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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)

2008

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

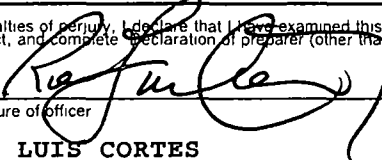
For the 2008 calendar year, or tax year beginning Jul 1, 2008, and ending Jun 30, 2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		C Name of organization NUEVA ESPERANZA, INC. Number and street (or P.O. box if mail is not delivered to street addr) Room/suite 4261 N. 5TH STREET City, town or country State ZIP code + 4 PHILADELPHIA PA 19140		D Employer Identification Number 23-2552707 E Telephone number (215) 324-0746 G Gross receipts \$ 10,188,938.	
F Name and address of principal officer REV LUIS CORTES 4261 N. 5TH STREET PHILADELPHIA PA 19140		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list (see instructions)		H(c) Group exemption number	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: N/A			
K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of Formation 1987		M State of legal domicile PA	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: ORGANIZATION DEVELOPMENT, HIGHER EDUCATION AND JOB TRAINING & PLACEMENT		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3 10	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 9	
	5 Total number of employees (Part V, line 2a)	5 156	
	6 Total number of volunteers (estimate if necessary)	6 0	
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a 0.	
b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 8,647,514.	Current Year 8,492,026.
	9 Program service revenue (Part VIII, line 2g)	1,872,404.	1,676,570.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	80,236.	20,342.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,600,154.	10,188,938.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,799,745.	785,627.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,351,338.	3,806,648.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25)	214,701.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	4,064,379.	3,912,475.	
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	10,215,462.	8,504,750.	
19 Revenue less expenses Subtract line 18 from line 12	384,692.	1,684,188.	
20 Total assets (Part X, line 16)	Beginning of Year 3,678,532.	End of Year 5,362,797.	
21 Total liabilities (Part X, line 26)	857,934.	858,012.	
22 Net assets or fund balances Subtract line 21 from line 20	2,820,598.	4,504,785.	

Part II Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
	Signature of officer  REV LUIS CORTES Type or print name and title	Date 13 May 10

Paid Preparer's Use Only	Preparer's signature D. Natali CPA Dennis L. Natali	Date 05/07/10	Check if self-employed <input checked="" type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 SNYDER, DAITZ & COMPANY 1617 JOHN F. KENNEDY BLVD., SUITE 1035 PHILADELPHIA PA 19103		EIN	Phone no (215) 563-6141

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

g/k

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Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission.

ORGANIZATION DEVELOPMENT, HIGHER
EDUCATION AND JOB TRAINING & PLACEMENT

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If 'Yes,' describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code _____) (Expenses \$ 1,733,569. including grants of \$ 785,627.) (Revenue \$ 2,226,879.)

CAPACITY BUILDING
BUILDING THE CAPACITY OF FAITH BASED AND COMMUNITY BASED
ORGANIZATIONS THROUGH TRAINING AND TECHNICAL ASSISTANCE.

4b (Code _____) (Expenses \$ 2,622,057. including grants of \$ 0.) (Revenue \$ 3,318,472.)

JOB TRAINING
CLASS ROOM TRAINING IN SUCH FEILDS AS COMPUTER LITERACY
AND BUSINESS ADMIN

4c (Code _____) (Expenses \$ 1,207,794. including grants of \$ 0.) (Revenue \$ 1,592,446.)

HIGHER EDUCATION & CAREER PLACEMENT

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

(Expenses \$ 912,613. including grants of \$ 0.) (Revenue \$ 1,290,377.)4e Total program service expenses ▶ \$ 6,476,033. (Must equal Part IX, Line 25, column (B).)

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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
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		X
4 Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		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		
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		X
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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
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		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V		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, VIII, IX, or X as applicable	X	
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	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	X	
14a Did the organization maintain an office, employees, or agents outside of the U S ?		X
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		X
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		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		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I		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		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H		X
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	X	
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		X
23 Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J	X	
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, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K If 'No,' go to question 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
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		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		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		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III		X

Part IV Checklist of Required Schedules (continued)

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

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Form 990 (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1 a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.	1 a 97		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1 b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
2 a 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.	2 a 156		
2 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions).	2 b	X	
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3 a		X
b If 'Yes,' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.	3 b		
4 a 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)?	4 a		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 and Financial Accounts.			
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5 c		
6 a Did the organization solicit any contributions that were not tax deductible?	6 a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6 b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7 a		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year.	7 d		
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7 h		
8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		X
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9 a		X
b Did the organization make any distribution to a donor, donor advisor, or related person?	9 b		X
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12.	10 a		
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10 b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from other members or shareholders.	11 a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11 b		
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.	12 b		

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Form 990 (2008)

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

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.

