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SCANNED AUG 2 (2010

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)

OMB No 1545-0047 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

Inspection

A	For the	2009 calendar year, or tax year beginning and ending	<u></u>	
В	Check if applicable	Please use IRS C Name of organization	D Employer identific	cation number
Г	Addres	as label or print or ISTEC, INC.		
Ē	Name change	type	85-0	461928
	Initial return	See Number and street (or P 0 box if mail is not delivered to street address) Room/s		
L	Termin ated	Instruct MSC U2 1600, 1 UNIVERSITY OF NEW PI	505	277-7974
	Amend return	City or town, state or country, and ZIP + 4	G Gross receipts \$	305173.
L_	Application	ALDOQUINQUI, NII U/131 UUU1	H(a) Is this a group re	
	pendin	F Name and address of principal officer: DR • PIAORO S PITSRULTIN	for affiliates?	Yes X No
		SAME AS C ABOVE	H(b) Are all affiliates inc	
		empt status: X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527		list. (see instructions)
		e: ► WWW.ISTEC.ORG	H(c) Group exemptio	
			Year of formation 1999 N	State of legal domicile NM
P	art I	Summary	TO COOLO ECONO	MTC
ě	1 !	Briefly describe the organization's mission or most significant activities: TO FOSTI	ER SOCIO-ECONO	MIC
Activities & Governance	-	DEVELOPMENT IN IBERO-AMERICA THROUGH TECHNOL		
era		Check this box if the organization discontinued its operations or disposed of		ssets.
20	1	Number of voting members of the governing body (Part VI, line 1a)	3	7
જ	1	Number of independent voting members of the governing body (Part VI, line 1b)	4	2
ies	1	Total number of employees (Part V, line 2a)	5	7
፮	1	Total number of volunteers (estimate if necessary)	6	0.
Aci	1	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
_	b	Net unrelated business taxable income from Form 990-T, line 34	7b	· · · · · · · · · · · · · · · · · · ·
	1_		Prior Year 312584.	Current Year 256704.
Revenue	8	Contributions and grants (Part VIII, line 1h)	22596.	48455.
	9	Program service revenue (Part VIII, line 2g)	206.	14.
æ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	200.	7.4.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	335386.	305173.
		Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)	43611.	20725.
	l l	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	43011.	20123.
	1	Benefits partion frembers (Part IX, column (A), line 4)	41524.	38388.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	41524.	30300.
ë	16a	Protessional fundhasing 2000 Party, column (A), line 11e)		
X	b	To alifundraising expenses (Part 10 column (D), line 25)	286179.	279282.
	17	Other expenses (Part IX-column (A) lines 11a-11d, 11f-24f)	371314.	338395.
	1	Total expenses Ada lines 18-17 (must equal Part IX, column (A), line 25)	-35928.	-33222.
		Revenue less expenses. Subtract line 18 from line 12	Beginning of Current Year	End of Year
tso		T. A. L. Cooks (Dood V. Inco 40)	58304 ·	29834.
SSE	20	Total assets (Part X, line 16)	8681.	13433.
Net Assets or	21	Total liabilities (Part X, line 26)	49623.	16401.
	art II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block	130231	10.01.
	21 t It		nents, and to the best of my knowled	ige and belief, it is true, correct,
		Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and staten and complete. Declaration of preparer lother than officen is based on all information of which preparer has any known	rledge	. ,
e:		(V) when the same	1 08/0	04/2010
Siç He	_	Signature of officer	Date	, , , 2 0 1 0
ne	ıe	Theo R. Crevenna Treasurer		
		Type or print name and title		
_		Preparer's Date		rer's identifying number istructions)
Pa	ıd	signature Mag Lalne 08/02/10	o self- employed ► []	isuuciions)
	eparer's	Firm's name (of PALMER & CO PA	EIN ▶	
Us	e Only	yours if self-employed). 701 OSUNA RD NE #100		
		address, and ZIP+4 ALBUQUERQUE, NM 87113	Phone no ► 5	05-344-1040
M:	v the If	RS discuss this return with the preparer shown above? (see instructions)		X Yes No
	001 02-0	A D. A. A. A. D. A.	e instructions.	Form 990 (2009)

932002 02-04-10 Form **990** (2009)

2210

229710.

