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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2009

Department of the Treasury Internal Revenue Service

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

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Open	o Pub	lelh	pectió

-	ı	For th	e 2009 calend	dar year, o	or tax year begi	nning Jul 1		, 2009, and	ending	Jun			, 2010
В	(Check if	applicable		C Name of organ	zation					D Employ	er Iden	tification Number
		Mac Aac	ress change	Please use IRS label	NUEVA ESP	ERANZA, IN	iC.				23-2	2552	707
4 0-			me change	or print or type	Number and str	reet (or PO box if ma	ail is not delivere	ed to street addr)	Room/su	te	E Telepho	ne num	nber
1107		-	ial return	See specific	4261 N.5T	H STREET					(21	5) 3	324-0746
7		=	mination	Instruc-	City, town or co			State ZIP	code + 4				
		-	ended return	1	PHILADELP	•		PA 19			G Gross re	eceinte	\$ 8,335,547.
_		ᆕ			and address of princip			<u> </u>		(a) is this a	group return		
<u> </u>	1	App	olication pending	t		.5TH STREET	DUTI ADEI	DUTA DA 10	ا.	• •	affiliates incl		Yes No
									_	If 'No,'	attach a list	(see in:	
1	_		exempt statu		(c) (3	(insert no.)	4947(a	i)(1) or 1 13	27				
<u>A1</u>			site: ► N/	President	- г			1			exemption nu		
쑱K	7.10	Form	of organization	X Corpora	ation Trust	Association	Other ►	L Year o	1 Formatio	on 1987	INIS	tate of	legal domicile PA
5 1	ar	七月歌 1 日	Summa				uficant activi	tions OPCA	TT73T	TON D	PVPI OD	MENT	שבטשם
ST	1	1 1	Briefly descri	_		sion or most sign		lies: ORGAL	MITANI	TOM D	PAPPOR	WEN	I, HIGUER
<u>교</u> 8		-	PDOCKLIO	M WND	DOP INVIN	ING & PLAC	EWENT						
P() Activities & Governance		-										-~-	
Ver		2	Chack this bo		if the organization	 on discontinued	ts operation		of more	than 259		 sets	
ğ					•	rning body (Part	•	s or disposed t	or more	indir 257	0 01 10 03		10
•ජ ග						s of the governir		t VI, line 1b)				4	9
퇕		5	Total number	of employ	ees (Part V, lin	e 2a)	-				[5	89
ŧ		6	Total number	of volunte	eers (estimate if	necessary)	. •				ļ	_6	0
⋖			-			from Part VIII,		ine 12 .				7 a	0.
_	4	b	Net unrelated	business	taxable income	from Form 990-	T, line 34		<u> </u>			7b	
	1									P	rior Year		Current Year
Ф		8 (Contributions	and grant	ts (Part VIII, line	: 1h) .					,492,0		5,650,643.
Revenue			-		ue (Part VIII, line					1	<u>,676,5</u>		2,676,489.
ě	ļ			-	-	A), lines 3, 4, ar					20,3	42.	8,415.
	1					nes 5, 6d, 8c, 9d			·	<u> </u>			
_	+					(must equal Pa		in (A), line 12)	<u> </u>	10	<u>,188,9</u>		8,335,547.
						IX, column (A),	ا برا (Ines 1-3			 	785,6	27.	732,282.
						X, column (A), Iı	. 1631	MAY 1 6	2011	181			
9	<u>.</u>	15	Salaries, othe	er compen	sation, employe	e benefits (Part	IX, column (A), lines 5-10)	-011	1 2 3	,806,6	48.	3,683,827.
Ē		16a f	Professional 1	fundraising	g fees (Part IX,	column (A), line	11e) .	6,		757	and a selection of the	Acres III	
Expenses	-	b ⁻	Total fundrais	ing expen	ses (Part IX, co	lumn (D), line 25	5) >	188,2	277.			M.S.	
Ш	'	17 (Other expens	es (Part I)	X. column (A), li	nes 11a-11d, 11	f-24f)			3	,912,4	75.	3,145,615.
						equal Part IX, c		ne 25)			,504,7		7,561,724.
					Subtract line 1	•		•			,684,1		773,823.
8	7						-			1	ning of Y		End of Year
reate or		20	Total assets (Part X Iır	ne 16)						,362,7		5,758,007.
4			Total liabilitie:			•			·	<u></u>	858,0		479,399.
Ž				•	•	ine 21 from line	20			4	,504,7		5,278,608.
IP.	ăr	TIME		ure Bloc		ine 21 nom me	20 .	•	•		, 50 1 / /	00.	3,270,000.
1.25		Vast of a series.				avamined this return	unali idina accom	nanyina schedules	and states	ments and	to the best of	my kn	owledge and belief it is
			true, correct, a	nd complete	Declaration of prepa	rer (other than office	r) is based on all	information of which	ch prepare	er has any k	nowledge	/ IIIy Kis	owledge and belief, it is
<u></u> Si	aı	n	▶ \.	te	-/W		\			1	5/11	/11	
#Si U	er	е	Signature	of officer	7,7				-	Dat	e / //		
			PEV T	LUIS CO	DETER D	RESIDEN	<u>'</u>						
∞ ~				int name and	title.	NEALUSIY	1			•			
<u>_</u>			 					Date		Ch	eck if	ŢŖ	reparer's identifying number see instructions)
Z SPa	aid	d			D. Mata	0.00)			sel	ě .	x (s	see instructions)
Pi			Preparer's signature	_	ais L. Nat	ж		05/	09/11	l l	.p.o.jeu	الث	
Cha	2 24	عاد				& COMPANY		1037	<i>, , ,</i> <u>, , , , , , , , , , , , , , , , </u>	- -			
TIVE TO SERVICE TO SER	se)	Firm's name (c			KENNEDY BI		ITE 1035	_	─┤	. .		
Z 0	ηĮ	У	employed), address, and			VENUEDI BI				EII		(21)	5) 563-6141
<⊏	_		ZIP + 4		LADELPHIA	shown shows 2	PA			Ph	one no	(21	
VIE C	<u>'y</u>	ine IH	o discuss thi	s return w	nun the preparer	shown above?	see instructi	UIIS)			**	07:	
RA	ŧА	ror I	rrivacy Act a	na rapen	work Reduction	Act Notice, see	tne separate	e instructions.			TEEA0101	07/20	/09 Form 990 (2009)

