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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)

Open to Public

Department of the Treasury Internal Revenue Service

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

2009 Inspection

OMB No 1545-0047

A		2009 calendar year, or tax year beginning JAN 01.2009. a	nd ending		DEC	31,2009
В	Check if applicable	Please C Name of organization, number and street, city, town, state, and ZIP of	code D Em	ployer i	dentificati	on number
	Address ch	use IRS label or	<u>į</u>	66-	-05654	179
П	Name chan	ge print or PROYECTO LA NUEVA ESPERANZA INC	E Tel	phone	number	
П	Initial return	type See		787	7-890-	-2274
Н	Terminated	Specific BO BOY 603	G Gros	S	\$	
Н	Amended re	instruc-	-		group ret	urn
Н	Application	F Name and address of principal officer IDALIA ACEVEDO N		for affil		Yes No
П	pending	r Name and address of principal officer IDALIA ACEVEDO N				
_	T		—— Н(b)	Are all aff	iliates included tach a list	
_		npt status		(see instr	actions)	∐ Yes ∐ No
	Website:		H(c)	Group exe	emption number	er 🕨
_	Form of orga		ar of formation		M State o	f legat domicite
	art I	Summary				
	1 B	riefly describe the organization's mission or most significant activities				
	_					
60	-					
Governance	-					
19/	2 C	heck this box I if the organization discontinued its operations or disposed of mo	re than 25% (of its net	assets	
8	1	umber of voting members of the governing body (Part VI, line 1a)	io than 2070 t	J. 110 1.01	3	
ಹ		umber of independent voting members of the governing body (Part VI, line 1b)	•		4	
ies			-		`——	
₹		otal number of employees (Part V, line 2a)			5	56
Activities &		otal number of volunteers (estimate if necessary)			6	
•	7a To	otal gross unrelated business revenue from Part VIII, column (C), line 12			. 7a	
	b N	et unrelated business taxable income from Form 990-T, line 34			. 7b	
			Prio	r Year		Current Year
Ф	8 C	ontributions and grants (Part VIII, line 1h)	2	7333	32.	449793.
Revenue	9 Pi	rogram service revenue (Part VIII, line 2g)			ĺ	
×Θ		vestment income (Part VIII, column (A), lines 854-484-24)				
ď	1	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1 1	8.	114.
	1	otal revenue - add lines 8 through 11 (quist equal Part VIII, column (A), line 12)		7345		449907.
_				. / 34 .	, , , ,	449907.
	13 G	rants and similar amounts paid (Part 100 column (Part 100				
		enefits paid to or for members (Part X, column (A), line 4)				
S	15 S	alaries, other compensation, employee benefits (ParLIX, column (A), lines 5-10)	1	2071	.7.	<u> 278222.</u>
ĬŠ.	16a Pr	rofessional fundraising fees (Part IX, column (A), line 1 e)		4550	7.	72939.
Expenses	ьт	otal fundraising expenses, (Part IX, column (D), line 25) ▶				
ũ	i i	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		1885	8.	106252.
		otal expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	2	8508	12.	457413.
		evenue less expenses Subtract line 18 from line 12		1163		-7506.
_	+	ordina add dypoliada additional international internationa	Beginnir			End of Year
50.0	20 T	atal assats (Part V. June 16)		9305	\longrightarrow	498397.
Sset	20 To	otal assets (Part X, line 16)		_		
Net Assets or Fund Balances	21 To	otal liabilities (Part X, line 26)		3214		442914.
		et assets or fund balances Subtract line 21 from line 20	<u> </u>	6090	15.	55483.
	art II	Signature Block				
		Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and staten	nents, and to the t	est of my l	cnowledge	
		and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of	which preparer ha	is any knov	vledge	
					. / a /	
Sig	gn	x Italia Cielliedo Milia		_ 4	191	2010
He	re	Signature of officer		Dat	e	
		IDALIA ACEVEDO NIEVES DIRECTOR	R.A.			
		Type or print name and title		•		
		Preparer's Date	Check if			identifying number
Pai	d	02/05/02/	self-		(see instru	cuons)
Pre	parer's				66.0	572775
Use	Only	Firms name (or yours of self-employed).	EIN			573775
		address, and ZIP+4 PO BOX 3/1	Pho	ne no 🕨	787-	997-6227
		discuss this return with the preparer shown above? (See instructions)				Yes No
For	Privacy	Act and Paperwork Reduction Act Notice, see the separate instructions.		~		Form 990 (2009)