Total program service expenses ▶\$

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	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	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5_		
6	Did the organization maintain any donor advised funds or any 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 I	6		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	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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	9_	<u> </u>	X
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	10		Х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X		.,	
	as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI.			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
_	Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12		12		х
404	Schedule D, Parts XI, XII, and XIII Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No	- '-		
IZA	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
_	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		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	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
		Earm.	agn	ronna

Form	990 (2009) ISTEC, INC. 85-04	61928	P	age (
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
21	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 1? If "Yes," complete Schedule I, Parts I and II	21	ļ	Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,		'	
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<u>X</u> _	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			١.,
	Schedule J	_23_	├	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, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			J.
	Schedule K. If "No", go to line 25	24a	 -	X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	 	_
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	 -	-
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			х
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	1	
Ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	OFL		x
	Schedule L, Part I	25b	-	Λ
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualif	26		х
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	20	 	^
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete	27		X
00	Schedule L, Part III	, 2.,	 	
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
_	A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," complete Schedule L, Part IV	28a	Ì	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) w		 	
C	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	†	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?		<u> </u>	T
•	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	_	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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
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	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization	n?		
	If "Ves " complete Schedule R. Part V. line 2	36	1	X

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37

Х

37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Note. All Form 990 filers are required to complete Schedule O.

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Page 5

Form	990 (2009) ISTEC, INC.	85-0461	928	P.	age 5
Par	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				
	U.S. Information Returns Enter 0 if not applicable	1a 13			1
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and re-	portable gaming			1
	(gambling) winnings to prize winners?	1	1c	ļ	ļ
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 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns		2b	X	ļ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see				
	Did the organization have unrelated business gross income of \$1,000 or more during the year covere	d by 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	-	ļ
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	eccount)?	4a		X
Ь	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 E	Bank and			
	Financial Accounts.		_	1	v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b	-	<u>^</u>
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Rega	rding Prohibited	_		-
_	Tax Shelter Transaction?		5c	}	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			X
	any contributions that were not tax deductible?		6a	 -	
D	If "Yes," did the organization include with every solicitation an express statement that such contribut	ons or giπs	O.		
_	were not tax deductible?		6b	-	
7	Organizations that may receive deductible contributions under section 170(c).				1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods and services	7-		Х
	provided to the payor?		7a	-	
	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 was	as requireo	7c		X
	to file Form 8282?	7d	10	ļ	 ^ -
	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p				
е	big the organization, during the year, receive any lunds, directly or indirectly, to pay premiums on a penetit contract?	ersonal	7e	1	1
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	act?	7f	 	
f	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
9 h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0		7h	 	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations	•	 '''		
•	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exceeding the sponsoring organization and section of the sponsoring organization or				
	at any time during the year?	ous business notatings	8	Ī	1
9	Sponsoring organizations maintaining donor advised funds.				-
а	Did the organization make any taxable distributions under section 4966?		9a		İ
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b	_	
10	Section 501(c)(7) organizations. Enter:			· · · · ·	
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	1		
11	Section 501(c)(12) organizations. Enter:		1		
	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against		1		
-	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a]
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		· · · · ·	1
	and the state of t			000	

Form **990** (2009)

85-0461928__ Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

			Yes	No
1a		7		
b	Enter the number of voting members that are independent	7		
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		<u>X</u>
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 X X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		<u> X</u>
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	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following.			
а	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
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	Х	
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
<u></u>	tion b. I onotes (this occion b requests information about policies net requires by the information about policies net requires by		Yes	No
Λa	Does the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	1.00		
	and branches to ensure their operations are consistent with those of the organization?	10ь		
4	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Х	
1	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	 		· · · · ·
		12a	1	Х
	Does the organization have a written conflict of interest policy? If "No," go to line 13	120		
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	12b		
	to conflicts?	120		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40-		
_	In Schedule O how this is done	12c		X
3	Does the organization have a written whistleblower policy?	13		X
4	Does the organization have a written document retention and destruction policy?	14		
5	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1	1	v
а	The organization's CEO, Executive Director, or top management official	15a		X
þ	Other officers or key employees of the organization	15b		Α
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			.,
	taxable entity during the year?	16a		<u>X</u>
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	Ĺ	
ec	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed ▶ NM			
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	e for		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
		and fine	ncial	
9	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,	ario ilita		
9	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a statements available to the public.	ario ilita		
	statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organiz	ation: ▶	·	
9	statements available to the public.	ation: ▶	·	4

932006 02-04-10

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.