	Yes	No
1 a Enter the number of voting members of the governing body	1 a 10	
b Enter the number of voting members that are independent	1 b 9	
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 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	X
7 a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7 a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7 b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8 a X	
b Each committee with authority to act on behalf of the governing body?	8 b X	
9 a Does the organization have local chapters, branches, or affiliates?	9 a 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?	9 b	X
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 X	
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	X

Section B: Policies

	Yes	No
12 a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	12 c X	
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 persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a The organization's CEO, Executive Director, or top management official?	15 a X	
b Other officers of key employees of the organization? Describe the process in Schedule O (see instructions)	15 b X	
16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a	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?	16 b	

Section C: Disclosures

17 List the states with which a copy of this Form 990 is required to be filed ► Pennsylvania

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 ☒ Upon request

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial 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
 ► THE ORGANIZATION 4261 N 5TH ST PHILA PA 19140 (215) 324-0746

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

1 a 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) or 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.

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee.

[illegible]

Part VIII 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
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	6,429,458.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,062,568.			
	g Noncash contribns included in lns 1a-1f	\$				
	h Total. Add lines 1a-1f		8,492,026.			
PROGRAM SERVICE REVENUE	2a MANAGEMENT FEES	Business Code 531310	157,172.	157,172.	0.	0.
	b REGISTRATION FEES	611600	1,519,398.	1,519,398.	0.	0.
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		1,676,570.			
	OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		20,342.	20,342.	0.
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6a Gross Rents		(i) Real (ii) Personal				
b Less: rental expenses						
c Rental income or (loss)						
d Net rental income or (loss)						
7a Gross amount from sales of assets other than inventory		(i) Securities (ii) Other				
b Less: cost or other basis and sales expenses						
c Gain or (loss)						
d Net gain or (loss)						
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18		a				
b Less: direct expenses		b				
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities See Part IV, line 19		a				
b Less: direct expenses		b				
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances		a				
b Less: cost of goods sold		b				
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		10,188,938.	1,696,912.	0.	0.	

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 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	785,627.	785,627.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
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	452,350.	0.	394,473.	57,877.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,599,993.	2,129,866.	470,127.	0.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	443,169.	270,988.	162,064.	10,117.
10 Payroll taxes	311,136.	214,337.	90,722.	6,077.
11 Fees for services (non-employees)				
a Management				
b Legal	3,275.	0.	3,275.	0.
c Accounting	23,415.	0.	23,415.	0.
d Lobbying				
e Prof fundraising svcs. See Part IV, ln 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	360,555.	327,716.	27,512.	5,327.
14 Information technology	88,393.	71,981.	15,657.	755.
15 Royalties				
16 Occupancy	698,229.	565,609.	129,159.	3,461.
17 Travel	231,573.	172,066.	58,869.	638.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	244,118.	237,150.	5,670.	1,298.
20 Interest	17,391.	17,391.	0.	0.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	45,523.	28,020.	17,503.	0.
23 Insurance	48,864.	4,450.	44,414.	0.
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.)				
a CONSULTANTS	1,051,240.	702,394.	223,218.	125,628.
b MISCELLANEOUS	241,539.	135,963.	104,911.	665.
c DIRECT PROGRAM COSTS	641,512.	641,512.	0.	0.
d EQUIPMENT	216,848.	170,963.	43,027.	2,858.
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	8,504,750.	6,476,033.	1,814,016.	214,701.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash – non-interest-bearing		1	
	2 Savings and temporary cash investments	1,292,223.	2	1,421,529.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,256,218.	4	1,781,115.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	57,292.	9	154,329.
	10a Land, buildings, and equipment: cost basis	10a 414,368.		
	b Less accumulated depreciation. Complete Part VI of Schedule D	10b 322,224.	10c 137,667.	92,144.
	11 Investments – publicly-traded securities		11	
	12 Investments – other securities. See Part IV, line 11		12	
	13 Investments – program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	935,132.	15	1,913,680.
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,678,532.	16	5,362,797.	
LIABILITIES	17 Accounts payable and accrued expenses	530,077.	17	703,177.
	18 Grants payable		18	
	19 Deferred revenue	138,808.	19	5,136.
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	187,999.	23	148,649.
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	1,050.	25	1,050.
	26 Total liabilities. Add lines 17 through 25	857,934.	26	858,012.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.			
	27 Unrestricted net assets	2,820,598.	27	4,212,257.
	28 Temporarily restricted net assets		28	292,528.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, and equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances.	2,820,598.	33	4,504,785.
	34 Total liabilities and net assets/fund balances.	3,678,532.	34	5,362,797.