US990**\$\$**1

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			A ESPERANZA INC	66-	0565479	Page
ar		nt of Program Service	Accomplishments			 -
	Briefly describe t	he organization's mission				
	_					
			nt program services during the year wi	hich were not listed on	Пу	П
	the prior Form 99	90 or 990-EZ? : these new services on Sch		•	∐ Yes	∐ No
	Did the organizat	tion cease conducting, or ma	ake significant changes in how it cond	lucts any program services? .	Yes	No.
		these changes on Schedul				
			for each of the organization's three la s and section 4947(a)(1) trusts are rea			
			revenue, if any, for each program ser			
	(Code) (Expenses \$	including grants of \$) (Revenue	e \$	
	(Code) (Expenses \$	including grants of \$) (Revenue	\$	
	(Code) (Expenses \$	including grants of \$) (Revenue	e \$	
						_
_		ervices (Describe in Schedu		VPayage: #		
	(Expenses \$	includ	ing grants of \$)(Revenue \$		

is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A complete Schedule B, Schedule of Contribution? It is the organization required to complete Schedule B, Schedule of Contribution? In the organization engage in direct or indirect political campaign advivites on behalf of or in opposition to cardidates for public office? If "Yes," complete Schedule C, Part II Section 501(c)(4), 501(c)(5), and 501(c)(5) organizations. Bit he organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III Section 501(c)(4), 501(c)(5), and 501(c)(5) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised finds or any similar funds or 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 II Did the organization cereve or hold a conservation easement, including easements to preserve open space, the environment, Instinct land erase, or historic structures? II "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization maintain and provide the part of t	Par	t IV Checklist of Required Schedules			
the complete Schedule A is the organization described in section 301(c)(3) or 4947(a)(1) (other than a private foundation?? If "Yes," complete Schedule A is the organization required to complete Schedule B, Schedule of Contributors? Is the organization required in direct or indirect protection and advises on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II Section 301(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C. Part II May be a section 301(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 "Tes," complete Schedule C, Part III Ob the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II Ob the organization maintain and across or in stories structures? If "Yes," complete Schedule D, Part II Ob the organization receive or hold a conservation essement, including assements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III Did the organization maintain collicitions of works of art, historical trausivers, or other stimular assets II" "Yes," complete Schedule D, Part III 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 imanagement, credit repair, or debt inegotiation serveces? If "Yes," complete Schedule D, Part VII Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part XIII Did the organization report an amount for land, buildings, and equipment in Part X, line 15? If "Yes," complete Schedule D, Part XIII Did the organization report an amount for other schedule				Yes	No
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3 Dut the organization engage in direct or midrect political campagin activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part I Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations is the organization subject to the section 5033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part I Section 5003(e), and 501(c)(5), and 501(c)(6) organizations is the organization subject to the section 5033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part I Section 5003(e), and 501(c)(6) organization and any donor advesed funds or any simular funds or accounts? If "Yes," complete Schedule D, Part I Section 5003(e), and 501(c)(6) organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic load areas, or historic structures? If "Yes," complete Schedule D, Part II Pot the organization maintain collections of works of art, historical treasures, or other similar assets? If Yes," complete Schedule D, Part II Pot 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 10 Did the organization (directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 I I I I I I I I I I I I I I I I I	2	·	_		
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Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 17 if "Yes", complete Schedule I, Parts I and III 20 Off the organization answer "Yes" to Part VII, Section A, line 3.4, or 5 about compensation of the organizations current and former officers, retreets, view employees, and highest compensation of the organizations current and former officers, retreets, view employees, and highest compensation of the organizations current and former officers, retreets, view employees, and highest compensation of the organizations current and former officers, retreets, view employees, and highest compensation of the organizations current and former officers, view employees, and highest compensation of the organizations current and former officers, view employees, and highest compensation of the organizations current and former officers, view employees, and highest compensation of the organizations of the view	Pa	ort IV Checklist of Required Schedules (continued)			
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23 Did the organization answer "Yes" to Part VII, Section A, Inie 3.4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J and complete Schedule A was a fire and a section and the section of the se	22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
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III, IV, and V, line 1 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? 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? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations for Part VI, lines 11 and 19? 38			33		
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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? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations for Part VI, lines 11 and 19? 38 38			34		
Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	35				
organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations for Part VI, lines 11 and 19? 38 38			35		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	36		, [
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI			36		X
38 Did the organization complete Schedule O and provide explanations for Part VI, lines 11 and 19?	37			Ì	
	38	Did the organization complete Schedule O and provide explanations for Part VI, lines 11 and 19?			(0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.

