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Department of the Treasury
Internal Revenue Service

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

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

2009

**Open to Public
Inspection**

A For the 2009 calendar year, or tax year beginning _____, 2009, and ending _____

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 period	Please use IRS label or print or type. See Specific Instructions.	C Name of organization THE FEMAP FOUNDATION		D Employer identification number 74-2646952
		Number and street (or P.O. box, if mail is not delivered to street address) 1400 HARDAWAY	Room/suite 120	E Telephone number (915) 544-4151
		City or town, state or country, and ZIP + 4 EL PASO, TX 79903		F Group Exemption Number . . . ▶

- **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting method: ☒ Cash ☐ Accrual
Other (specify) ▶

H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

Website: ► WWW.FEMAP.ORG

J Tax-exempt status (check only one) -	<input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.)	<input type="checkbox"/> 4947(a)(1) or	<input type="checkbox"/> 527
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K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ . . . **\$** 450,082.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received ATCH 1	1		18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	2		19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)
3	Membership dues and assessments	3		20	Other changes in net assets or fund balances (attach explanation)
4	Investment income ATCH 2	4	381.	21	Net assets or fund balances at end of year. Combine lines 18 through 20
5 a	Gross amount from sale of assets other than inventory 5a				
5 b	Less: cost or other basis and sales expenses 5b				
5 c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c				
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>				
6 a	Gross revenue (not including \$ of contributions reported on line 1) 6a 130,974.				
6 b	Less: direct expenses other than fundraising expenses 6b 58,681.				
6 c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) ATCH 3 6c 72,293.				
7 a	Gross sales of inventory, less returns and allowances 7a				
7 b	Less: cost of goods sold 7b				
7 c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c				
8	Other revenue (describe <input type="checkbox"/> ATCH 4) 8 245.				
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 391,401.				
10	Grants and similar amounts paid (attach schedule) ATCH 5 10 215,967.				
11	Benefits paid to or for members 11				
12	Salaries, other compensation, and employee benefits 12 63,930.				
13	Professional fees and other payments to independent contractors 13 5,975.				
14	Occupancy, rent, utilities, and maintenance 14 6,434.				
15	Printing, publications, postage, and shipping 15 383.				
16	Other expenses (describe <input type="checkbox"/> ATCH 6) 16 15,915.				
17	Total expenses. Add lines 10 through 16 17 308,604.				
18	Excess or (deficit) for the year (Subtract line 17 from line 9) 18 82,797.				
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 325,990.				
20	Other changes in net assets or fund balances (attach explanation) 20				
21	Net assets or fund balances at end of year. Combine lines 18 through 20 21 408,787.				

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II)

(See the instructions for Part II)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments ATCH 7	282,028.	22 270,479.
23	Land and buildings		23 441.
24	Other assets (describe ▶ ATCH 8)	48,659.	24 138,928.
25	Total assets	330,687.	25 409,848.
26	Total liabilities (describe ▶ ATCH 9)	4,697.	26 1,061.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	325,990.	27 408,787.

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? ATCH 10

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28

(Grants \$) If this amount includes foreign grants, check here ▶

28a

29

(Grants \$) If this amount includes foreign grants, check here ►

29a

30

(Grants \$ _____) If this amount includes foreign grants, check here ☐ **Y**

30a

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here ☐

31a

32 Total program service expenses (add lines 28a through 31a) ▶

32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

[illegible]

Part V Other Information (Note the statement requirements in the instructions for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.	ATTACH 12	
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.	37a	
b Did the organization file Form 1120-POL for this year?	37b	
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b 0.	
39 Section 501(c)(7) organizations Enter:		
a Initiation fees and capital contributions included on line 9	39a 0.	
b Gross receipts, included on line 9, for public use of club facilities	39b 0.	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed ▶ NONE		
42a The organization's books are in care of ▶ THE ORGANIZATION Telephone no. ▶ 915-544-4151 Located at ▶ 1400 HARDAWAY EL PASO, TX ZIP + 4 ▶ 79903		
b 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)? 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.	42b	X
c At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country: ▶	42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here. ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

Form 990-EZ (2009)

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 46 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 **46** ☐ Yes ☒ No
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II **47** ☐ Yes ☒ No
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **48** ☐ Yes ☒ No
- 49a Did the organization make any transfers to an exempt non-charitable related organization? **49a** ☐ Yes ☒ No
- b If "Yes," was the related organization a section 527 organization? **49b** ☐ Yes ☒ No
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000 **0**

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors receiving over \$100,000 **0**

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 <u>Adair W Margo</u>		Date <u>11/15/2010</u>	
	Type or print name and title <u>ADAIR W MARGO PRESIDENT</u>			
Paid Preparer's Use Only	Preparer's signature <u>Mary Carmen Domingo CPA</u>	Date <u>11/15/10</u>	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions) <u>PO1051337</u>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <u>PENA BRIONES MCDANIEL & CO., P.C.</u> <u>4171 N. MESA, SUITE B-100 EL PASO, TX 79902-1498</u>		EIN <u>74-2642884</u>	Phone no <u>915-542-1733</u>
	May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

