) 2008

Schedule A (Form 990 or 990 EZ) 2008 IBERO-AMERICAN ACTION LEAGUE, INC. 16-09547 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						:
	ınclude any "unusual grants.")	5,714,304.	5,668,551.	6,456,233.	7,563,925.	8,457,589.	33,860,602.
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		į				
	the organization without charge						
4	Total. Add lines 1 · 3	5,714,304.	5,668,551.	6,456,233.	7,563,925.	8,457,589.	33,860,602.
5	The portion of total contributions						
	by each person (other than a			į			
	governmental unit or publicly		1	Į.			
	supported organization) included		1				
	on line 1 that exceeds 2% of the						
	amount shown on line 11,			[
	column (f)						·
	Public Support. Subtract line 5 from line 4						33,860,602.
	ction B. Total Support			,			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 4	5,714,304.	5,668,551.	6,456,233.	7,563,925.	8,457,589.	33,860,602.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	640	1 514	436	1 067	107	2 052
	and income from similar sources	649.	1,514.	436.	1,067.	187.	3,853.
9							
	activities, whether or not the						
	business is regularly carried on	· · · · · · · · · · · · · · · · · · ·					
10	Other income. Do not include gain						
	or loss from the sale of capital	92 600	44 925		16 204	24 264	160 012
	assets (Explain in Part IV.)	82,609.	44,835.		16,304.	24,204.	168,012.
	Total support. Add lines 7 through 10			t		10 7	34,032,467. ,876,907.
	Gross receipts from related activities,	•	•	!			,010,901.
13	First five years. If the Form 990 is for organization, check this box and stop		nrst, second, third	i, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	▶□
Sec	ction C. Computation of Publi		centage	<u> </u>	·	······	
	Public support percentage for 2008 (I			olumn (fl)		14	99.49 %
15			•			15	97.72 %
	33 1/3% support test - 2008. If the o	•	•	line 13, and line 1	4 is 33 1/3% or n		
	stop here. The organization qualifies	-			, 10 00 17070 01 11	10.0, 0110011 1110 00	► X
b	33 1/3% support test - 2007. If the o			ne 13 or 16a, and l	ine 15 is 33 1/3%	or more, check th	
	and stop here. The organization quali	~		· · · · · · · · · · · · · · · · · · ·		•	. ▶□
17a	10% -facts-and-circumstances test				13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						. ▶□
b	10% -facts-and-circumstances test					7a, and line 15 is	10% or
	more, and if the organization meets th						

Schedule A (Form 990 or 990-EZ) 2008

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Section A. Public Support	Barnzanons	Described in	Section Sus(a	/\=/ (Complete only	/ II уой спескей the bo	ox on line 9 of Part
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and	(4) 2004	(0) 2003	(6) 2000	(0) 2001	(e) 2000	(i) iOtai
membership fees received (Do not						
include any "unusual grants.")						
· · · · · · · · · · · · · · · · · · ·				<u></u> -		
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-	***					
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 · 5	_			<u> </u>		
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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b					<u> </u>	
8 Public support (Subtract line 7c from line 6.)	···-					
Section B. Total Support				<u> </u>	1	1
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	(a) 2004	(6) 2003	(6) 2000	(d) 2007	(6) 2000	(i) Total
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	·					
b Unrelated business taxable income			· · · · <u>-</u>			
(less section 511 taxes) from businesses						ł
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 IV.) 13 Total support (Add lines 9, 10c, 11, and 12)				1		
14 First five years. If the Form 990 is for the	the organization	's first, second, this	d, fourth, or fifth t	ax vear as a sect	on 501(c)(3) organi:	zation.
check this box and stop here	5. 34. 1124(1011	, 5555776, 1711	_,	,	(+)(+) 4:94:11	▶
Section C. Computation of Public	Support Pa	ercentage				
15 Public support percentage for 2008 (Irr			column (fl)		15	
16 Public support percentage from 2007	, ,,	•	JOIGH 111 (1))		16	
Section D. Computation of Invest					110 1	
-					17	
17 Investment income percentage for 200	•	•			18	
18 Investment income percentage from 20				0 1E io 4h		
19a 33 1/3% support tests - 2008. If the c						17 IS HOL
more than 33 1/3%, check this box an	-	-	•			
b 33 1/3% support tests - 2007. If the c						
ting 14 to not more than 22 1/204 shor	k this box and s	stop here. The orga	anization qualifies	as a publicly sup	ported organization	· ► L_
line 18 is not more than 33 1/3%, chec 20 Private foundation. If the organization		-	•			