P	art V Statements Regarding Other IRS Filings and Tax Compliance						
		,				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		ļ i				
	U.S. information Returns. Enter -0- if not applicable	ia		0	_		
b		1b	L	0	-		
С		eportat	le				ı
	gaming (gambling) winnings to prize winners?	1	I		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax						
	Statements, filed for the calendar year ending with or within the year covered by this return	2a		56	3 1	1	
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax reti				2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see		ctions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year cover	ed by			1 . 1	1	
	this return?		•		3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O				3b		X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		-		ایا	-	
	a financial account in a foreign country (such as a bank account, securities account, or other financial	aı acco	unt)?		4a	l	X
Đ	If "Yes," enter the name of the foreign country	Dank					
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign	Dank					
- -	and Financial Accounts					1	v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		•		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa				5b		^
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity	y Regai	aing		_		v
c-	Prohibited Tax Shelter Transaction?	bo	•		5c		X
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to organization solicit any contributions that were not tax deductible?	ile			6a		
h	If "Yes," did the organization include with every solicitation an express statement that such contributi	one or	-		0a		
	gifts were not tax deductible?	0113 01			6b		
7	Organizations that may receive deductible contributions under section 170(c).						
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods				1	
	and services provided to the payor?	· .			7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as					
	required to file Form 8282?				7c		Χ
đ	If "Yes," indicate the number of Forms 8282 filed during the year	7d					
0	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	persona	a f				
	benefit contract?				7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti	ract?			7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required				7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-	C as re	quired?		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting						
	organizations Did the supporting organization, or a donor advised fund maintained by a sponsoring	organı	zation		1	1	
	have excess business holdings at any time during the year?		•		8	Ì	Х
9	Sponsoring organizations maintaining donor advised funds.				1	1	
	Did the organization make any taxable distributions under section 4966?				9a		$\frac{x}{x}$
	Did the organization make a distribution to a donor, donor advisor, or related person?			.	9b	1	Х
10	1 1						
	Initiation fees and capital contributions included on Part VIII, line 12						
11 a	Gross income from members or shareholders						
	Gross income from other sources (Do not net amounts due or paid to other sources						
~	against amounts due or received from them)						
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?			12a	1	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		• •	'		'	
-					For	m 990	(2009)