THE FEMAP FOUNDATION

Employer identification number

74-2646952

Part I	Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- ☐ 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
 - ☐ 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
 - ☐ 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
 - ☐ 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
 - ☐ 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
 - ☐ 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
 - ☐ 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
 - ☐ 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
 - ☒ 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
 - ☐ 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
 - ☐ 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other
 - ☐ e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
 - ☐ f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box. _____ ☐
 - ☐ g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
11g(i)	<input type="checkbox"/>	<input type="checkbox"/>
11g(ii)	<input type="checkbox"/>	<input type="checkbox"/>
11g(iii)	<input type="checkbox"/>	<input type="checkbox"/>

(ii) A family member of a person described in (i) above?

11g(ii)	<input type="checkbox"/>	<input type="checkbox"/>
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(iii) A 35% controlled entity of a person described in (i) or (ii) above?

11g(iii)	<input type="checkbox"/>	<input type="checkbox"/>
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 - ☐ h Provide the following information about the supported organization(s).

[illegible]

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3.						
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).						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
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						
12 Gross receipts from related activities, etc. (see instructions)					12	
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 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 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 publicly supported organization	<input type="checkbox"/>	
b 33 1/3% support test - 2008. 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 - 2009. 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 - 2008. 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 year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	704,311.	320,702.	440,159.	241,224.	318,482.	2,024,878.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513		66,350.	102,787	65,520.	72,293.	306,950.
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 through 5	704,311.	387,052.	542,946.	306,744	390,775.	2,331,828.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						2,331,828.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6.	704,311.	387,052.	542,946.	306,744	390,775	2,331,828.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,686	3,508.	4,066.	2,770.	381.	13,411.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	2,686.	3,508.	4,066	2,770.	381	13,411.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)					245	245.
13 Total support. (Add lines 9, 10c, 11, and 12)	706,997.	390,560.	547,012.	309,514.	391,401.	2,345,484.
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 2009 (line 8, column (f) divided by line 13, column (f)).	15	99.42%
16 Public support percentage from 2008 Schedule A, Part III, line 15.	16	90.69%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	.57%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	.53%

19a 33 1/3% support tests - 2009. 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 ☒

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 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 ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

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

ATTACHMENT 2FORM 990EZ, PART I - INVESTMENT INCOMEDESCRIPTIONAMOUNT

INTEREST INCOME

381.

TOTAL

381.

ATTACHMENT 3FORM 990EZ, PART I - SPECIAL EVENTS AND ACTIVITIES

<u>DESCRIPTION</u>	<u>GROSS REVENUE</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
GALA DINNER	130,974.	58,681.	72,293.
TOTALS	<u>130,974.</u>	<u>58,681.</u>	<u>72,293.</u>

FORM 990EZ, PART I - OTHER REVENUE

OTHER INCOME

245.

TOTALS

245.

ATTACHMENT 5FORM 990EZ, PART I - GRANTS AND SIMILAR AMOUNTS PAID
IN EXCESS OF \$5000RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR
AND

RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
GRANTS PAID			
TWO SHOULD KNOW PLUTARCO ELIAS CALLES 744 NTE. 32310 CD JUAREZ CHIHUAHUA MEXICO		INITIATIVE TO IMPROVE SEXUAL HEALTH THRU EDUCATION & PREVENTION.	104,056.
MICRO FINANCE PROGRAM PLUTARCO ELIAS CALLES 744 NTE. 32310 CD. JUAREZ CHIHUAHUA MEXICO		A GROUP OF TEN TO THIRTY MEMBERS WHO SET UP A COMMUNITY FINANCIAL ORGANIZATION PROVIDING SMALL LOANS FOR SUPPORTING THE CREATION OF FINANCIALLY PRODUCTIVE OCCUPATIONS, ENCOURAGING SELF-EMPLOYMENT, AND DEVELOPMENT OF THE SAVINGS CAPACITY OF ITS MEMBERS	46,500.
SCHOLARSHIP FUND PLUTARCO ELIAS CALLES 744 NTE. 32310 CD. JUAREZ CHIHUAHUA MEXICO		TO GIVE TUITION ASSISTANCE TO NEEDY STUDENTS.	10,000.
BOQUITAS BONITAS CLEFT PALATE PROGRAM PLUTARCO ELIAS CALLES 744 NTE. 32310 CD JUAREZ CHIHUAHUA MEXICO		PROVIDE CLEFT SURGERY AT A DISCOUNT TO POOR AND MARGINALIZED CHILDREN WHO OTHERWISE WOULD NEVER RECEIVE IT	15,649.
VARIOUS < 5,000		VARIOUS	39,217.
TOTAL CONTRIBUTIONS PAID			<u>215,422.</u>

ATTACHMENT 6FORM 990EZ, PART I - OTHER EXPENSES

SUPPLIES	2,707.
CONFERENCES, CONVENTIONS	850.
DEPRECIATION	660.
VEHICLE EXPENSE	130.
ADVERTISING	5,109.
DUES & SUBSCRIPTIONS	1,250.
BANK FEES	1,260.
WEB SITE MAINTENANCE	3,705.
OTHER	244.
TOTAL	<u>15,915.</u>