14

Schedule D

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008
Open to Public Inspection

Name of the organization

IBERO-AMERICAN ACTION LEAGUE, INC.

Employer identification number

Pa	rt I Organizations Maintaining Donor Advised		le or Accounts Complete if the
	organization answered "Yes" to Form 990, Part IV, line		is of Accounts. Complete if the
	Organization answered Tes (0 Form 990, Fait IV, line	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at and of year		(a) i and direction accounts
	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	-	
_	are the organization's property, subject to the organization's e	-	Yes No
6	Did the organization inform all grantees, donors, and donor ad		
Da	for chantable purposes and not for the benefit of the donor or the Conservation Easements. Complete if the organization		
			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or pl		istorically important land area
	Protection of natural habitat	Preservation of certi	fied historic structure
_	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qualified conse	rvation contribution in the form of a co	nservation easement on the last day
	of the tax year.		["""
	Table 1 Company		Held at the End of the Year
a	Total number of conservation easements	•	2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic stru	* * * * * * * * * * * * * * * * * * * *	<u>2c</u>
d	Number of conservation easements included in (c) acquired at		
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the	ne organization during the taxable
	year -		
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, violations,	
	enforcement of the conservation easements it holds?		Yes No
6	Staff or volunteer hours devoted to monitoring, inspecting, and		
7	Amount of expenses incurred in monitoring, inspecting, and e		<u> </u>
8	Does each conservation easement reported on line 2(d) above	satisty the requirements of section 17	
^	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization conservation easements.	on's linancial statements that describe	s the organization's accounting for
Pa	rt III Organizations Maintaining Collections of	Art Historical Treasures or (Other Similar Assets
	Complete if the organization answered "Yes" to Form 9	•	ottici ottilidi Assets.
	Complete it the organization distributed from to form	30,7 4,77,1110 0.	
1a	If the organization elected, as permitted under SFAS 116, not	to report in the revenue statement and	halance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edi		
	the footnote to its financial statements that describes these ite		ubile service, provide, in rat XIV, the text of
ь	If the organization elected, as permitted under SFAS 116, to re		ince sheet works of art, historical treasures
_	or other similar assets held for public exhibition, education, or		
	these items:	research in fortherance of public service	ce, provide the following amounts relating to
	(i) Revenues included in Form 990, Part VIII, line 1		> ¢
	(ii) Assets included in Form 990, Part X		► \$
2	If the organization received or held works of art, historical treat	cures, or other similar assets for finance	tol corp. provide
-	the following amounts required to be reported under SFAS 11		iai gairi, provide
а	Revenues included in Form 990, Part VIII, line 1	o relating to these items:	• •
	Assets included in Form 990, Part X		► \$ ► \$
U	Assets moladed in Form 330, Fall A	•	Ψ
124	For Brivany Act and Bananyork Badyatian Ast Nation and	No. 1 - 4 4 4 5 000	0-1-data D (F 000) 0000

Schedule D (Form 990) 2008

Total. (Column (b) should equal Form 990, Part X, col (B) line 25.) ▶ 98,385.