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
b Were the organization's financial statements audited by an independent accountant?	2b	X
c If 'Yes' to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X
b If 'Yes,' did the organization undergo the required audit or audits?	3b	X

BAA

Form 990 (2008)

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar 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 include 'unusual grants'.)	7,400,354.	7,846,889.	8,667,661.	8,647,514.	8,492,026.	41,054,444.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
4 Total. Add lines 1-3	7,400,354.	7,846,889.	8,667,661.	8,647,514.	8,492,026.	41,054,444.
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)						2,022,440.
6 Public support. Subtract line 5 from line 4						39,032,004.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	7,400,354.	7,846,889.	8,667,661.	8,647,514.	8,492,026.	41,054,444.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	15,432.	22,734.	55,536.	31,753.	20,342.	145,797.
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 IV.)						
11 Total support. Add lines 7 through 10						41,200,241.
12 Gross receipts from related activities, etc. (see instructions)					12	7,089,445.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	94.74 %
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f	15	97.16 %
16a 33-1/3 support test – 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input checked="" type="checkbox"/>		
b 33-1/3 support test – 2007. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test – 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test – 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
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. ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization'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						
7a Amounts included on lines 1, 2, 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						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 on 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.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%
19a 33-1/3 support tests – 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33-1/3 support tests – 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV. **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

This image shows a full page of white paper with horizontal dashed lines, typical of primary-ruled notebook paper. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings present.

SCHEDULE D
(Form 990)

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, lines 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

NUEVA ESPERANZA, INC.

Employer identification number

23-2552707

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?? ☐ Yes ☐ No

Part II Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	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 structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easement it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- ☐ a Public exhibition
☐ b Scholarly research
☐ c Preservation for future generations
☐ d Loan or exchange programs
☐ e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table

	Amount
1 c	
1 d	
1 e	
1 f	

2 a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV.

Part V Endowment Funds Complete if organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ _____ %
 b Permanent endowment ▶ _____ %
 c Term endowment ▶ _____ %

3 a 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

	Yes	No
3a(i)		
3a(ii)		
3b		

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book Value
1 a Land				
b Buildings				
c Leasehold improvements				
d Equipment		414,368.	322,224.	92,144.
e Other				

Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c)) ▶ **92,144.**

BAA

Schedule D (Form 990) 2008

Part VII Investments—Other Securities See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990 Part X, col (B) line 12.)		

Part VIII Investments—Program Related (See Form 990, Part X, line 13)

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13.)		

Part IX Other Assets (See Form 990, Part X, line 15)

(a) Description	(b) Book value
DUE FROM RELATED ORGANIZATION	1,901,354.
SECURITY DEPOSITS	12,326.
Total. (Column (b) Total (should equal Form 990, Part X, col (B), line 15))	1,913,680.

Part X Other Liabilities (See Form 990, Part X, line 25)

(a) Description of Liability	(b) Amount
Federal Income Taxes	
ESCROW DEPOSITS	1,050.
Total. (Column (b) Total (should equal Form 990, Part X, col (B) line 25))	1,050.

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.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	10,188,938.
2	Total expenses (Form 990, Part IX, column (A), line 25)	8,504,750.
3	Excess or (deficit) for the year Subtract line 2 from line 1	1,684,188.
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net) Add lines 4-8	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	1,684,188.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	10,188,938.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
	a Net unrealized gains on investments	2a	
	b Donated services and use of facilities	2b	
	c Recoveries of prior year grants	2c	
	d Other (Describe in Part XIV)	2d	
	e Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	10,188,938.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	a Investments expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIV)	4b	
	c Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	10,188,938.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	8,504,750.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
	a Donated services and use of facilities	2a	
	b Prior year adjustments	2b	
	c Losses reported on Form 990, Part IX, line 25	2c	
	d Other (Describe in Part XIV)	2d	
	e Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	8,504,750.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investments expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIV)	4b	
	c Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	8,504,750.

Part XIV Supplemental Information

Complete this part to 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; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Part XIV Supplemental Information *(continued)*

Area for supplemental information with horizontal dashed lines.

SCHEDULE E
(Form 990 or 990-EZ)

Schools

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► **To be completed by organizations that answer 'Yes' to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.**
► **Attach to Form 990 or Form 990-EZ.**

Name of the organization

NUEVA ESPERANZA, INC.

Employer identification number

23-2552707

1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?

YES NO

1 X

2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?

2 X

3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it had no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe. If 'No,' please explain.

3 X

NEWSPAPER ADVERTISEMENT

4 Does the organization maintain the following?

a Records indicating the racial composition of the student body, faculty, and administrative staff?

4a X

b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?

4b X

c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?

4c X

d Copies of all material used by the organization or on its behalf to solicit contributions?

4d X

If you answered 'No,' to any of the above, please explain. (If you need more space, attach a separate statement.)