Р	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and		"No"	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruc	tions		
Sect	on A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		ŧ	1
	any other officer, director, trustee, or key employee?			
3	Did the organization delegate control over management duties customarily performed by or under the direct			1
	supervision of officers, directors or trustees, or key employees to a management company or other person?			
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		-
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		—
6	Does the organization have members or stockholders?	6		<u> </u>
7a	Does the organization have members, stockholders, or other persons who may elect one of more members			
	of the governing body?	7a		
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		L
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following?			ı
а	The governing body?	8a		
b	Each committee with authority to act on behalf of the governing body?	8b		<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		
Sect	on B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			i
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		_X_
11	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	11		
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise 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		
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			
а	The organization's CEO, Executive Director, or top management official?	15a		<u> </u>
b	Other officers or key employees of the organization?	15b		Х
	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		Х
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		<u>X</u>
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
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 it 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 ►MIGUEL SOTO LO PO BOX 371 AGUADILLA PR 00605- 787-997-	-62	27	

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

Check this box if the organization did not (A)	(B)			(C				(D)	(E)	(F)
Name and Title	Average	Posit	on (cl			hat an	nh/\			
Name and The	hours per week		Institutional trustee	Officer		l		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
IDALIA ACEVEDO										- · · -
DIRECTORA	40			İ	ĺ	ĺ		25950.	0	0
	-			_						
			_					-		
	-									
	-									
	-					-				
	_									·

Part VII Section A. Officers, Directors,	Trustees,	Key E	mploy	ees,	and	d High	est	Compensated Empl	oyees (continued)	
(A)	(B)			(C	•			(D)	(E)	(F)
Name and title	Average		ion (ch	т—	all t	T		1	Reportable	Estimated
	nours per	Individual trustee or director	Inst	Officer	Key	Highest compensated employee	Former	compensation	compensation	amount of
	week	lirec Vidu	Institutional trustee	8	Key employee	hest	l de	from the	from related organizations	other compensation
		tor t	ona		탕	e c		organization	(W-2/1099-MISC)	· ·
		rust	2		/ee	npe		(W-2/1099-MISC)	(**-2) 1033-141100)	organization
		ee	stee			nsa		(** = *********************************		and related
	_					e d				organizations
									!	
				ļ.,		ļ. <u></u>				
	_			\vdash						
			'							
	_	_								
									:	
										<u> </u>
		1	ļ							
	·									
i 1b Total .	l						•	25950.	0	0
Total number of individuals (including but no	nt limited to	n those	e lister		ove)					
from the organization	or minico to		o note.	o ab	J.C.,		-	ived more than \$100	,ooo iii reportable o	ompensation
										Yes No
3 Did the organization list anyformer officer, of	director or	trustee	e, key	emp	loye	e, or t	nighe	est compensated		
employee on line 1a? If "Yes," complete Sci	nedule J fo	r such	ındıvı	idua	l			-		. 3
4 For any individual listed on line 1a, is the su	m of repor	table o	compe	ensa	tion	and of	ther	compensation from		
the organization and related organizations of	reater tha	n \$150	0,000?	If "	es,	" comp	olete	Schedule J for such	l	1 1 1
individual	• •	• • • • • • • • • • • • • • • • • • • •		• •		٠.	٠.			4
5 Did any person listed on line 1a receive or a		•			-			_		. 5
services rendered to the organization? If "Yo Section B. Independent Contractors	es, compi	ete Sc	neuui	e J 10	JI SI	ucii pe	1501	<u>'</u>	·	
Complete this table for your five highest con	npensated	indep	ender	nt co	ntra	ctors t	hat r	eceived more than \$	100.000 of	
compensation from the organization								•	,	
(A)								(B)		(C)
Name and business	address							Description of s	ervices	Compensation
							_			
		-								
7 Total number of independent contractors (in	aludica E:	d not !		4- 45		المحقودا	250	wo) who seemed		
2 Total number of independent contractors (in \$100,000 in compensation from the organiz		it HOLH	inited	io if	iose	ะแอเซน	สมบ	wilo received mo	ne man	