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Sche	dule D (Form 990) 2008 IBERO-AMERICAN ACTION LEAGUE, INC.		16-0	0954745	Page 4
Pa	Reconciliation of Change in Net Assets from Form 990 to Financial Stat	ements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		9,989,	731.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		10,101,	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-		027.>
4	Net unrealized gains (losses) on investments	4			940.>
	• ,	5			
5	Donated services and use of facilities	6			
6	Investment expenses				
7	Prior period adjustments	7		~511	972.
8	Other (Describe in Part XIV)	8			
9	Total adjustments (net). Add lines 4-8	9			912.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10			,939.
Pa	TXII Reconciliation of Revenue per Audited Financial Statements With Reve	nue per l	Keturn	1	0.00
1	Total revenue, gains, and other support per audited financial statements		1	9,374	,009.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments 2a <9	5,940	<u>.</u> >		
b	Donated services and use of facilities 2b]]		
С	Recoveries of prior year grants				
d		9,782	.>		
е	Add lines 2a through 2d		2e	<615	722.
3	Subtract line 2e from line 1		3	9,989	731.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				<u></u>
٠,	Investment expenses not included on Form 990, Part VIII, line 7b				
a	, <u> </u>		- 1		
Ь			1 . 1		0.
C	Add lines 4a and 4b	•	4c	9,989	
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)		5 Dot:		, / 31 •
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	enses pe	r netu	10 126	0.40
1	Total expenses and losses per audited financial statements .	•	1	10,126	,940.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities		-		
b	Prior year adjustments 2b		4 1		
С	Losses reported on Form 990, Part IX, line 25 2c		_		
d	Other (Describe in Part XIV)	25 , 190	<u>.</u>		
е	Add lines 2a through 2d		2e	25	<u>,190.</u>
3	Subtract line 2e from line 1		3	10,101	<u>,758.</u>
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				
	Other (Describe in Part XIV)		7		
	Add lines 4a and 4b		4c		0.
5		•	5	10,101	
	rt XIV Supplemental Information				,,,,,,
*******		art IV/ linea	16 000	Oh: Bort V. line	4. Dort
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	art IV, Ilnes	ib and	20; Part V, line	4; Part
	art XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	no Tame	ת בי	D	
PAI	RT V, LINE 4: EARNINGS ON IBERO'S ENDOWMENT ARE REST	IKICIE.	D FU	<u> </u>	
~~.		- COM	M T M M	DD CDIE	ama
SCI	HOLARSHIPS TO HISPANIC STUDENTS. IBERO'S SCHOLARSH	LP COM	WT.T.T.	EE SETE	JTS_
SEV	VERAL INDIVIDUALS TO RECEIVE SCHOLARSHIP FUNDS BASEI	ON Y	EARL	<u>Y</u>	
API	PLICATIONS.				
		_			
PAI	RT X: IN ACCORDANCE WITH FASB STAFF POSITION NO. FIR	1 48-3	,		
			-		
тнт	E COMPANY HAAS ELECTED TO DEFER THE APPLICATION OF I	7IN 48	TO	2010, A	ND
				,	· · -
CIII	RRENTLY ACCOUNT FOR EVALUATING UNCERTAIN TAX POSITION	ONS TN	ACC	ORDANCE	
<u> </u>	WILLIEF HOUSEN'S TON BYHLDHILM GMCDRIMM TIM TODITIO			dule D (Form 9	90) 2002
83205	4		Sche	raie D (FORM 8	9U) 2UUG

Part XIV Supplemental Information (continued)
WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES AS THEY RELATE TO ACCOUNTING
FOR CONTINGENCIES.
PART XI, LINE 8 - OTHER ADJUSTMENTS:
LOSS ON INVESTMENT IN SUBSIDIARY: -544972.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
SPECIAL EVENTS EXPENSE: 25190.
LOSS ON INVESTMENT IN SUBSIDIARY: -544972.
PART XIII, LINE 2D - OTHER ADJUSTMENTS:
SPECIAL EVENTS EXPENSE: 25190.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization							Employer ide	ntification number
IBERO-A	MERICA	N ACTION LEA	AGUE	, I	NC.		16-0954	745
Part I Fundraising Activities						ine 1		
Indicate whether the organization rate Mail solicitations Email solicitations Phone solicitations In-person solicitations		e X Solicita f X Solicita g X Special	ition of ition of I fundra	non-g gover using	overnment grants nment grants events			
 2 a Did the organization have a written key employees listed in Form 990, F b If "Yes," list the ten highest paid incompensated at least \$5,000 by the 	Part VII) or er lividuals or e	ntity in connection with p ntitles (fundraisers) purs	orofess suant to	onal for agree	undraising services? ements under which	the f	X Yes	
(ī) Name of individual or entity (fundraiser)		(ii) Activity	(iii) fundi have c or con contrib	ustody trol of	(iv) Gross receipts from activity	to (c	Amount paid r retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
KRISTEN L. MONZEL	GRANT	WRITING	Yes	No X	82,700.		38,826.	43,874.
· · · · · · · · · · · · · · · · · · ·							· · ·	
					<u></u>		–	
				•			-	
- Total		>			82,700.		38,826.	43,874.
3 List all states in which the organization	on is register	ed or licensed to solicit	funds (r has	been notified it is ex	empt	from registrati	on or licensing.