5 Does the organization discriminate by race in any way with respect to

a Students' rights or privileges?

5a X

b Admissions policies?

5b X

c Employment of faculty or administrative staff?

5c X

d Scholarships or other financial assistance?

5d X

e Educational policies?

5e X

f Use of facilities?

5f X

g Athletic programs?

5g X

h Other extracurricular activities?

5h X

If you answered 'Yes,' to any of the above, please explain. (If you need more space, attach a separate statement.)

6a Does the organization receive any financial aid or assistance from a governmental agency?

6a X

b Has the organization's right to such aid ever been revoked or suspended?

6b X

If you answered 'Yes,' to either line 6a or line b, please explain using an attached statement.

7 Does the organization certify that it has complied with the applicable requirements of sections 401 through 405 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.

7 X

► Complete if the organization answered 'Yes,' on Form 990, Part IV, lines 21 or 22.
► Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization

NUEVA ESPERANZA, INC.

Part I.	General Information on Grants and Assistance
----------------	---

Employer identification number

23-2552707

1 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 criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II: Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

[illegible]

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

SCHEDULE J
(Form 990)Department of the Treasury
Internal Revenue Service**Compensation Information****For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees****Attach to Form 990. To be completed by organizations that
answered 'Yes' to Form 990, Part IV, line 23.**

OMB No 1545-0047

2008**Open to Public
Inspection**

Name of the organization

NUEVA ESPERANZA, INC.

Employer identification number

23-2552707**Part I Questions Regarding Compensation****1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?**3** Indicate which, if any, of the following organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a**a** Receive a severance payment or change of control payment?**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If 'Yes' to any of 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:**a** The organization?**b** Any related organization?

If 'Yes' to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:**a** The organization?**b** Any related organization?

If 'Yes' to line 6a or 6b, describe in Part III.

7 For person listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III.**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If 'Yes,' describe in Part III.

Yes

No

1b**X****2****X****4a****X****4b****X****4c****X****5a****X****5b****X****6a****X****6b****X****7****X****8****X****BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule J (Form 990) 2008

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Area with horizontal dashed lines for supplemental information.

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

► 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.

Name of the organization

NUEVA ESPERANZA, INC.

Employer identification number

23-2552707

Pt VI-A, Line 9b ALL AFFILIATES ARE MANAGED BY NUEVA ESPERANZA

Pt VI-A, Line 10 THE BOARD OF DIRECTORS HAS DELEGATED RESPONSIBILITY FOR

REVIEWING THE FORM 990 TO THE FINANCE COMMITTEE. THE 990 IS

DISTRIBUTED TO THE COMMITTEE AT LEAST 15 DAYS PRIOR TO FILING.

Pt VI-B, Line 12c ALL BOARD MEMBERS & EMPLOYEES ARE REVIEWED AND MONITORED

ON AN ANNUAL BASIS - DUE TO THE LIMITED NUMBER OF STAFF

THESE ACTIVITIES CAN CURRENTLY BE MONITORED & EVALUATED ON A

SPECIFIC CASE BY CASE BASIS.

Pt VI-B, Line 15 THE BOARD OF DIRECTORS IS CHARGED WITH THE RESPONSIBILITY

OF APPROVING COMPENSATION OF KEY EMPLOYEES. THE COMMITTEE

REVIEWS DATA ON THE COMPENSATION OF OTHER COMPARABLE

POSITIONS IN SIMILAR NONPROFIT ORGANIZATIONS. FOR THE MEMBERS

OF THE EXECUTIVE TEAM THE ORGANIZATION HIRED AN INDEPENDENT

FIRM TO PERFORM A SALARY STUDY.

Pt VI-C, Line 19 ALL REQUIRED PUBLIC NOTICES ARE MADE IN LOCAL NEWSPAPERS

AND ALL PUBLIC RECORDS ARE ON SITE AND AVAILABLE FOR REVIEW.

Pt VI-A, Line 2 THE PRESIDENT OF THE ORGANIZATION IS THE BROTHER OF A KEY EMPLOYEE

Related Organizations and Unrelated Partnerships

Department of the Treasury
Internal Revenue Service

► Attach to Form 990. To be completed by organizations that answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

Name of the organization

Name of the organization
NUEVA ESPERANZA, INC.