BCA

		2009) PROYECTO LA NUEVA ESPERA	NZA INC		66-0565	479 Page 9
Part	Vill	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 b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, grifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f Total. Add lines 1a-1f	449793.			
Program Service Revenue	2a _ b _ c _ d _ e _ f	All other program service revenue Total, Add lines 2a-2f				
<u>ā</u>	3 4 5 6a b	Investment income (including dividends, interest, and other similar amounts)				
	d 7a b	Net rental income or (loss) . Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss)				
Other Revenue	d 8a b c	Net gain or (loss)				
ō	9a b c 10a b	Gross income from gaming activities See Part IV, line 19 Less direct expenses Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances Less cost of goods sold b				
	С	Net income or (loss) from sales of inventory. Miscellaneous Revenue Business Code MISCELLANEOUS All other revenue	114.			
	e 12	Total Revenue Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	114. 449907.			

Statement of Functional Expenses

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

	All other organizations must complete of	column (A) but are not		columns (B), (C) and (
Do r	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b, 8	Bb, 9b, and 10b of Part VIII.		ĕxpenses	general expenses	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		 		
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)				
7	Other salaries and wages	249280.	196931.	52349.	
8	Pension plan contributions (include section 401(k)	243200.	1,00,011	52545.	
•	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	28942.	22864.	6078.	Y
11	Fees for services (non-employees)	20312.		30,01	
'' a	Management	72299.	72299.		
b	Legal	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,22,5,6		
c	Accounting			-	
ď	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees		·. ·		
g	Other	-			
12	Advertising and promotion	551.	551.		
13	Office expenses	2286.		2286.	· · · -
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	·			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				7.7
20	Interest	271.	271.		
21	Payments to affiliates				-
22	Depreciation, depletion, and amortization	9427.	8013.	1414.	
23	Insurance	3752.	3114.	638.	
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	SUPPLIES	55919.	55919.		
b	AUTO	5185.	5185.		
С	UTILITIES	6571.	5914.	657.	
d	CONTRIBUTIONS	11101.	11101.		
е	RENT	4000.	3600.	400.	
f	All other expenses	7828.	6712.	1116.	
25	Total functional expenses. Add lines 1 through 24f	457412.	392474.	64938.	
26	Joint Costs Check here ▶ If following				
	SOP 98-2 Complete this line only if the org				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
					- 000

Par	t X	Balance Sheet				
			_	(A)		(B)
				Beginning of year		End of year
	1	Cash - non-interest-bearing		35845.	1	32077
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		299518.	3	400551
	4	Accounts receivable, net		1000.	4	700
	5	Receivables from current and former officers, directors,	trustees, key			
		employees, and highest compensated employees. Com	plete Part II of Sch L		5	
	6	Receivables from other disqualified persons (as defined	under section		. ,	
		4958(f)(1)) and persons described in section 4958(c)(3)				
		Part II of Schedule L			6	
ο	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges		1417.	9	1616.
	10a	Land, buildings, and equipment cost or other	·		· · · · · · · · · · · · · · · · · · ·	
		basis Complete Part VI of Schedule D 10a				
	b	Less accumulated depreciation . 10b		46507.	10c	51363.
	11	Investments - publicly traded securities			11	
ı	12	Investments - other securities See Part IV, line 11		9613.	12	11695.
	13	Investments - program-related See Part IV, line 11	•	3013.	13	11000.
	14	Intangible assets	•	·	14	
	15	Other assets See Part IV, line 11		150.	15	394.
	16	Total assets Add lines 1 through 15 (must equal line 34		394050.	16	498396.
	17	Accounts payable and accrued expenses	''	33627.	17	44836.
			ŀ	33027.	18	44030.
	18	Grants payable	•	298518.		398078.
	19	Deferred revenue	-	290310.	19	390070.
	20	Tax-exempt bond liabilities			20	
es l	21	Escrow or custodial account liability Complete Part IV o	, , , , , , , , , , , , , , , , , , ,		21	
Liabilities	22	Payables to current and former officers, directors, truster				
iab		employees, highest compensated employees, and disqu	alified	1		
-		persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third	· •		23	
ĺ	24	Unsecured notes and loans payable to unrelated third pa	arties		24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	Total liabilities Add lines 17 through 25		332145.	26	442914.
		Organizations that follow SFAS 117, check here ▶ [and			
ဖွ		complete lines 27 through 29, and lines 33 and 34.	İ	i		
5	27	Unrestricted net assets		42035.	27	55482.
aga	28	Temporarily restricted net assets .		18870.	28	
8	29	Permanently restricted net assets .	_ [29	
[5		Organizations that do not follow SFAS 117, check here	∍ ▶ ∐			
<u> </u>		and complete lines 30 through 34.				
ध्र	30	Capital stock or trust principal, or current funds			30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment	t fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or	F		32	
ž	33	Total net assets or fund balances .	Ī	60905.	33	55482.
	34	Total liabilities and net assets/fund balances		393050.	34	498396.