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

Schedule G (Form 990 or 990-EZ) 2008

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000 (c) Other Events (a) Event #1 (b) Event #2 (d) Total Events SCHOLARSHIP LATINO NONE (Add col. (a) through GALA SUMMIT col. (c)) (total number) (event type) (event type) 82,240 60,349 142,589. Gross receipts 93,135. 48,259 44,876 Less: Charitable contributions 49,454. 33,981 15,473 Gross revenue (line 1 minus line 2) Cash prizes Non-cash prizes Direct Expenses Rent/facility costs 13,882. 11,308. 25,190. Other direct expenses 25,190. Direct expense summary. Add lines 4 through 7 in column (d) 24,264. 9 Net income summary. Combine lines 3 and 8 in column (d) Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (Add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Non-cash prizes Rent/facility costs Other direct expenses 5 Yes 6 Volunteer labor Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine lines 1 and 7 in column (d) No Yes 9 Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? 9a b If "No," Explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a b If "Yes," Explain: Does the organization operate gaming activities with nonmembers? 11 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?

Schedule G (Form 990 or 990-EZ) 2008

Schedule G (Form 990 or 990-EZ) 2008 IBERO-AMERICAN ACTION LEAGUE, INC	<u>. 16-09</u>	<u>5</u> 474	5 Pa	age 3
			Yes	No
13 Indicate the percentage of gaming activity operated in:				
a The organization's facility	13a	%		
b An outside facility	13b	%		
14 Provide the name and address of the person who prepares the organization's gaming/special events boo	ks and records:			
Name ▶		-		
Address >		- [
15a Does the organization have a contract with a third party from whom the organization receives gaming rev	renue?	15a		
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ are	nd the amount			
of gaming revenue retained by the third party > \$				
c If "Yes," enter name and address:				
Name ▶		-		
Address		-		
16 Gaming manager information:				
Name ▶		-		
Gaming manager compensation ▶ \$				
Description of services provided ▶		-		
Director/officer Employee Independent contractor		-		
17 Mandatory distributions:				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	>			
retain the state gaming license?		17a	 	ļ
b Enter the amount of distributions required under state law distributed to other exempt organizations or s	pent in the			
organization's own exempt activities during the tax year ▶ \$		1		ŧ

Schedule G (Form 990 or 990-EZ) 2008

SCHEDULE L

(Form 990 or 990-EZ)

Transactions with Interested Persons

► Attach to Form 990 or Form 990-EZ.