Employer identification number

23-2552707

Part I Identification of Disregarded Entities

[illegible]

Part II: Identification of Related Tax-Exempt Organizations

(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
NUEVA ESPERANZA HOUSING & ECONOMIC 23-2952060 4261 N 5TH ST, PHILADELPHIA PA 19140	PROPERTY DEVELOPMENT & HOUSING COUNSELING PA	PA	501 (C) (3)	7	N/A
NUEVA ESPERANZA ACADEMY CHARTER SCHOOL 23-2853988 4261 N 5TH ST, PHILADELPHIA PA 19140	CHARTER SCHOOL	PA	501 (C) (3)	2	N/A
ARTIST & MUSICIANS OF LATIN AMERICA 31-1616972 4261 N 5TH ST, PHILADELPHIA PA 19140	FOSTER APPRECIATION OF LATIN MUSIC	PA	501 (C) (3)	7	N/A
4261 CORPORATION 23-3023304 4261 N 5TH ST, PHILADELPHIA PA 19140	OPERATION OF RENTAL PROPERTY	PA	501 (C) (3)	9	N/A
ESPERANZA USA 30-0239154 4261 N 5TH ST, PHILADELPHIA PA 19140	DEVELOPMENT AND GROWTH	PA	501 (C) (3)	7	N/A
4530 CORPORATION 23-3085653 4261 N 5TH ST, PHILADELPHIA PA 19140	OPERATION OF RENTAL PROPERTY	PA	501 (C) (3)	9	N/A
See Continuation Sheet for Schedule R-1, Part II					

Part III

[illegible]

Part IV

[illegible]

Part V Transactions With Related Organizations**Note** Complete line 1 if any entity is listed in Parts II, III, or IV

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

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to other organization(s)**c** Gift, grant, or capital contribution from other organization(s)**d** Loans or loan guarantees to or for other organization(s)**e** Loans or loan guarantees by other organization(s)**f** Sale of assets to other organization(s)**g** Purchase of assets from other organization(s)**h** Exchange of assets**i** Lease of facilities, equipment, or other assets to other organization(s)**j** Lease of facilities, equipment, or other assets from other organization(s)**k** Performance of services or membership or fundraising solicitations for other organization(s)**l** Performance of services or membership or fundraising solicitations by other organization(s)**m** Sharing of facilities, equipment, mailing lists, or other assets**n** Sharing of paid employees**o** Reimbursement paid to other organization for expenses**p** Reimbursement paid by other organization for expenses**q** Other transfer of cash or property to other organization(s)**r** Other transfer of 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

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(1) NUEVA ESPERANZA CAMPGROUND AND RETREAT CENTER	C	1,071,917.
(2) 4261 CORPORATION	J	679,386.
(3) 4261 CORPORATION	K	157,172.
(4) 4261 CORPORATION	D	945,763.
(5) NUEVA ESPERANZA ACADEMY CHARTER SCHOOL	P	442,189.
(6) See Continuation Sheet for Schedule R-1, Part V		

BAA

TEEA5003 07/02/08

Schedule R (Form 990) (2008)

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
NUEVA ESPERANZA HOUSING AND ECONOMIC DEVELOPMENT	D	561,926.
NUEVA ESPERANZA HOUSING AND ECONOMIC DEVELOPMENT	P	8,306.
ESPERANZA USA	D	68,554.
ESPERANZA USA	P	47,781.
ARTISTS & MUSIANS OF LATIN AMERICA	B	15,000.
ARTISTS & MUSIANS OF LATIN AMERICA	D	22,468.
4530 CORPORATION	D	302,643.
4530 CORPORATION	P	84,896.
199 HUNTING PARK CORPORATION	E	431,869.

Schedule O (Form 990), Supplemental Information to Form 990

Form 990, Page 2, Part III, Line 4d (continued)

4d Describe the exempt purpose achievements for each of the organization's other program services. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

Code: _____	Description: <u>HEALTHY MARRIAGES & COMPASSION CAPITAL & OTHER</u>
Expenses	<u>912,613.</u>
Grants Of	<u>0.</u>
Revenue	<u>1,290,377.</u>