	990 (2009) NUEVA ESPERANZA, INC.	23-2552707	Page 2
Pai	Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission		
	ORGANIZATION DEVELOPMENT, HIGHER		
	EDUCATION AND JOB TRAINING & PLACEMENT		
2	Did the organization undertake any significant program services during the year which were not listed on the	prior	
	Form 990 or 990-EZ?		X No
	If 'Yes,' describe these new services on Schedule O.		_
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	⁷ Yes	X No
	If 'Yes.' describe these changes on Schedule O		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by e	expenses Section 5017	(c)(3)
7	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allo	cations to others, the t	otal
	expenses, and revenue, if any, for each program service reported.		
4.5	(Code) (Expenses \$ 2,562,285. including grants of \$0.) (Rec	venue \$ 2.77(7.561.)
74	CONTROL DEVICE ON THE COURT	VOI 4	, 301.
	WORKFORCE DEVELOPMENT - SEE ATTACHED		
4.	(O. I		
4 b	(Code) (Expenses \$ 1,876,203. including grants of \$ 6,500.) (Rev	/enue \$ 2,512	2,931.)
	EDUCATION - SEE ATTACHED		
	10.1 TOT TOT TOT TOT TOT TOT TOT TOT TOT TO		
4 C	(Code) (Expenses \$1,817,084. including grants of \$725,782.) (Rev	/enue \$ <u>2,171</u>	(,000.
	NATIONAL - SEE ATTACHED		
		-	
			-
	Other program services. (Describe in Schedule O)		
→u	(Expenses \$ 235,267. including grants of \$ 0.) (Revenue \$	260,106.)	
4.	Total program service expenses ► 6,490,839.	200,100.)	
	Toda program outries expenses - 0/220/0031		

Form 990 (2009), NUEVA ESPERANZA, INC. Part IVE Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III .	8		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		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		x
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	E densels
•	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 the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X		51.	
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	x	
12/	AWas the organization included in consolidated, independent audited financial statement for the tax Yes No			
12	year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	X	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
ł	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		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		<u>x</u>
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		<u>x</u>
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		<u>x</u>
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		<u>x</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,'	,,		v
20	complete Schedule G, Part III Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	19 20		X X
	The same and a product and at the contract of the contract and an indianal and a same	لتت		 -

			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	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		х
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? <i>If 'Yes,' complete Schedule J</i>	23	х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25.	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		х
t	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 Schedule L, Part I	25b		<u>x</u> _
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		骤	
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		х
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 contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? 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		х
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		х
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	х	
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		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37_		<u>x</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	x	
ΔΔ		Form	990 (20091

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 106 1 b 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 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 89 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? Х b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3ь 4a 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)? 4a X **b** If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5a X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited 5с Tax Shelter Transaction? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization 6a X solicit any contributions that were not tax deductible? b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not 6 b deductible? . . Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services 7 a X provided to the payor? 7 b **b** If 'Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7с X **100** d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 f X g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7 g 7h h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. 9a a Did the organization make any taxable distributions under section 4966? X 9Ь **b** Did the organization make any distribution to a donor, donor advisor, or related person? . X 10 Section 501(c)(7) organizations. Enter-10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter-11 a a Gross income from other members or shareholders . b Gross income from other sources (Do not net amounts due or paid to other sources against 11 b amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a

BAA

Form 990 (2009)

b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

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.