(A) Name and Title	(B) Average			(C Pos	C) Ition)		(D) Reportable	(E) Reportable	(F) Estimated
	hours	(cl	(check all that apply)				ly)	compensation	compensation	amount of
	per week	Individual trustee or director	Institutional trustæe	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
DR MAURO S MISKULIN PRESIDENT/DIRECTOR	5.00	х		Х				0.	0.	0.
JORGE GARCIA ATILANO VICE PRESIDENT/DIRECTOR	5.00	X		X				0.	0.	0.
THEO R CREVENNA TREASURER/DIRECTOR	5.00	х		X				0.	0.	0.
NELMY JEREZ VICE PRESIDENT/DIRECTOR	5.00	х		х				0.	0.	0.
DR ROBERTO S MURPHY ARTE CHAIRMAN/DIRECTOR	5.00	х						0.	0.	0.
DR DARIO DE AZEVEDO DIRECTOR	1.00	x						0.	0.	0.
VIRGINIA ROMERO-BIRD SECRETARY/DIRECTOR	5.00	х		х				0.	0.	0.
MARTINA TRUCCO DIRECTOR	1.00	x						0.	0.	0.
DR WILFRIDO B MORENO DIRECTOR	1.00	х						0.	0.	0.
					ļ					
										*
					_					
		-	_	_		\vdash				

, 4,	(A)	(B)	при			C)		est	(D) Reportable	(E) Reportable		(F)	
	Name and title	Average hours per	_		call			oly)	compensation	compensation from related		mount other	of
		week	Indiwdual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the	organizations (W-2/1099-MISC)	or ar	npensa from the ganizated nd related ganizated	ation ne tion ted
		L											
											-		
												,	
					-			_					
1 b	Total	<u></u>	<u> </u>	<u> </u>	<u>L</u>				0.	0	•		0 .
2	Total number of individuals (including but necessarian from the organization	not limited to th	ose	liste	ed al	bove	e) wl	ho r	eceived more than \$100	0,000 in reportable			(
_			_									Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			e, ke	y em	1plo	yee,	or r	nighest compensated ei	mployee on	3		X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	•							•	the organization	4		Х
5	Did any person listed on line 1a receive or a									ices rendered to			
Sec	the organization? If "Yes," complete Sched	lule J for such	pers	on							5	<u> </u>	Х
1	Complete this table for your five highest co	empensated in	depe	ende	ent c	ontr	racto	ors t	that received more than	\$100,000 of comper	sation	from	_
	(A) Name and business	address							(B) Description of s	services	Comp	C) ensatic	n
													
2	Total number of independent contractors (i	_	ot li	mıte	d to		_	stec	d above) who received n	nore than			
	\$100,000 in compensation from the organization	zation >					<u>) </u>				Form	990 (2000
											COLL	33U (2009