ATTACHMENT 7FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
CASH	186,839.	174,922.
SAVINGS	95,189.	95,557.
TOTALS	<u>282,028.</u>	<u>270,479.</u>

ATTACHMENT 8FORM 990EZ, PART II - OTHER ASSETS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
ACCOUNTS RECEIVABLE	48,309.	138,578.
DEPOSITS	350.	350.
TOTALS	<u>48,659.</u>	<u>138,928.</u>

ATTACHMENT 9FORM 990EZ, PART II - TOTAL LIABILITIES

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
ACCOUNTS PAYABLE	3,539.	1,061.
ACCRUED LIABILITIES	1,158.	
TOTALS	<u>4,697.</u>	<u>1,061.</u>

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE PURPOSE OF THE FOUNDATION IS TO SUPPORT AND PROMOTE THE MISSION OF SADEC (SALUD Y DESARROLLO COMUNITARIO DE CD. JUAREZ) AND FEMAP (FEDERACION MEXICANA DE ASOCIACIONES PRIVADES) IN MEXICO, WHICH IS TO RAISE THE QUALITY OF LIFE AMONG PEOPLE LIVING IN POVERTY, THROUGH HEALTH SERVICES, ENVIRONMENTAL SANITATION SERVICES, EDUCATION, RESEARCH, AND ECONOMIC AND SOCIAL DEVELOPMENT.

THE FEMAP FOUNDATION

74-2646952

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEESATTACHMENT 11

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT. AND OTHER ALLOWANCES</u>
MARSHA BARAY 417 WILD WILLOW EL PASO, TX 79922	PRESIDENT 1.00	0.	0.	0.
SUSAN MELENDEZ 175 E. ARIZONA EL PASO, TX 79936	TREASURER 1.00	0.	0.	0.
GUADALUPE ARIZPE DE LA VEGA 648 WILD WILLOWS EL PASO, TX 79922	VICE PRESIDENT 1.00	0.	0.	0.
CITA SANDERS 5015 MEADOWLARK EL PASO, TX 79922	SECRETARY 1.00	0.	0.	0.
ADAIR MARGO 4845 VILLA ENCANTO EL PASO, TX 79922	FOUNDING PRESIDENT 1.00	0.	0.	0.
JAN CHAPMAN 4765 RIVER CREEK PLACE EL PASO, TX 79922	CHAIR FRIENDS OF FEMAP 1.00	0.	0.	0.
DAVID BUCHMUELLER 5817 VIA CUESTA	DIRECTOR 1.00	0.	0.	0.

THE FEMAP FOUNDATION

74-2646952

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEESATTACHMENT 11 (CONT'D)

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT. AND OTHER ALLOWANCES</u>
EL PASO, TX 79912				
GUADALUPE CANALES 913 SINGING HILLS DRIVE EL PASO, TX 79912	DIRECTOR 1.00	0.	0.	0.
DR. IRASEMA CORONADO 5508 FERNWOOD EL PASO, TX 79932	DIRECTOR 1.00	0.	0.	0.
SONDRA DAILEY 508 TAWNY OAKS PLACE EL PASO, TX 79912	DIRECTOR 1.00	0.	0.	0.
DR. NURIA HOMEDES 632 SKYDALE EL PASO, TX 79912	DIRECTOR 1.00	0.	0.	0.
TERRY L. JOHNSON 1614 BILLY CASPER EL PASO, TX 79936	DIRECTOR 1.00	0.	0.	0.
DR. RICHARD RHODES P.O. BOX 20500 EL PASO, TX 79998	DIRECTOR 1.00	0.	0.	0.

THE FEMAP FOUNDATION

74-2646952

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEESATTACHMENT 11 (CONT'D)

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT. AND OTHER ALLOWANCES</u>
ANNA ALEMAN 1400 HARDWAY STE. 210 EL PASO, TX 79903	EXECUTIVE DIRECTOR 40.00	50,003.	0.	0.
ADOLPHO TELLES 508 LINDBERGH AVE EL PASO, TX 79932	DIRECTOR 1.00	0.	0.	0.
GRAND TOTALS		<u>50,003.</u>	<u>0.</u>	<u>0.</u>

FORM 990EZ, PART V - EXPLANATION FOR LINE 35

N/A. NO INCOME FROM BUSINESS ACTIVITY

**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 ☒ **X**
 - 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 THE FEMAP FOUNDATION	Employer identification number 74-2646952
	Number, street, and room or suite no. If a P.O. box, see instructions. 1400 HARDAWAY	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. EL PASO, TX 79903	

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

<input 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 (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input checked="" 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. ▶ 915 544-4151FAX No. ▶ 915 565-0134

- 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 08/15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ ☒ calendar year 2009 or
- ▶ ☐ tax year beginning , , and ending , .

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	\$
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	\$
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	\$

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.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)