<u> </u>	tion A.	Governir	id Rodà	and IVI	nagem	ent									
											1 1		Zend	Yes	No
		e number of v			_	-	-		•		1a 10				
		e number of v	•			•		•	•		1b 9			117	
2	Did any officer, of	officer, direct lirector, truste	or, trustee, e or key e	or key e mployee	mployee	have a t	family re	elations	hip or a b	usiness rel	lationship w	ith any other	2	X	
3	Did the o	organization o	lelegate co r trustees,	ntrol ove	r manage	ment du to a ma	uties cus anageme	tomarıl	ly perform	ned by or unother perso	nder the dire	ect supervisio	on 3		x
4		organization n		-			_						4		х
	since the	prior Form 9	90 was file	ed?											
5		organization b organization			•		aterial d	liversio	n of the o	rganization	i's assets?		5	<u> </u>	X X
6 7a	Does the	organization					er perso	ons who	o may ele	ct one or m	 nore membe	rs of the		 	
_	governin	•				•						•	7		<u>X</u>
t	Are any	decisions of t	he governii	ng body s	subject to	approv	al by me	embers	, stockhol	ders, or oth	ner persons	' .	7 ·25章	b Classes	X
	the follow	•	ontempora	ineously (documen	t the me	etings h	eld or v	written ac	tions under	taken durin	the year by			
	_	erning body?		•									8		<u> </u>
ŀ		mmittee with	•			-	•	•					81	X	
9	Is there a organiza	any officer, di tion's mailing	rector or tr address?	ustee, or <i>If 'Yes,' </i>	key emp provide th	loyee lis e name	sted in P s and ac	art VII, ddresse	Section in Sche	A, who can edule O	not be reac	ned at the	9		X_
Sec	tion B.	Policies	This S	Section	B reque	ests in	formati	ion at	out pol	icies not	required	by the Inte	rnal		
Reve	enue Code	•)													
													<u></u>	Yes	No
10 a	Does the	organization	have local	i chapters	s, branch	es, or af	ffiliates?			•			10:	a X	
t	if 'Yes,' ر and bran	does the orga iches to ensu	nization ha re their ope	ave writte erations a	n policies ire consis	and prostent with	ocedures h those	s gover of the o	ning the a organizati	activities of on?	such chapt	ers, affiliates,	10	b	<u>x</u> _
11	Has the	organization p	provided a	copy of the	his Form	990 to a	all memb	ers of	its govern	ning body b	efore filing	he form?	11	X	Company of the
		ın Schedule	•		•	•	•							Sive	
		organization				•	-	-					12:	X	<u> </u>
t	Are office to conflic	ers, directors ets?	or trustees	i, and key	employ	ees requ	ured to d	disclose	annually	ınterests t	that could gi	ve rise	. 121	x	
•	Does the Schedule	organization O how this i	regularly a s done	and consi	stently m	ionitor a	nd enfor	rce com	npliance v	vith the poli	icy? If 'Yes,	' describe in	12	c x	
13	Does the	organization	have a wr	itten whis	tleblowe	r policy?	•						13	X	<u> </u>
14	Does the	organization	have a wr	ıtten docı	ıment ret	ention a	nd destr	ruction	policy?			•	14		X
15	Did the p	rocess for de comparability	termining o	compensa d contemp	ation of the	he follow s substa	ving pers	sons in	clude a re deliberatio	eview and a on and dec	approval by ision?	ndependent			
a	The orga	nızatıon's CE	O, Executi	ve Directi	or, or top	manage	ement of	fficial					15	X	
Ŀ	Other off	icers of key e	mployees	of the orç	janizatior	า							151	X	
	If 'Yes' to	line 15a or	5b, descri	be the pr	ocess in	Schedul	e O. (Se	ee instr	uctions)						
16 a		rganization in		ontribute a	assets to	, or parti	icipate ir	n a join	t venture	or sımılar a	arrangemen	t with a taxab	ole 16:		X
t	in joint v	nas the organ enture arrang th respect to	ements un	ider appli	cable fed	icy or pr leral tax	ocedure law, and	requiri d taken	ng the or	ganızatıon i safeguard t	to evaluate the organiza	its participation ition's exemp	on t 16 l		
Sec	tion C.	Disclosu	res												
17	List the s	tates with wh	ich a copy	of this Fo	orm 990	s requir	ed to be	filed 🟲	Penr	sylvan	<u>ia</u> _				
18	Section 6	5104 requires n. Indicate ho	an organız w you mal	zation to i ke these	make its available	Forms 1 . Check	023 (or all that a	1024 if apply.	applicab	le), 990, ar	nd 990-T (50	1(c)(3)s only) avaılablı	e for pu	blic
	Own	website	□ A	nother's	website		X U	pon rec	quest						
19	Describe statemen	in Schedule its available t	O whether o the publi	(and if so	o, how) th	ne organ	iization r	makes	its govern	ing docum	ents, conflic	t of interest p	oolicy, and	l financ	ıal
	State the	name, physi	cal address	s, and tel	•		,						·		0746
•	THE O	<u>RGANIZAT</u>	<u> </u>	426	<u>1 N 5</u>	TH SI	<u></u> -	_ BHI		<u>F</u>	A191	<u></u>	_(215)_	324-0	v_/ <u>4 6</u>

Part VIII 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 organizations'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 employees'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers, key employees, highest compensated employees, and former such persons.