ESPERANZA
July 1, 2008 to June 30, 2009
Subgrantees

Subgrantes

Type	EIN	Vendor Name	Address	City	State	ZIP	Grant		TOTAL
							Account Code	Grants Account Code	
0601 - Tesoros (CBAE) Yr 1	77-0601589	Templo Calvario Community Development	2617 W Fifth Street	Santa Ana	CA	92703	70200	99001	31,156 50
0601 - Tesoros (CBAE) Yr 1	68-0546004	LA Familia Hispana	22108 Blondon Ct	Wildomar	CA	92595	25,000 00	6,156 50	31,156 50
TOTAL #0601 - TESOROS (CBAE) YR. 1						TOTAL	50,000 00	14,406 50	64,406 50
0604 - Tesoros (CBAE) Yr 2	77-0601589	Templo Calvario Community Development	2617 W Fifth Street	Santa Ana	CA	92703	25,000 00	48,751 31	73,751 31
0604 - Tesoros (CBAE) Yr 2	68-0546004	LA Familia Hispana	22108 Blondon Ct	Wildomar	CA	92595	25,000 00	65,000 00	90,000 00
TOTAL #0604 - TESOROS (CBAE) YR. 2						TOTAL	50,000 00	113,751 31	163,751 31
0602 - HCP (PA Federal) Yr 1	23-2774359	Alpha & Omega Family Life Center	708 Wabank Rd	Lancaster	PA	17603	10,500 00		10,500 00
0602 - HCP (PA Federal) Yr 1	23-3044204	Alpha Training	PO Box 8401	Reading	PA	19603	7,500 00		7,500 00
0602 - HCP (PA Federal) Yr 1	31-1616972	Artists & Musicians of Latin America	4261 N 5th St	Philadelphia	PA	19140	11,000 00		11,000 00
0602 - HCP (PA Federal) Yr 1	23-2687480	AYUDA Community Center	4400 Marshall St	Philadelphia	PA	19140	11,000 00		11,000 00
0602 - HCP (PA Federal) Yr 1	23-2738971	Casa de Consejera y Salud Integral, Inc	213 W Allegheny	Philadelphia	PA	19133	10,000 00		10,000 00
0602 - HCP (PA Federal) Yr 1	26-2360030	Clases de Ingles Conversacional	220 W King St	Lancaster	PA	17603	7,000 00		7,000 00
0602 - HCP (PA Federal) Yr 1	20-3056715	Cornerstone Home	739 E 4th St	Bethlehem	PA	18015	10,000 00		10,000 00
0602 - HCP (PA Federal) Yr 1	23-1882308	Council of Spanish Speaking Organization of	520 E 4th St	Bethlehem	PA	18015	2,500 00		2,500 00
0602 - HCP (PA Federal) Yr 1	23-2669059	In the Light Ministries	415 S Shippen St	Lancaster	PA	17602	7,500 00		7,500 00
0602 - HCP (PA Federal) Yr 1	56-2541943	Iglesia de Jesucristo Pentecostes UCC Inc	625 Chew Street	Allentown	PA	18102	2,500 00		2,500 00
0602 - HCP (PA Federal) Yr 1	56-2592941	In the Light Ministries	427 W Susquehanna Ave	Philadelphia	PA	19122	10,000 00		10,000 00
0602 - HCP (PA Federal) Yr 1	20-3453466	Life Academy	855 N Maxwell St	Allentown	PA	18109	12,000 00		12,000 00
0602 - HCP (PA Federal) Yr 1	26-3327625	Men In Motion In the Community	4754 Sheffield St	Philadelphia	PA	19136	9,960 00		9,960 00
0602 - HCP (PA Federal) Yr 1	23-2045157	Norris Square Neighborhood Project	2141 N Howard St	Philadelphia	PA	19122	12,000 00		12,000 00
0602 - HCP (PA Federal) Yr 1	75416465	Open Heart Ministry (Columbia)	438 E End Ave	Lancaster	PA	17602	7,500 00		7,500 00
0602 - HCP (PA Federal) Yr 1	23-2789861	Partner for Families	329 E Main St	Norristown	PA	19401	2,500 00		2,500 00
0602 - HCP (PA Federal) Yr 1	23-2612697	Primera Iglesia Hispana A/G	RR 6 Box 6509	Saylorsburg	PA	18353	2,500 00		2,500 00
0602 - HCP (PA Federal) Yr 1	23-2872460	Revolution Airway (First Hispanic Baptist	65 Oxford Village	Lancaster	PA	17602	12,000 00		12,000 00
0602 - HCP (PA Federal) Yr 1	74-3191108	Shooting Stars of the Lehigh Valley	552 S Benner Ave	Bethlehem	PA	18105	5,000 00		5,000 00
0602 - HCP (PA Federal) Yr 1	23-1683050	South Bethlehem Neighborhood Center	700 Evans St	Bethlehem	PA	18105	10,000 00		10,000 00
0602 - HCP (PA Federal) Yr 1	23-2268032	Spanish Church of God of Reading	123 N 6th St	Reading	PA	19601	7,400 00		7,400 00
0602 - HCP (PA Federal) Yr 1	14-2005722	The Nehemiah Wall	132 E Broad St	Bethlehem	PA	18018	11,640 00		11,640 00
0602 - HCP (PA Federal) Yr 1	80-0092319	Urban Worship Center	8500 Parkwood Ln	Philadelphia	PA	19128	8,000 00		8,000 00
0602 - HCP (PA Federal) Yr 1	23-2878803	Violence Prevention Roundtable	500 Buttonwood St	Reading	PA	19601	10,000 00		10,000 00
TOTAL #0602 HCP (PA Federal) YR. 1						TOTAL	200,000 00	-	200,000 00