► To be completed by organizations that answered

OMB No 1545-0047

Department of the Treasury

"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,

Internal Revenue Service			or	Form 990.	-62, Part v , II	ines soa c	or 400.				insi	pection	
Name of the organizati	on							-	E	mployer	identifi	cation n	umber
	IBE	RO-AME	RICAN	ACTIO	ON LEAG	UE, I	NC.		1	6-09	5474	5	
Part I Excess I					3) and section			ns only).					
To be com	oleted by	organizations	s that ansv	vered "Yes	on Form 99	0. Part IV.	line 25a or 2	25b, or F	orm 990)·EZ, Par	t V, line	40b.	
1	,												ected?
(a) Na	me of disc	qualified pers	son			(b) l	Description of	of transa	ction			Yes	No
· · · · · · · · · · · · · · · · · · ·													
								•					
						_							
2 Enter the amount of	f tax impo	sed on the c	organizatio	n manager	s or disqualifi	ed person	s during the	year un	der				
section 4958										▶ \$			
3 Enter the amount of	f tax, if an	y, on line 2, a	above, reir	nbursed by	y the organiza	ition				▶ \$			
Part II Loans to	and/or	From Int	erested	Persons	S.								
To be com	pleted by	organizations	s that ansv	vered "Yes	on Form 99	0, Part IV,	line 26, or F	orm 990	-EZ, Pa			,	
(a) Name of interes		(b) Loan t			nal principal	(d) Bal	ance due	(e)		(f) App		(g) W	
person and purpo	ose	the organ	nization?	ar	mount			defa	iult?	comm	rttee?	agreei	nent?
		То	From		1		1	Yes	No	Yes	No	Yes	No
LILLIAM TORR	ES –		X		1,500.		1,500.		Х		X	X	<u> </u>
												<u> </u>	
												<u> </u>	
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		<u></u>		+	-							ļ	
							1 500					ļ	L
Total	- Assist	Dor	ofitina	Intovosta	≥ \$ ed Person:		1,500.	İ		ł		<u> </u>	
h													
			s that ansv		on Form 99								
(a) Name of in	terested p	person		(b) Relati	onship betwe the or	en intere: ganization		and		(C) Amou of	int of gr assista	ant or ty ance	ре
 						3			+				
									+		_		
							· · · · · · · · · · · · · · · · · · ·		+-				
													
									+				
									 				
Part IV Busines	s Transa	actions In	volvina	Interest	ed Person	s.							
			_		on Form 99		lines 28a 2	8h or 29	}c				
(a) Name of in					ip between ir		(c) Amo			Descript	ion of		aring of
(2) (14110 0) (1	.э.сское р		"		d the organiz		transa			transacti		organiz	zation's nues?
			ı										

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

Schedule L (Form 990 or 990-EZ) 2008

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

SCHEDULE 0

(Form 990)

14

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008 Open to Public Inspection

Employer identification number Name of the organization 16-0954745 IBERO-AMERICAN ACTION LEAGUE, INC. FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: MINORITIES IN ROCHESTER, NEW YORK AND THE SURROUNDING AREA BY PROVIDING CULTURALLY SENSITIVE PROGRAMS AND SERVICES INTENDED TO RAISE SOCIOECONOMIC STATUS, WELL-BEING AND CITIZENSHIP AWARENESS OF THESE ITS GOALS ARE TO STRENGTHEN FAMILIES AND TO PROVIDE THE INDIVIDUALS. TOOLS AND RESOURCES THAT ENABLE ITS CONSTITUENTS TO ACHIEVE SOCIAL AND ECONOMIC INDEPENDENCE. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: HOUSING SERVICES INCLUDING GRANTS OF \$ 0. **REVENUE \$ 283595. EXPENSES \$ 405345.** SENIOR CITIZEN SERVICES **REVENUE \$ 93694.** EXPENSES \$ 193908. INCLUDING GRANTS OF \$ 0. YOUTH SERVICES INCLUDING GRANTS OF \$ 0. **REVENUE \$ 181339. EXPENSES \$ 130888.** OTHER **REVENUE \$ 914712. EXPENSES \$ 701990.** INCLUDING GRANTS OF \$ 0. FORM 990, PART VI, SECTION A, LINE 10: FORM 990 IS REVIEWED AND APPROVED BY THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS PRIOR TO SUBMISSION.

FORM 990, PART VI, SECTION B, LINE 12C: AS OF THE END OF THE AGENCY'S

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

Schedule O (Form 990) 2008

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 Attach to Form 990. To be completed by organizations to provide

additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

IBERO-AMERICAN ACTION LEAGUE, INC.