			, INC.				85-0461	928 Page
Par	t VIII	Statement of Rever	nue		(A)	(B)	(C)	(D) Revenue excluded fro
					Total revenue	Related or exempt function revenue	Unrelated business revenue	excluded fro tax under sections 512 513, or 514
ıţ	1 a	Federated campaigns	1a					
and other similar amounts	b	Membership dues	1b	108000.				
E E	С	Fundraising events	1c					
<u>a</u>	d	Related organizations	1d					
Έ	е	Government grants (contribut	ions) 1e					
S	f	All other contributions, gifts, gran	ts, and					
Ę		similar amounts not included abo	ve 1f	148704.				
ğ	g	Noncash contributions included in lines	1a-1f \$					
ā	h	Total. Add lines 1a-1f		>	256704.	, , , , , , , , , , , , , , , , , , , ,		
				Business Code				
Program Service Revenue		WORKSHOP REGIST	RATION	900099	23041.	23041.	N	
		EXHIBITOR FEES		900099	15000.	15000.		
	-	REIMBURSED EXPE		900099	6754.	6754.		
	d	OTHER PROGRAM R	EVENUE	900099	3660.	3660.		
	е							
	f	All other program service reve	enue					
	9	Total. Add lines 2a-2f		•	48455.			
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		▶	14.			1
	4	Income from investment of ta	x-exempt bond p	oroceeds 🕨				
	5	Royalties						
			(ı) Real	(II) Personal				
	6 a	Gross Rents						
	ь	Less: rental expenses						
	С	Rental income or (loss)						
		Net rental income or (loss)		>				
1	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	ь	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
		Net gain or (loss)		•				
		Gross income from fundraisin	a events (not					
žΙ	-	including \$						
Other Revenue		contributions reported on line						
Ĭ		Part IV, line 18	а					
ᇍ	ь	Less: direct expenses	b					
>		Net income or (loss) from fund	draising events	•				
		Gross income from gaming ad						
		Part IV, line 19	а					
	ь	Less: direct expenses	b					
		Net income or (loss) from gam			;		•	
Ī		Gross sales of inventory, less						
		and allowances	a					
	h	Less: cost of goods sold	b					
		Net income or (loss) from sale	-		,	İ	•	
t		Miscellaneous Revenu		Business Code				
H	11 a			Dusiness Code			:	
					 :			
	Ь							
-	c	All other revenue	· · · · · · · · · · · · · · · · · · ·					
	•	All other revenue Total. Add lines 11a-11d						***************************************
		rotal. Aud lines 11a-11d			205172	48455.	0.	1
		Total royonus Con materiation						
32009 2-04-	12	Total revenue. See instructions		<u> </u>	305173.	40455.		Form 990 (20

Part IX Statement of Functional Expenses

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

	All other organizations must complete the include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundralsing expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	9862.	9862.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	10863.	10863.		
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				
7	persons described in section 4958(c)(3)(B) Other salaries and wages	33151.	963.	32188.	
8	Pension plan contributions (include section 401(k)	001011			
J	and section 403(b) employer contributions)				
9	Other employee benefits	2143.		2143.	
10	Payroll taxes	3094.		3094.	
11	Fees for services (non-employees)				
а	Management				
b	Legal	1868.		1868.	
C	Accounting	3608.		3608.	
d	Lobbying	,	-n		
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	107400	107075	20517	
9	Other	137492.	107975.	29517.	
12	Advertising and promotion	4333.	1827.	2506.	
13	Office expenses	4333.	1027.	2300.	
14	Information technology				
15	Royalties	18776.	18776.		
16	Occupancy Travel	38882.	17954.	20928.	
17 18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	18104.	16211.	1893.	
20	Interest	1795.	786.	1009.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7530.	5198.	2332.	
23	Insurance	2025.	1616.	409.	
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	WORKSHOP EXPENSE	27626.	27626.		
b		6500.	5458.	1042.	
c	COMMUNICATIONS	3635.	618.	3017.	
d		2828.	50.	2778.	
е		1356.	1356.	353	
f	All other expenses	2924.	2571. 229710.	353. 108685.	0.
<u>25</u>	Total functional expenses. Add lines 1 through 24f	338395.	229/10.	100003	
26	Joint costs. Check here ► 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				
	educational campaign and fundialising solicitation			·	Form 990 (2009)