ESPERANZA
July 1, 2008 to June 30, 2009
Subgrantees

Subgrantes

Type	EIN	Vendor Name	Address	City	State	ZIP	Grant Account Code	70200	Grants Account Code	99001	TOTAL
0605 - HCP (PA Federal) Yr 2	51-0489964	Casa Refugio	1436 E 5th St	Bethlehem	PA	18015		5,400 00			5,400 00
0605 - HCP (PA Federal) Yr 2	23-2774359	Alpha & Omega Family Life Center	708 Wabank Rd	Lancaster	PA	17603		7,200 00			7,200 00
0605 - HCP (PA Federal) Yr 2	31-1616972	Artists & Musicians of Latin America	4261 N 5th St	Philadelphia	PA	19140		6,000 00			6,000 00
0605 - HCP (PA Federal) Yr 2	23-2687480	AYUDA Community Center	4400 Marshall St	Philadelphia	PA	19140		6,600 00			6,600 00
0605 - HCP (PA Federal) Yr 2	23-2738971	Casa de Consejeria y Salud Integral, Inc	213 W Allegheny	Philadelphia	PA	19133		6,600 00			6,600 00
0605 - HCP (PA Federal) Yr 2	26-2360030	Clases de Ingles Conversacional	220 W King St	Lancaster	PA	17603		6,000 00			6,000 00
0605 - HCP (PA Federal) Yr 2	20-3056715	Cornerstone House	739 E 4th St	Bethlehem	PA	18015		7,200 00			7,200 00
0605 - HCP (PA Federal) Yr 2	23-2872460	First Hispanic Baptist Church of Lancaster	65 Oxford Village	Lancaster	PA	17602		6,000 00			6,000 00
0605 - HCP (PA Federal) Yr 2	20-0149200	God Seekers Outreach International Ministries	155 E Godfrey Ave , Apt A-206	Philadelphia	PA	19120		3,900 00			3,900 00
0605 - HCP (PA Federal) Yr 2	23-2669059	In the Light Ministries	415 S Shippen St	Lancaster	PA	17602		4,800 00			4,800 00
0605 - HCP (PA Federal) Yr 2	56-2592941	In the Light Ministries	427 W Susquehanna Ave	Philadelphia	PA	19122		6,000 00			6,000 00
0605 - HCP (PA Federal) Yr 2	20-3453466	Life Academy	855 N Maxwell St	Allentown	PA	18109		7,200 00			7,200 00
0605 - HCP (PA Federal) Yr 2	26-3327625	Men In Motion In the Community	4754 Sheffield St	Philadelphia	PA	19136		6,000 00			6,000 00
0605 - HCP (PA Federal) Yr 2	23-2045157	Norris Square Neighborhood Project	2141 N Howard St	Philadelphia	PA	19122		7,200 00			7,200 00
0605 - HCP (PA Federal) Yr 2	23-3044204	Secret Treasures-Alpha Training	PO Box 8401	Reading	PA	19603		4,500 00			4,500 00
0605 - HCP (PA Federal) Yr 2	30-0546015	Soul Springs Emporium	337 South 13th Street	Reading	PA	19602		6,000 00			6,000 00
0605 - HCP (PA Federal) Yr 2	14-2005722	The Nehemiah Wall	132 E Broad St	Bethlehem	PA	18018		6,600 00			6,600 00
0605 - HCP (PA Federal) Yr 2	80-0092319	Urban Worship Center	8500 Parkwood Ln	Philadelphia	PA	19128		4,800 00			4,800 00
0605 - HCP (PA Federal) Yr 2	23-2878803	Violence Prevention Roundtable	500 Buttonwood St	Reading	PA	19601		6,000 00			6,000 00
TOTAL #0605 HCP (PA Federal) YR. 2							TOTAL	114,000 00	-	-	114,000 00
0624 - Esp Trabajando Yr 4	59-3816355	Taller San Jose	810 N Broad	Santa Ana	CA	92701		25,000 00	8,333 32		33,333 32
0624 - Esp Trabajando Yr 4	22-3223641	ROCA, Inc	101 Park St	Chelsea	MA	02150		25,000 00	3,470 23		28,470 23
0624 - Esp Trabajando Yr 4	66-0497143	Iglesia de Dios Pentecostal M I	5800 N Church St	Tampa	FL	33614		25,000 00	8,333 32		33,333 32
0624 - Esp Trabajando Yr 4	20-1676353	New Life Ministries Intl	330 W Nebraska St	Tucson	AZ	85706		25,000 00	8,333 32		33,333 32
0624 - Esp Trabajando Yr 4	91-1488193	Centro Latino	1208 S 10th St	Tacoma	WA	98405		16,666 74			16,666 74
0624 - Esp Trabajando Yr 4	59-1849595	SER - Jobs for Progress, Inc	P O Box 661597	Miami	FL	33266-1597			(16,666.66)		(16,666.66)
0624 - Esp Trabajando Yr 4	20-0609435	La Senda Antigua	4810 N Howard Ave	Tampa	FL	33603		25,000 00	8,333 32		33,333 32
0624 - Esp Trabajando Yr 4	20-8017259	Esperanza en Accion	6305 E Hillsborough Ave	Tampa	FL	33610		25,000 00	8,333 32		33,333 32
0624 - Esp Trabajando Yr 4	77-0601589	Templo Calvario Community Development	2617 W Fifth Street	Santa Ana	CA	92703		25,000 00	8,332 64		33,332 64
TOTAL #0624 Esperanza Trabajando							TOTAL	191,666 74	36,802 81	-	228,469 55
31-1616972	Artists & Musicians of Latin America	4261 N 5th St	Philadelphia	PA	19140			15,000 00			15,000 00
GRAND TOTAL							TOTAL	15,000 00	-	-	15,000 00
GRAND TOTAL								620,666 74	164,960 62		785,627 36