Employer identification number 16-0954745

FISCAL YEAR, CONFLICT OF INTEREST STATEMENTS WERE REQUIRED FOR ALL OFFICERS
AND TRUSTEES OF THE BOARD OF DIRECTORS. SUBSEQUENT TO YEAR END, THE
CONFLICT OF INTEREST POLICY WAS MODIFIED TO INCLUDE KEY EMPLOYEES.
CURRENTLY, CONFLICT OF INTEREST STATEMENTS ARE SIGNED BY BOARD MEMBERS AND
KEY EMPLOYEES ON AN ANNUAL BASIS. THE AGENCY FOLLOWS UP ON ANY UNSIGNED
CONFLICT OF INTEREST STATEMENTS UNTIL THEY ARE RECEIVED.
FORM 990, PART VI, SECTION B, LINE 15: AN EXECUTIVE COMMITTEE OF THE BOARD
OF DIRECTORS MEETS TO REVIEW AND GO OVER THE CEO'S PERFORMANCE EVALUATION.
THE DETERMINATION OF THE COMPENSATION LEVEL INVOLVES A COMPARISON OF THE
CEO'S COMPENSATION LEVEL TO OTHER LOCAL SIMILAR SIZED NOT-FOR-PROFIT
ENTITIES. A COMPENSATION LEVEL IS DETERMINED BASED UPON THE ABOVE
PROCEDURES AND THEN VOTED ON AND APPROVED BY THE COMMITTEE. THE AGENCY IS
IN THE PROCESS OF IMPLEMENTING A MORE DETAILED POLICY IN SETTING EXECUTIVE
COMP LEVELS. THE POLICY WILL BE FULLY IMPLEMENTED DURING FISCAL YEAR 2010.
FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS, CONFLICT
OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.
THE PROCESS FOR OVERSIGHT OF THE ORGANIZATION'S AUDIT HAS NOT CHANGED
FROM THE PRIOR YEAR.
SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:
(A) NAME OF PERSON: LILLIAM TORRES
(A) PURPOSE OF LOAN: LOAN FROM THE ORGANIZATION TO INDIVIDUAL

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

832211 12-18-08

Schedule O (Form 990) 2008

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization IBERO-AMERICAN ACTION LEAGUE, INC.	Employer identification number 16-0954745
PART VI, LINE 14	
DOCUMENT RETENTION AND DESTRUCTION POLICY	
THE ORGANIZATION IMPLEMENTED A DOCUMENT RETENTION AND DES	TRUCTION
POLICY SUBSEQUENT TO YEAR END.	
	

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Name of the organization

Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. Related Organizations and Unrelated Partnerships

Open to Publia Inspection

2008

OMB No 1545-0047

► See separate instructions.

IBERO-AMERICAN ACTION LEAGUE, INC.

Employer identification number 16-0954745

Identification of Disregarded Entities Part

rart i luenimication of Disregarded Entitles					
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Identification of Related Tax-Exempt Organizations Part #

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section	(F) Direct controlling entity
IBERO-AMERICAN DEVELOPMENT CORPORATION -				501(c)(3))	
16-1303858, 954 CLIFFORD AVENUE, ROCHESTER,	MANAGE REAL PROPERTY AND				
NY 14621	REFURBISH OR BUILD HOMES	NEW YORK	501(C)(3)	13	
EDISON HOUSING DEVELOPMENT FUND CORPORATION	RENTAL/PROPERTY MANAGEMENT				
- 16-1526969, 911 EAST MAIN STREET,	OF LOW-INCOME HOUSING FOR			_	
ROCHESTER, NY 14605	SENIOR CITIZENS	NEW YORK	501(C)(3)	7	
IBERO HOUSING CORPORATION - 16-1486700	RENTAL/PROPERTY MANAGEMENT				
911 EAST MAIN STREET	OF LOW-INCOME HOUSING FOR				
ROCHESTER, NY 14605	DEV. DISABLED	new york	501(C)(3)	7	
AMAPOLA HOUSING CORPORATION - 16-1570117	RENTAL/PROPERTY MANAGEMENT				
911 EAST MAIN STREET	OF LOW-INCOME HOUSING FOR				
ROCHESTER, NY 14605	DEV. DISABLED	NEW YORK	501(C)(3)	4	
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	ice, see the Instructions for Form 990				Schedule R (Form 990) 2008