Check this box if the organization did no	t compens	ate ar	у с	ırrer	nt of	fficer,	direc	ctor, or trustee		
(A)	(B)	(B) (c)						(D)	(E)	(F)
Name and Title	Average Position (check al			k all t		_	Reportable	Reportable	Estimated amount of other	
	hours per week or director		Former Highest employ			Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	compensation from the		
			Former Highest contrensated employee			(11-2/1035/111100)	(1121033-111100)	organization and related		
	ĺ	3 5	<u>=</u>	ĺ	الم	1 1	ĺ			organizations
		7.]	P. I.R.				
	ł		ñ			ã			_	_
SEE SCHEDULE ATTACHED						_				
BOARD MEMBER	3.00	х					<u> </u>	0.	0.	`_``0.
REV. LUIS CORTES, JR				'	1					
PRESIDENT	40.00			X_	X	X_	<u> </u>	130,086.	0.	125,640.
REV DANNY CORTES					l	ľ	İ	}		
CHEIF OF STAFF	40.00				X	X		108,538.	0.	76,227.
	<u> </u>				<u> </u>	<u> </u>				
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	1 ,							i		

(A)	(B)	(B) (c) verage Position (check all that apply)						(D)	(E)	(F)		
Name and Title	hours per week		Institutional trustee	Officer		Highest compensated employee	Former	Reportable compensation from the organization (W 2/1099-MISC)	Reportable compensation fro related organizatio (W-2/1099-MISC	m Estimated amount of other compensation from the organization and related organizations		
									·			
									·			
1 b Total							•	238,624.		0. 201,867.		
2 Total number of individuals (including but not limited from the organization ► 2	to those	list	ed a	abov	e) v	vho i	rece	eived more than \$1	00,000 in report	able compensation		
 3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such inc. 4 For any individual fisted on line 1a, is the sum of rep the organization and related organizations greater the individual. 5 Did any person listed on line 1a receive or accrue co rendered to the organization? If 'Yes,' complete Schedule 1a 	dividual ortable o an \$150	com _l ,000	pens 7 /f	satio 'Yes	n a	nd o ompl	ther lete	compensation fro Schedule J for suc	m ch	3 X 4 X		
Section B. Independent Contractors												
Complete this table for your five highest compensate compensation from the organization	d indepe	ende	nt c	ontr	acto	ors th	nat i	received more thai	1 \$100,000 of			
Name and business address							_	(B) Description o	f Services	(C) Compensation		
ELLIS & COMPANY 3211 OLD DOMINION BLVD AL BUDGATIONAL BVALUATORS 6 PINE HILL CT RO	EXAND CRAWA			VA NJ		230		ADMINISTATION PROGRAM CON		100,216. 125,796.		
ADVINITABILITATION V & LAND ALLEM CI NO		-								223,170.		
2 Total number of independent contractors (including b \$100,000 in compensation from the organization ▶		nite	d to	thos	se li	sted	abo	ove) who received	more than			