Nueva Esperanza, Inc.
Board Members
July 1, 2008 to June 30, 2009

The Reverend Luis Cortés, Jr. (Founder)

President

Esperanza

4261 North 5th Street

Philadelphia, PA 19140

P: (215) 324-0746 x 207

F: (215) 324-5848

Mr. Nelson Acevedo (02/05)

Board Chair

Esperanza

4261 North 5th Street

Philadelphia, PA 19140

P: (215) 324-0746 x 207

F: (215) 324-5848

Rev. Bonnie Camarda (09/99)

Board Vice Chair

Esperanza

4261 North 5th Street

Philadelphia, PA 19140

P: (215) 324-0746 x 207

F: (215) 324-5848

Rev. Magaly Martinez (02/93)

Board Member

Esperanza

4261 North 5th Street

Philadelphia, PA 19140

P: (215) 324-0746 x 207

F: (215) 324-5848

Dr. Neftali Ortiz (12/04)

Board Member

Esperanza

4261 North 5th Street

Philadelphia, PA 19140

P: (215) 324-0746 x 207

F: (215) 324-5848

Judith Torres-Lynch (06/01)

Board Treasurer

Esperanza

4261 North 5th Street

Philadelphia, PA 19140

P: (215) 324-0746 x 207

F: (215) 324-5848

Rev. Raul LeDuc (09/97)

Board Secretary

Esperanza

4261 North 5th Street

Philadelphia, PA 19140

P: (215) 324-0746 x 207

F: (215) 324-5848

Mr. John Rice (09/07)

Board Member

Esperanza

4261 North 5th Street

Philadelphia, PA 19140

P: (215) 324-0746 x 207

F: (215) 324-5848

Rev. Will Rocha (04/07)

Board Member

Esperanza

4261 North 5th Street

Philadelphia, PA 19140

P: (215) 324-0746 x 207

F: (215) 324-5848

Mrs. Helen Cunningham (01/09)

Board Member

Esperanza

4261 North 5th Street

Philadelphia, PA 19140

P: (215) 324-0746 x 207

F: (215) 324-5848

Form **8868**

(Rev April 2008)

Department of the Treasury
Internal Revenue Service**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**Part I** **Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only ... ☐

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization	Employer identification number
	NUEVA ESPERANZA, INC.	23-2552707
	Number, street, and room or suite number. If a P.O. box, see instructions	
	4261 N. 5TH STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	PHILADELPHIA	PA 19140

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **THE ORGANIZATION**

Telephone No. ▶ **(215) 324-0746** FAX No. ▶

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **Feb 16**, 20 **10**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ ☐ calendar year 20 ____ or
 ▶ ☒ tax year beginning **Jul 1**, 20 **08**, and ending **Jun 30**, 20 **09**.

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.


Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**Form **8868** (Rev. 4-2008)

- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box. ☒

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization NUEVA ESPERANZA, INC.		Employer identification number 23-2552707
	Number, street, and room or suite number. If a P.O. box, see instructions. 4261 N. 5TH STREET		For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PHILADELPHIA PA 19140		

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of **THE ORGANIZATION**
Telephone No. **(215) 324-0746** FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **May 17**, 20 **10**.

5 For calendar year _____, or other tax year beginning **Jul 1**, 20 **08**, and ending **Jun 30**, 20 **09**.

6 If this tax year is for less than 12 months, check reason. ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension _____

DATA NEEDED TO COMPLETE AN ACCURATE RETURN IS NOT AVAILABLE.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	8a \$	0.
8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b \$	0.
8c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs	8c \$	0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature **D. Natali** Title **CPA** Date **2-15-10**