832161 12-23-08

Page 2

Part III Identification of Related Organizations Taxable as a Partnership

at or er?			
(J) General or managing partner? Yes No	 		
(H) (I) Dispreparion- are allications? 20 of Schedule Ves No K-1 (Form 1065)			
(H) Disproportionate allocations?			
(G) Share of end-of-year assets			
(F) Share of total income			
(E) Predominant income (related, investment, unrelated)			
(C) (D) Legal domicile (state or foreign foreign country)			
(C) Legal domicile (state or foreign country)			
(B) Primary activity			
(A) Name, address, and EIN of related organization			

Part 1V Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EiN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(C) (D) Legal domicile (state or foreign country)	(E) Type of entity (C corp., S corp., or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
IBERO-AMERICAN INVESTORS CORPORATION - 16-1136198 104 SCIO STREET ROCHESTER, NY 14604	INVESTMENT IN SMALL BUSINESSES	NY	N/A	c corp	<544972.>	909,814.	100.00%
							_

Schedule R (Form 990) 2008

832162 12-23-08

Schedule R (Form 990) 2008 IBERO-AMERICAN ACTION LEAGUE, INC.

Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.			Yes	٥ د	ı
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	arts II-IV?				- 1
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1 a		×	ı
b Gift, grant, or capital contribution to other organization(s)		1	_	×	1
c Gift, grant, or capital contribution from other organization(s)		10		X	
d Loans or loan guarantees to or for other organization(s)		₽		×	I
e Loans or loan guarantees by other organization(s)		-		×	1 1
f Sale of assets to other organization(s)		=		×	1
g Purchase of assets from other organization(s)		-		×	1
		=		×	ı
i Lease of facilities, equipment, or other assets to other organization(s)		-	_	×	1
		<u></u>	_	ļ	ŧ
j Lease of facilities, equipment, or other assets from other organization(s)		-	×		1
k Performance of services or membership or fundraising solicitations for other organization(s)		+		×	1
I Performance of services or membership or fundraising solicitations by other organization(s)		11		X	1
m Sharing of facilities, equipment, mailing lists, or other assets		1		×	1
n Sharing of paid employees		두		×	E
 Reimbursement paid to other organization for expenses 		-		×	1
p Reimbursement paid by other organization for expenses		₽	×		1
		1	\perp	××	1 1
r Curier transier or cash or property from other organization(s). 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	tionships and transaction thresholds.		-	<u>د</u> ا	1 1
€)	(8)	J	<u>©</u>		
Name of other organization(s)	Transacticn type (a-r)	Amount involved	Involv	g q	1
(1) N/A				0	-1
(2)					1
(6)					1
(4)				:	1
(5)					1
(9)					
3.1	Sche	Schedule R (Form 990) 2008	066 m) 2008	~

Page 4

Part VI Unrelated Organizations Taxable as a Partnership

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

Schedule R (Form 990) 2008 General or managing partner? $\widehat{\Xi}$ Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Disproportonate allocations? Ē Share of end-ofyear assets Œ Are all partners section 501(c)(3) organizations? Yes No 9 Legal domicile (state or foreign country) <u>©</u> Primary activity Name, address, and EIN of entity

16-0954745

Page 2

Schedule R-1 (Form 990) 2008 IBERO-AMERICAN ACTION LEAGUE, INC.

Part II Continuation of Identification of Related Tax-Exempt Organizations

(Y)	(8)	()	<u>Q</u>	Œ)	(F)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	Direct controlling entity
BUENA VISTA HOUSING DEVELOPMENT FUND CORPORATION - 16-1871723, 911 EAST MAIN STREET, ROCHESTER, NY 14605	RENTAL/PROPERTY MANAGEMENT OF LOW-INCOME HOUSING FOR SENIOR CITIZENS	NEW YORK	501(C)(3)	7	
					•
					Schedule R-1 (Form 990) 2008

Asset	Description of property												
umber		pla	ate aced ervic		Method IRC sec	/	Life or rate	Line No	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction	
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