Pa	τν.	II Statement of Re	evenue			,		
	453	A THE PROPERTY OF THE PARTY OF T	Miles de la company		(A)	(B)	(C)	(D)
10 year	4		1000年		Total revenue	Related or exempt	Unrelated business	Revenue excluded from tax
	11.54			The state of the state of		function	revenue	under sections
£ 1900	2 48	1. 图 2. 图		"你是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	La N. Walta C. Osbilla Park o	revenue	Self-differential See Austra	512, 513, or 514
TS Z		Federated campaigns	1 a	<u> </u>			THE WAS THE WAS TO SEE	
A S	b	Membership dues	115	 				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	C	Fundraising events	10					
μĸ	d	Related organizations	<u>1 d</u>					
3,5	е	Government grants (contribution	ons) 1 e	5,077,453.				
S S	•	All other contributions, gifts, g	rants and					
필뷔	'	similar amounts not included a		573,190.				
D O	a	Noncash contribns included in	Ins 1a-1f				外的特殊	
S₹	h	Total. Add lines 1a-1f	•	•	5,650,643.			
				Business Code	名為 第二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十	""""""""""""""""""""""""""""	新社会,和中国的政	THE SHOWING THE PARTY.
Ĭ	2a	MANAGEMENT FEE	s	531310	157,836.	157,836.	0.	0.
<u> </u>		REGISTRATION F		611600	2,072,209.	2,072,209.	0.	0.
빌		REIMBURSEMENTS	===	561000	446,444.	446,444.	0.	0.
€	ہ	White of the second sec		30200	1 - 110,1111			
N S	u			 		· .		<u> </u>
Z.	e							<u> </u>
PROGRAM SERVICE REVENUE		All other program servic	e revenue	<u> </u>	0 676 400		. 6. 576658286A. 69 FC 31	77. F T T T T T T T T T T T T T T T T T T
╼		Total. Add lines 2a-2f			2,676,489.	14.35.48.25.49. 181.15.15.15.	MARKET METHOLS AS A MAKE	2007年1月1日 1月1日 1月1日
- 1	3	Investment income (incl	udıng dıvıdend	s, interest and	8,415.	8,415.	ο.	о.
	_	other similar amounts)			8,415.	0,415.	<u> </u>	
	4	Income from investment	or tax-exempt	bona proceeds				
	5	Royalties	() Deal	(A) Parroyal	a Park Saturday Section 18	中心14公司的 20世代 14公司	Statistical official official control	THE THE SELECT HE SELECTION
	_	0	(ı) Real	(ii) Personal			X 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
ĺ		Gross Rents						
ł		Less' rental expenses						
1		Rental income or (loss)			The second		JE MALTENANCE	
	d	Net rental income or (los		<u>_</u>	M. S. M. M. M. M. A. S. M.	atthorner services, as . 3 *** c. 190	unit the section is the	n el Den part se el Inimetrio habita verba
l	7 a	Gross amount from sales of	(i) Securities	(ii) Other	建设工工工工工	CE SOUTH CONTRACTOR		
ĺ		assets other than inventory				第一个人	THE STATE OF THE S	A PLANE STATE
l	ь	Less: cost or other basis						
		and sales expenses				THE RESERVE	WALLAND OF THE PARTY OF THE PA	
	C	Gain or (loss)						
ł	d	Net gain or (loss)		>				
}	8a	Gross income from fund	raising events			13 E SIA PAR		
뵕		(not including \$					产行的证明	
2		of contributions reported	l on line 1c).				就是是是是是	
OTHER REVEN		See Part IV, line 18 .		a		EN HER BAS		
불	b	Less: direct expenses		b			第二次	
°	С	Net income or (loss) from	m fundraising e	events				
	92	Gross income from dam	ing activities		产生活动的	表现了一个工程		西京地区
	Ju	Gross income from gam See Part IV, line 19	ing activities	a				
- 1	ь	Less [,] direct expenses		b				
ł	С	Net income or (loss) from	m gaming activ	rities ►				
	102	Gross sales of inventory	less returns		老工艺大学	在是加州的社会	建筑设置	电影影响 1000
	ıva	Gross sales of inventory and allowances	, less returns	a	云龙之龙洲			
		Less: cost of goods sold		Ь				
ĺ		Net income or (loss) from		entory				,
ľ		Miscellaneous Revenu		Business Code	花光塔海绵的	建工程的 类型	护沙院子经济安 沙	CONTROL TO THE TANK
Ì	11 a					= 14.700 to 150.		
	b							
ļ	c				·-			
	a	All other revenue						
ļ	-	Total. Add lines 11a-11d	ı			では、現代の対象が変更	報は経過報話	网络西哥哥哥哥哥
		Total revenue See instr		•	8.335.547.		O -	U

Part X Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must com	 		T	(D)
Do l	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	732,282.	732,282.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			和新疆市的基础的	
5	Compensation of current officers, directors, trustees, and key employees	870,048.	244,987.	563,078.	61,983.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	2,233,694.	2,233,694.	0.	0.
7	Other salaries and wages .	0.	0.	0.	0.
8	Pension plan contributions (include section 401 (k) and section 403(b) employer contributions)	22,014.	22,014.	0.	0.
9	Other employee benefits	293,246.	293,246.	0.	0.
10	Payroll taxes	264,825.	198,451.	64,833.	1,541.
11	Fees for services (non-employees) .				
ā	Management				
ŀ	Legal	7,719.	0.	7,719.	0.
(: Accounting .	26,561.	0.	26,561.	0.
	Lobbying		ar a vester tard was to refractionally	are a mer estat in wording, or well to have	
	Prof fundraising svcs. See Part IV, In 17		"这种种种"。	THE PROPERTY OF THE	
	Investment management fees				
_	Other				
	Advertising and promotion	407 440	400 550	16.603	1 172
13	Office expenses	425,443.	407,669.	16,601.	1,173.
14	Information technology	78,425.	76,387.	962.	1,076.
15	Royalties	000 700	010 613	72 442	4,734.
16	Occupancy .	890,789. 109,930.	812,613. 94,214.	73,442. 14,545.	1,171.
17 18	Travel Payments of travel or entertainment expenses for any federal, state, or local public officials	109,930.	72,212.	14,545.	1,1/1.
19	Conferences, conventions, and meetings	106,544.	104,704.	1,324.	516.
20	Interest	13,550.	5,696.	7,854.	0.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	48,351.	43,789.	4,562.	0.
23	Insurance .	27,437.	13,633.	13,804.	O.
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.)				
5	CONSULTANTS	730,291.	562,972.	52,324.	114,995.
	MISCELLANEOUS	85,167.	66,036.	18,499.	632.
	DIRECT PROGRAM COSTS	316,520.	304,049.	12,471.	0.
	EQUIPMENT	278,888.	274,403.	4,029.	456.
•	,				
f	All other expenses				
	Total functional expenses. Add lines 1 through 24f	7,561,724.	6,490,839.	882,608.	188,277.
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				-
BAA					Form 990 (2009)