932010 02-04-10

rar	ŧΧ	Balance Sheet				
				(A) Beginning of year		(B) End of year
		Cook Interest because		34281.	1	17270.
	1 2	Cash - non-interest-bearing	2457.	2	2462.	
		Savings and temporary cash investments			3	
	3	Pledges and grants receivable, net		4		
	4	Accounts receivable, net		7		
1	5	Receivables from current and former officers, di				
		employees, and highest compensated employee		5		
	_	of Schedule L	1.6 Lucalina analysis			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
l	6	Receivables from other disqualified persons (as				
- 1		4958(f)(1)) and persons described in section 495	58(c)(3)(B). Complete			
		Part II of Schedule L			6	
3	7	Notes and loans receivable, net			7	
HSSCI S	8	Inventories for sale or use			8	
•	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other	65010			
		basis. Complete Part VI of Schedule D	10a 65018.	21566		10102
	b	Less: accumulated depreciation	10b 54916.	21566.	10c	10102
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, line		12		
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	58304.	16	29834
	17	Accounts payable and accrued expenses			17	
	18	Grants payable		18		
	19	Deferred revenue			19	 -
	20	Tax-exempt bond liabilities			20	
ç,	21	Escrow or custodial account liability. Complete	Part IV of Schedule D		21	
	22	Payables to current and former officers, directo				
Liabilities		highest compensated employees, and disqualif				
Ĩ		of Schedule L			22	
	23	Secured mortgages and notes payable to unrel	ated third parties		23	
	24	Unsecured notes and loans payable to unrelate			24	
	25	Other liabilities. Complete Part X of Schedule D		8681.	25	13433
	26	Total liabilities. Add lines 17 through 25		8681.	26	13433
		Organizations that follow SFAS 117, check h	ere and complete			
s		lines 27 through 29, and lines 33 and 34.	•			
Net Assets or Fund Balances	27	Unrestricted net assets			27	
ᅙ	28	Temporarily restricted net assets			28	
Ď	29	Permanently restricted net assets			29	
Š		Organizations that do not follow SFAS 117, o	heck here X and	3117 'SI		
<u> </u>		complete lines 30 through 34.				
2 2	30	Capital stock or trust principal, or current funds	•	49623.	30	16401
SSe	31	Paid-in or capital surplus, or land, building, or e		0.	31	0
ž		Retained earnings, endowment, accumulated in		0.	32	0
Ž	32	Total net assets or fund balances	identity, or other raines	49623.		16401
	33 34	Total liabilities and net assets/fund balances		58304.		29834

Form **990** (2009)

Form 990 (2009)	ISTEC,	INC.	85-0461928	Page 1
000 (0000)	TOMBO	TNO	05 0461000	

• •	TAX Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
þ	Were the organization's financial statements audited by an independent accountant?	2b		X
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			ĺ
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? If the organization did not undergo the required audit			l
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		Ĺ
		Form	990 (2009)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Inspection

Name of the organization

Employer identification number 85-0461928 ISTEC, INC. 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.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) X 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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. d Type III - Other **b** Type II c ____ Type III - Functionally integrated 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). 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, 11g(i) the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). h (vi) Is the organization in col (iii) Type of (iv) Is the organization (v) Did you notify the (vii) Amount of (i) Name of supported (n) EIN organization in col (i) listed in your organization in col support organization (i) organized in the (described on lines 1-9 governing document? (i) of your support? above or IRC section Yes Yes (see instructions)) Yes No No

932021 02-08-10

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

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

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

Schedule A (Form 990 or 990-EZ) 2009

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 **(b)** 2006 Calendar year (or fiscal year beginning in) (a) 2005 (c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any *unusual grants ") 327230. 309215. 392328. 312584. 256704. 1598061. 2 Gross receipts from admissions. merchandise sold or services performed, or facilities furnished in any activity that is related to the 22596. 48455. 157284. 21992. 60107. 4134. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or busmess 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 349222. 369322. 396462. 335180. 305159. 1755345. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 0. 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 0. amount on line 13 for the year Ō. c Add lines 7a and 7b 1755345 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in)▶ (d) 2008 (e) 2009 (a) 2005 (b) 2006 (c) 2007 (f) Total 305159. 349222. 369322. 396462. 335180. 1755345. 9 Amounts from line 6 10a Gross income from interest. dividends, payments received on securities loans, rents, royalties 372. 384. 606. 206. 14. 1582. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 372. 384. 606. 206. 14. 1582. c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 349594 369706. 397068. 335386. 305173. 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 Section C. Computation of Public Support Percentage 99.91 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % 99.90 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .09 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % $.1\overline{0}$ 18 18 Investment income percentage from 2008 Schedule A, Part III, line 17 % 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 ightharpoonsmore 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 19 a, and line 16 is more than 33 1/3%, and