Form **990** (2009)

US990\$11

orm 9	090 (2009) PROYECTO LA NUEVA ESPERANZA INC	66-05654	79	Pag	e 12
Par	t XI Financial Statements and Reporting				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	of the			
	audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements of the year were				
	issued on a consolidated basis, separate basis, or both		2d		
	separate basis consolidated basis both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				

Form **990** (2009)

the Single Audit 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)

Public Charity Status and Public Support

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

OMB No 1545-0047 **2009**

Open to Public

Department of the Treasury internal Revenue Service

Name of the organization

► Attach to Form 990 or Form 990-EZ.

► See separate instructions.

uctions. Inspection
Employer identification number

_	Ρ,	ROYECTO LA P						6	5-056	554/5	,		
	Par	Reason fo	r Public Charity	Status (All organizations	must co	mplete t	his part) See ins	structions	S	_		
Th	e or	ganization is not a priva	ate foundation becau	ise it is (For lines 1 through 11	, check o	nly one	box)						
1	Ш	A church, convention	of churches, or asso	ciation of churches described i	nsection	170(b)(1	I)(A)(i).						
2		A school described in	section 170(b)(1)(A)	(ii). (Attach Schedule E)									
3	Ш	A hospital or a cooper	rative hospital servic	e organization described insect	ion 170(l	b)(1)(A)(iii)						
4	Ш	A medical research of	rganization operated	in conjunction with a hospital of	described	i isectio	n 170(b))(1)(A)(ii	i) Enter	the hosp	ital's na	me,	
	_	city, and state											
5										_			
	170(b)(1)(A)(iv). (Complete Part II)												
6	П	A federal, state, or loc	al government or go	vernmental unit described inser	ction 170)(b)(1)(A)(v).						
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public												
	_	described in section 1	170(b)(1)(A)(vi) (Con	nplete Part II)	_				-	-			
8				0(b)(1)(A)(vi) (Complete Part II	 }								
9	П	An organization that n	ormally receives (1)	more than 33 1/3 % of its supp	ort from	contribu	itions, m	embersi	hip fees,	and gros	ss		
	_	receipts from activities	s related to its exemp	ot functions - subject to certain	exception	ns, and	(2) no m	ore than	33 1/3 9	6 of its			
		support from gross inv	vestment income and	d unrelated business taxable in	come (le	ss section	on 511 ta	x) from	business	ses			
		acquired by the organ	ization after June 30	, 1975 Seesection 509(a)(2) (Complete	e Part III)						
10		An organization organ	nized and operated e	xclusively to test for public safe	ty Seese	ection 50	09(a)(4)						
11		An organization organ	ized and operated e	xclusively for the benefit of, to	perform t	he funct	ions of,	or to car	ry out the	9			
		purposes of one or me	ore publicly supporte	d organizations described in se	ection 50	9(a)(1) c	r sectioi	n 509(a)	(2) Sesse	ection			
		509(a)(3). Check the b	oox that describes the	e type of supporting organization	n and co	mplete	lines 11e	e through	h 11h				
		a Type I	b Type II	c Type III - Fu	inctional	ly integra	ated	d [Type	III - Othe	r		
е	П	By checking this box,	I certify that the orga	nization is not controlled direct	y or indir	ectly by	one or n	nore disc	qualified				
	_			and other than one or more pub	-					section			
		509(a)(1) or section 5	09(a)(2)				•						
f		If the organization rec	eived a written deter	mination from the IRS that it is	a Type I,	Type II	or Type	III suppo	orting				
		organization, check th			• • •								Γ
g		_		on accepted any gift or contribu	ition from	anv of	the follow	wing per	sons?				_
•		· ·		trols, either alone or together w		•		• .				Yes	No
		••	•	he supported organization?				` ,			11g(i)		
		(ii) A family member		• • •							11g(iı)		
			<u>-</u>	scribed in (i) or (ii) above?							11g(iii)		
h		, ,	•	supported organization(s)									
	(i)	Name of supported	(ii) EIN	(iii) Type of organization	(iv) is ti	ne organ-	(v) 0	old you	(vi) l	s the	(vii)	mour	t of
		organization		(described on lines 1-9 ization in col				notify the		zation in	1	pport	
				above or IRC section	(i) listed in your		organization in		col (i)				
				(see instructions))	governing		col (i) of your		organized				
					document?		support?		in the US?				
					Yes	No	Yes	No	Yes	No			
											_		
_	_				1								
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			 		 	-	 		-	-		-	
					l	1	i						
				<u> </u>	J	L	L	L	1				
Tot	-a1												