Pa	<u>ırt X</u>	Balance Sheet			· · · · · · · · · · · · · · · · · · ·		
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	25,393.
	2	Savings and temporary cash investments			1,421,529.	2	1,041,920.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		•	1,781,115.	4	1,645,601.
	5	Receivables from current and former officers, directors and highest compensated employees. Complete Part I	, trust I of Sc	ees, key employees, hedule L		5	
	6	Receivables from other disqualified persons (as define	d unde	er section 4958(f)(1))	进程到的智慧的	Hi.	
		and persons described in section 4958(c)(3)(B) Comp	lete Pa	art II of Schedule L		6	
A S E T S	7	Notes and loans receivable, net .		• • •	_ 	7	
Ē	8	Inventories for sale or use	•			8	
Ş	9	Prepaid expenses and deferred charges		•	154,329.	9	27,276.
	10 a	Land, buildings, and equipment: cost or other basis	10a	414,368.		型	[李] [[李] [[李] [[李] [[李] [[李] [[李] [[李]
		Complete Part VI of Schedule D					
ļ	b	Less [*] accumulated depreciation .	10Ь	370,575.	92,144.	10 c	43,793.
	11	Investments - publicly-traded securities				11	
	12	Investments – other securities. See Part IV, line 11				12	
	13	Investments – program-related See Part IV, line 11				13	
	14	Intangible assets .		•		14	
	15	Other assets See Part IV, line 11			1,913,680.	15	2,974,024.
	16	Total assets. Add lines 1 through 15 (must equal line 3	34)		5,362,797.	16	5,758,007.
	17	Accounts payable and accrued expenses			703,177.	17	369,048.
	18	Grants payable .				18	
	19	Deferred revenue .			5,136.	19	
1	20	Tax-exempt bond liabilities				20	
B	21	Escrow or custodial account liability. Complete Part IV			RA STOCK CO. A LIGHT STATE OF THE STATE OF T	21	
 - -	22	Payables to current and former officers, directors, trushighest compensated employees, and disqualified personal disqualified person	tees, k sons C	ey employees, Complete Part II			
- 1		of Schedule L				22	<u> </u>
E S	23	Secured mortgages and notes payable to unrelated this			148,649.	23	109,301.
i	24	Unsecured notes and loans payable to unrelated third	parties	••		24	
	25	Other liabilities. Complete Part X of Schedule D		•	1,050.	25	1,050.
	26	Total liabilities. Add lines 17 through 25			858,012.	26	479,399.
N E T		Organizations that follow SFAS 117, check here ►	X an	nd complete lines			
		27 through 29 and lines 33 and 34.				222	
S	27	Unrestricted net assets			4,212,257.	27	5,018,864.
Ē S	28	Temporarily restricted net assets	•	•	292,528.	28	259,744.
	29	Permanently restricted net assets			建筑设置等的是否是现代。""是是否是不是不是	29 स्थानहरू	Paner D-MARINES AU PERSONA
R E		Organizations that do not follow SFAS 117, check her lines 30 through 34.	e ►	and complete			
P DZD	30	Capital stock or trust principal, or current funds				30	
В	31	Paid-in or capital surplus, or land, building, and equipr	nent fu	ınd .		31	
Ë	32	Retained earnings, endowment, accumulated income,	or othe	er funds		32	
B 々しく N CEの	33	Total net assets or fund balances			4,504,785.	33	5,278,608.
\$	34	Total liabilities and net assets/fund balances		<u>.</u>	5,362,797.	34	5,758,007.

BAA

Form **990** (2009)

		Yes	No
1 Accounting method used to prepare the Form 990: 🔲 Cash 🕱 Accrual 🔲 Other	A COMPANY		
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		Х
b 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	х	
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 X Both consolidated and separate basis	豐ш		
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	х	
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3ь	x	

BAA

Form **990** (2009)

SCHEDULE A (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.