Schedule A (Form 990 or 990-EZ) 2009

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

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name	of the organization ISTEC, INC.		85-0461928
Par		ed Funds or Other Similar Fund	
, 61	organization answered "Yes" to Form 990, Part IV, line		of Moodanion Complete it the
	organization answered Tes to Form 990, Fait IV, interest to Form 1990, Fait IV, interest to Fo	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at and af year	(2) 201101 (2011000 101100	(4), 6,125
	Total number at end of year		
	Aggregate contributions to (during year)		
	Aggregate grants from (during year)		
	Aggregate value at end of year		lood funds
	Did the organization inform all donors and donor advisors in		Yes No
	are the organization's property, subject to the organization's		
	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conterning Yes No
	impermissible private benefit?	contration annuared "Yes" to Form 990	
Par			Fart (V, lifte 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or p	istorically important land area	
	Protection of natural habitat	Preservation of a ce	rtified historic structure
_	Preservation of open space	f	
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		Hold at the End of the Tax Year
			Held at the End of the Tax Year
a	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		2b
	Number of conservation easements on a certified historic sti		20
	Number of conservation easements included in (c) acquired		2d
	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	he organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea		- *
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements		Yes No
	Staff and volunteer hours devoted to monitoring, inspecting,		
	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 17	
	and section 170(h)(4)(B)(ii)?		☐ Yes ☐ No
9	In Part XIV, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organization	ition's financial statements that describe	s the organization's accounting for
D	conservation easements	4 Art Historical Transpures or 6	Other Similar Assets
Par	Organizations Maintaining Collections of Complete If the organization answered "Yes" to Form		Other Similar Assets.
	Complete if the organization answered Tes to Form	1990, Fart IV, line o.	
	M. 1		halana ahasi wado of out bustonesi
Та	If the organization elected, as permitted under SFAS 116, no		
	treasures, or other similar assets held for public exhibition, e	•	bublic service, provide, in Part AIV, the text of
_	the footnote to its financial statements that describes these		and the second s
b	If the organization elected, as permitted under SFAS 116, to		
	or other similar assets held for public exhibition, education, o	or research in furtherance of public service	ce, 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	and the second s	
2	If the organization received or held works of art, historical tre		ala gain, provide
	the following amounts required to be reported under SFAS 1	116 relating to these items:	.
	Revenues included in Form 990, Part VIII, line 1		\$
ь	Assets included in Form 990, Part X		> \$
	F. Diller And and December Bedieveller And Madie	o the Instructions for Earth 200	Schedule D (Form 990) 2009
LHA	For Privacy Act and Paperwork Reduction Act Notice, se	e me manucuona for Form 880.	Schedule D (Form 530) 2003

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Sche	dule D (Form 990) 2009 ISTEC,	INC.					8	35 <u>-04</u>	61928	Page 2
	III Organizations Maintaining C		rt, Histori	cal Tro	easures, o	r Othe	er Simila	ar Asse	ts (conti	nued)
3	Using the organization's acquisition, accessi									
	(check all that apply):									
а	Public exhibition	d	Loar	or excl	hange progra	ms				
ь	Scholarly research	е	Othe	er						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how they f	urther th	ne organizatio	n's exe	mpt purpo	se in Par	t XIV.	
5	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma								Yes	No_
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if organiz	ation ar	nswered "Yes	to For	m 990, Pa	rt IV, line	9, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for cont	tribution	s or other ass	sets not	ıncluded		_	
	on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table	e:						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e		*****	
f	Ending balance						1f	<u></u>		
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?						Yes	No
b	If "Yes," explain the arrangement in Part XIV.									
Par	t V Endowment Funds. Complete	f the organization an	swered "Ye	s" to Fo	rm 990, Part I	V, line 1	10.			
		(a) Current year	(b) Prior	year	(c) Two years	s back	(d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance								ļ.,,	+-+
b	Contributions								ļ	
C	Net investment earnings, gains, and losses							** *********		
d	Grants or scholarships								<u> </u>	
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance				<u> </u>				<u> </u>	
2	Provide the estimated percentage of the year	r end balance held a	as:							
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
		%								
3a	Are there endowment funds not in the posse	ession of the organiz	ation that ar	e held a	ınd admınıste	red for t	he organiz	ation	г	
	by:								r	Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(II), are the related organizations	•							3b	
4	Describe in Part XIV the intended uses of the									
Par	t VI Investments - Land, Building	1								
	Description of investment	(a) Cost or o		• •	or other		ccumulate	ed	(d) Bool	k value
		basis (investi	nent)	Dasis	(other)	ae	preciation			
1a	Land									
b	Buildings					****			-	
C	Leasehold improvements				62204		E 2 2	02		10102.
	Equipment				2624.		522	24.		0.
	Other	15 222 5	1	70. /			20	24.		10102.
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Schedule D (Form 990) 2009