Pa	Support Schedule for Organ			tions 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											
Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009											
1	Gifts, grants, contributions, and										
•	membership fees received (Do not										
	include any "unusual grants")	259473.	271657.	260387.	273450.	449907	1514874.				
2	Tax revenues levied for the organization's					1 1 1 1 1 1	1 2 2 3 3 7 1 7				
-	benefit and either paid to or expended on										
	its behalf										
3	The value of services or facilities					-	 				
•	furnished by a governmental unit to the					1					
	organization without charge .										
4	Total. Add lines 1 through 3	259473.	271657.	260387.	273450.	449907.	1514874.				
5	The portion of total contributions by each					1 1 1 1 1 1 1					
•	person (other than a governmental unit										
	or publicly supported organization)										
	included on line 1 that exceeds 2% of										
	the amount shown on line 11,										
	column (f)										
6	Public support. Subtract line 5 from line 4						1514874.				
Se	ction B. Total Support		-	<u>,</u>			. L				
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total				
7	Amounts from line 4	259473.	271657.	260387.	273450.		1514874.				
8	Gross income from interest, dividends,										
	payments received on securities loans,										
	rents, royalties and income from similar										
	sources										
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		!			ł	1514874.				
12											
13	First five years. If the Form 990 is for the org		second, third, fou	irth, or fifth tax ve	ear as a section	501(c)(3)					
	organization, check this box andstop here			,			. ▶ 🏻				
Se	ction C. Computation of Public Sup	port Percenta	age								
14	Public support percentage for 2009 (line 6, co			nn (f)) .		14	0.00 %				
15	Public support percentage from 2008 Schedu					15	0.00 %				
	a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box										
	and stop here. The organization qualifies as a						. ▶ □				
b	33 1/3% support test - 2008. If the organization		-				ıs box				
	-						▶ 🏻				
17a	and stop here. The organization qualifies as a publicly supported organization										
	is 10% or more, and if the organization meets	-									
	in Part IV how the organization meets the "fac				•	-					
				•	•	., cappoilea	▶ 🗆				
h	organization										
	b 10% facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 1/a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and top here										
	Explain in Part IV how the organization meets				=						
	supported organization						▶ □				
18											
	·										
	Instructions										

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