2009

2009

Department of the Treasury Internal Revenue Service

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

Name	of the	organ	ızatıon											Employe	er identifica	tion number		1 0 100
NUE	VA	ES	PERANZ.	A,	INC.									23-2	55270	7		
Par	制製	Re	ason fo	r Pu	blic C	harity Stat	us (A	ll org	janizations	must	compi	ete this	s part.) See	instruct	tions		
The o	rgar					ındatıon becat				-		-						
1			•			hurches or ass					section	170(b)(I)(A)(i).					
2	Ц					tion 1 70(b) (1)(•		•								
3	Н		•	•		hospital servic	-				•		•					
4	Ш				-	ızatıon operate	ed in co	onjuno	tion with a h	ospital d	escribed	in sect	ion 170	(b)(1)(A)	(iii) Ente	er the hos	oital's	
5	\Box		e, city, an			for the benefit			or upweresty		or operation	ted by a		montal	init dosci	ribod in se	ction	
5		170(b)(1)(A)(iv	/). (C	Comple	te Part II)		_						memai i	init desci	ilbeu III sc	Cuon	
6 7	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)																	
8	Ц	А со	mmunity t	trust (describ	ed in section	17 0 (b)	(A)((1)	vi). (Complet	e Part II)							
9	_	from	activities stment inc	relat come	ed to it and ur	ally receives is exempt fund irelated busine on 509(a)(2). ((tions - ess tax	- subje able ir	ect to certain ncome (less s	exception	ons, and	(2) no r	more tha	an 33-1/	3 % of ⊪t	s support	from gr	OSS
10						and operated	•			blic safe	ty See s	section!	509(a)(4)).				
11	_	more	: publicly	supo	orted o	and operated organizations operating organizations	lescrib	ed in :	section 509(a	(1) or s	section 5	09(a)(2)	tions of, See s	or carry ection 5	out the 09(a)(3).	purposes Check th	of one e box t	or hat
		а Г	Type I	., , , ,	O. 04P	b Type II				I – Fund			ed		dП	Type III-	- Other	
е	_	By c than 509(hecking the	nis bo n ma	x, I cer nagers	rtify that the or and other tha	ganıza n one (ition is or moi	not controllere publicly su	ed direct pported	ly or ind organiza	rectly by	y one or escribed	r more d I in secti	isqualifie on 509(a	ed person	s other	
f			organiza k this box		eceive	d a written det	ermina	ation fi	rom the IRS t	hat is a	Type I,	Type II c	r Type	III suppo	orting org	anızatıon,		П
g		-			006, ha	is the organiza	ition ad	cepte	d any gift or	contribu	Ition fror	n any of	the foll	owing p	ersons?			
			-			·		•									Yes	No
		(i)	a person below, th	who ne go	directly verning	y or indirectly body of the s	control	ls, eith ed org	ner alone or t anization?	ogether	with per	sons des	cribed	ın (ıı) ar	ıd (III)	. 11 g (i)		
		(ii)	•	•	-	a person desc		•								11 g (ii)	_	
		(iii)	a 35% co	ontrol	lled ent	tity of a persor	descr	ibed i	n (ı) or (ıı) at	* 1								
<u>h</u>		Prov	ide the fol	llowin	g infor	mation about t	he sup	porte	d organization	ns.								
	(1)		of Supporter anization	d		(II) EIN	(d	escribed above or	f organization d on lines 1-9 RC section tructions))	organiza (i) liste gove	Is the tion in col d in your erning iment?	the organ	ou notify ization in (i) of upport?	organizat (i) organi	is the tion in col zed in the S ?	(vil) Amou	ınt of Sup	port
										Yes	No	Yes	No	Yes	No			
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					PREMI.			Alleria II	and the party of	The state of	Tetal Bill Ha	AN HORSE	-15 3KEE	SHOP SHIPP	RECORDS:	 -		
Total				l														

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

5-2	(Complete only if you checked the box on line 5, 7, or 8 of Part I)							
<u> 5ec</u>	tion A. Public Support			 	Τ			
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	- (e) 2009	(f) Total	
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	7,846,889.	8,667,661.	8,647,514.	8,492,026.	5,650,643.	39,304,733.	
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge							
4	Total. Add lines 1-through 3	7,846,889.	8,667,661.	8,647,514.	8,492,026.	5,650,643.	39,304,733.	
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)						744,177.	
	Public support. Subtract line 5 from line 4.						38,560,556.	
Sec	tion 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	7,846,889.	8,667,661.	8,647,514.	8,492,026.	5,650,643.	39,304,733.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	22,734.	55,536.	31,753.	20,342.	8,415.	138,780.	
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						39,443,513.	
12	Gross receipts from related activi					12		
13	First five years. If the Form 990 organization, check this box and		tion's first, second	d, third, fourth, or	fifth tax year as a	section 501(c)(3)	-	
Sec	tion C. Computation of Pu	blic Support P	ercentage					
14	Public support percentage for 200	09 (line 6, column	(f) divided by line	11, column (f)		14	97.76%	
15	Public support percentage from 2	2008 Schedule A, F	Part II, line 14			. [15]	94.74%	
16 a	16a 33-1/3 support test — 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization.							
b	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							
17 a	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.							
ь	10%-facts-and-circumstances te or more, and if the organization rorganization meets the 'facts-and	neets the 'facts-ar I-circumstances' t	id-circumstances' est. The organiza	test, check this bo ition qualifies as a	ox and stop here. a publicly supporte	Explain in Part IV d organization	how the	
18	Private foundation. If the organiz	ation did not chec	k a box on line, 1.	3, 16a, 16b, 17a,				
BAA					Sc	hedule A (Form 99	90 or 990-EZ) 2009	