	dule D (Form 990) 2009 ISTEC, INC.			85-046	1928 Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Fina	ancial Sta	tements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		305173.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		338395.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		<u>-33222.</u>
4	Net unrealized gains (losses) on investments		4		
5	Donated services and use of facilities		5		
6	Investment expenses		6		
7	Prior period adjustments		7		
8	Other (Describe in Part XIV.)		8		
9	Total adjustments (net). Add lines 4 through 8		9		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and		10		-33222.
Par	t XII Reconciliation of Revenue per Audited Financial Stateme	ents With Rev	enue per	Return	
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а	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		_	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	ł 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		_	
þ	Other (Describe in Part XIV.)	4b		_	
C	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	. 1477-1		5	
Par	t XIII Reconciliation of Expenses per Audited Financial Statem	ents With Ex	penses p	er Return	
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 - 1			
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b		_	
C	Other losses	2c			
d	Other (Describe in Part XIV.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	·· ·
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1.1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b		_	
_	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	···
	t XIV Supplemental Information	11 1. 4 1.4.	5 . 1 1 / 1	- 41 101 1	437.15 4.5
	blete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part I				
X, IIN	e 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also comp	piete this part to j	orovide any	additional infor	mation.
					
		 		Schedule D	(Form 990) 2009
					,

932054 02-01-10

2 Employer identification number 85-0461928 Open to Public OMB No 1545-0047 2009 Inspection (h) Purpose of grant or assistance X Yes 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 in address of organization (b) EIN (c) IRC section (d) Amount of contrast address of organization (e) EIN (e) IRC section (d) Amount of contrast address of organization (e) EIN (e) IRC section (d) Amount of contrast contrast address of organization (e) EIN (e) IRC section (d) Amount of contrast contrast contrast contrast contrast contrast contrast contrast contrast contrast contrast contrast contract contrast contrast contrast contrast contrast contrast contract contrast co Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection non-cash assistance FMV, appraisal, other) Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ► Attach to Form 990. cash grant (c) IRC section if applicable Enter total number of section 501(c)(3) and government organizations Part 1 General Information on Grants and Assistance criteria used to award the grants or assistance? Enter total number of other organizations 1 (a) Name and address of organization ISTEC, or government Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Partil

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

Schedule I (Form 990) 2009

Page 2 Schedule I (Form 990) 2009 (f) Description of non-cash assistance 85-0461928 (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information 0 (d) Amount of non-cash assistance 10863. 24 (c) Amount of cash grant (b) Number of recipients TO SUPPORT INDIVIDUAL'S EFFORTS IN BUILDING THE INC. ISTEC, (a) Type of grant or assistance NATIVE AMERICAN HEALING CENTER. Schedule I (Form 990) 2009 932102 02-02-10 Part

SCHEDULE O (Form.990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

ISTEC, INC.

Employer identification number 85-0461928

IDIEC, INC.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
(CONTINUED FROM PAGE 2, FORM 990, PART III, LINE 1) ESTABLISHING
COST-EFFECTIVE VEHICLES FOR TECHNOLOGY TRANSFER, ENCOURAGING JOINT
INTERNATIONAL RESEARCH AND DEVELOPMENT, AND CREATING AN ENVIRONMENT OF
ENTREPRENEURSHIP.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
LIBRARY LINKAGE: DIGITAL LIBRARY WORKSHOPS PROVIDING ELECTRONIC
DOCUMENTS TO RESEARCHERS UTILIZING MEMBER UNIVERSITY STAFF AND
LIBRARIES. ADVANCED CONTINUING EDUCATION: DISTANCE LEARNING, REGIONAL
WORKSHOPS AND SPEAKERS BUREAU.
EXPENSES \$ 18021. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
FORM 990, PART VI, SECTION A, LINE 6: INSTITUTIONS BECOME MEMBERS OF THE
ORGANIZATION UPON MEETING THE REQUIREMENTS STATED IN THE BY-LAWS AND
PAYMENT OF AN ANNUAL FEE.
FORM 990, PART VI, SECTION A, LINE 7A: THE BOARD OF DIRECTORS WITH AN
ASSIGNMENT OF A THREE YEAR TERM ARE ELECTED BY THE ANNUAL ISTEC GENERAL
ASSEMBLY.
FORM 990, PART VI, SECTION A, LINE 7B: THE ANNUAL ISTEC GENERAL ASSEMBLY
CONFIRMS THE ELECTION BY THE BOARD OF DIRECTORS OF THE ISTEC PRESIDENT AND
CEO, APPROVES THE ANNUAL BUDGET, AND VOTES ON ANY PROPOSED CHANGES TO THE
BY-LAWS.
DA JAMES T

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

Schedule O (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

ISTEC, INC.

Employer identification number 85-0461928

ISTEC, INC.	03-046	11320	
FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION F	ROVIDES	FORM	990
TO THE MEMBERS OF THE BOARD OF DIRECTORS FOR REVIEW PRIOR	TO THE	FORM	BEING
FILED.			
FORM 990, PART VI, SECTION C, LINE 19: PHOTOCOPIES OF THE	ISTEC,	INC.	FORM
990 AND GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST TO	THE OF	FICE	
MANAGER.			
FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECT	ORS, ETC	C:	
DR ROBERTO S MURPHY ARTEAGA - LUIS ENRIQUE ERRO 1 72840			
TONANTZINTLA, PUEBLA, MEXICO			
DR DARIO DE AZEVEDO - AV. IPIRANGA 6681-PREDIO 1 - SALA 2			
PORTO ALEGRE, RS, BRAZIL			
WARRING TOWNS 110 NORTH WAS 1 DID 2 ACUADILL) 6 O E	1048
MARTINA TRUCCO - HIGHWAY 110 NORTH, KM5.1 BLD 2, AGUADILI	A, PR U	7605-4	1046
DR WILFRIDO B MORENO - UNIVERSITY OF SOUTH FLORIDA, 4201	E FOWLE	RAVE	
TAMPA, FL 33620			

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Schedule O (Form 990) 2009

Form **8868**

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Internal F	evenue service			
	u are filing for an Automatic 3-Month Extension, complete only Part I and check this box			\triangleright X
	u are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this			
Do not	complete Part II unless you have already been granted an automatic 3-month extension on a previously fi	led For	m 8868. ————	
Part	Automatic 3-Month Extension of Time. Only submit original (no copies needed)			
A corp	pration required to file Form 990-T and requesting an automatic 6-month extension \cdot check this box and con	nplete		
Part I c				
	er corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an ncome tax returns.	n exten	sion of time	
Electronoted Inot au you mu	onic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electron tomatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or court submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic files gov/efile and click on e-file for Charities & Nonprofits	ically if insolida	(1) you want thated Form 990-	e additional
Туре с	Name of Exempt Organization	Empl	oyer identifica	tion number
print	ISTEC, INC.	l 8	5-046192	8
File by th	e Number at and and an arrange of the B.O. how and protructions		3 010131	
due date	MSC 02 1600, 1 UNIVERSITY OF NEW MEXICO			
return Se instruction				
Check	type of return to be filed (file a separate application for each return):			
	Form 990	227 069		
Tele	MIRIAM LOBAINA, OFFICE MGR., & VIRGINIA books are in the care of ▶ 361 HOKONA HALL, ZUNI WING — ALBUQUERQUE phone No ▶ 505 277-7974 FAX No. ▶ 505-277-2986 e organization does not have an office or place of business in the United States, check this box is is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the lift is for part of the group, check this box ▶ and attach a list with the names and EINs of all	JE,	NM 87133	▶ □ up, check this
1	request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time un AUGUST 15, 2010 , to file the exempt organization return for the organization named		The extension	
	s for the organization's return for:			
ļ	X calendar year 2009 or			
,	tax year beginning, and ending		_ ·	
2	f this tax year is for less than 12 months, check reason: Initial return Final return		Change in acco	ounting period
3a	f this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any			
1	nonrefundable credits. See instructions	3a	\$	
	f this application is for Form 990-PF or 990-T, enter any refundable credits and estimated			
-	ax payments made. Include any prior year overpayment allowed as a credit.	3ь	\$	
	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).			N/A
	See instructions.	_3c	\$	IN/A
Cautio	n. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	8879-	EO for paymen	t instructions.
LHA	For Privacy Act and Paperwork Reduction Act Notice, see Instructions.		Form 88	68 (Rev 4-2009
•				-