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

Rartill & Support Schedule for Organizations Described in Section 509(a)(2)

Sec	tion A. Public Support									
Cale	ndar year (or fiscal yr 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 'unusual grants')									
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity									
	that is related to the organization's tax-exempt purpose									
3	Gross receipts from activities that are not an unrelated trade or business under section 513									
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf									
5	The value of services or facilities furnished by a governmental unit to the organization without charge									
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons									
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year									
c	Add lines 7a and 7b									
8	Public support (Subtract line		是你这个时间	等性实现及 对	新香料。图《	MINISTRA				
	7c from line 6.)	世界が7世紀で1世	第1、图18的线线			The state of the s				
Sec	tion B. Total Support									
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
	Amounts from line 6	(a) 2005	(6) 2000	(6) 2007	(6) 2000	(0) 2003	17.00			
	Gross income from interest.						 			
10 a	dividends, payments received on securities loans, rents, royalties and income form similar sources									
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975									
11	Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on .									
	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)									
13	Total support. (add ins 9, 10c, 11, and 12)		新工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工			STEP TO THE STEP	<u> </u>			
14	First five years. If the Form 990	s for the organiza	tion's first, second	l, third, fourth, or	fifth tax year as a	section 501(c)(3)			
Soc	organization, check this box and tion C. Computation of Pul		Porcontago							
				12 1 (0)			T			
	Public support percentage for 200	•		: 13, column (t))		15				
	Public support percentage from 2					16	<u>%</u>			
Sec	tion D. Computation of Inv									
17	Investment income percentage for		, ,	-	n (f))	17	 			
18	Investment income percentage from				•	18				
	33-1/3 support tests – 2009. If the more than 33-1/3%, check this bo	ox and stop here.	The organization	qualifies as a pub	licly supported org	ganization	▶ 📋			
b	33-1/3 support tests – 2008. If the is not more than 33-1/3%, check	e organization did this box and stop	not cneck a box here. The organiz	on line 14 or 19a, ation qualifies as	and line 16 is mo a publicly support	re man 33-1/3% ed organization	, and line 18 ► 🗍			
20	Is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions									

Schedule A	(Form	990 or 9	90-EZ) 20	009	NUEVA	ESPERAN	NZA,	INC.			23-2552	2707	Page 4
Part IV	Supp	lemen	tal Infor	mati	on. Con	plete this	part	to provid	de the expla	nations re	equired by Formation. S	Part II, line	10;
	Part I	I, line	1/a or	17b;	and Par	t III, line	12. P	rovide an	y other add	litional info	ormation. S	ee instructi	ons.
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					_								
	. 												

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

OMB No 1545-0047

Open to Public

Employer Identification number

NU	EVA ESPERANZA, INC.			23-2552707
Pă	rt 🗐 Organizations Maintaining Dono	Advised Funds or Other	er Similar Funds or /	Accounts Complete if
	the organization answered 'Yes' t	o Form 990, Part IV, line	e 6	<u> </u>
		(a) Donor advised	funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and don- funds are the organization's property, subject to	or advisors in writing that the a o the organization's exclusive	assets held in donor adviso legal control?	ed Yes No
6	Did the organization inform all grantees, donor used only for charitable purposes and not for the purpose conferring impermissible private benefits	ne benefit of the donor or dono	g that grant funds may be r advisor or for any other	. TYes No
Pa	Till Conservation Easements Comple		swered 'Yes' to Forr	
	Purpose(s) of conservation easements held by			11 330, 1 art 1 v , into 7.
•	Preservation of land for public use (e.g., re	- I		orically important land area
	Protection of natural habitat	creation of picasure)	Preservation of certifie	• ,
	Preservation of open space	•	_	_
2	Complete lines 2a through 2d if the organization last day of the tax year	n held a qualified conservation		
			艾维斯	Held at the End of the Year
	a Total number of conservation easements		. 2a	<u> </u>
	b Total acreage restricted by conservation easem	nents	21:	<u> </u>
•	Number of conservation easements on a certification	ed historic structure included ii	n (a) 2 c	:
•	d Number of conservation easements included in	(c) acquired after 8/17/06	20	<u> </u>
3	Number of conservation easements modified, to	ransferred, released, extinguis	hed, or terminated by the	organization during the tax
	year ►			
4	Number of states where property subject to cor	servation easement is located	<u> </u>	
5	Does the organization have a written policy reg and enforcement of the conservation easement		, inspection, handling of v	iolations, Yes No
	Staff and volunteer hours devoted to monitoring during the year			
7	Amount of expenses incurred in monitoring, insiduring the year •	specting, and enforcing conser	vation easements	;
۰	Does each conservation easement reported on	line 2(d) above satisfy the rea	urements of section	
0	170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?		unements of section	Yes No
9	In Part XIV, describe how the organization repo- include, if applicable, the text of the footnote to conservation easements	orts conservation easements in the organization's financial st	its revenue and expense atements that describes the	statement, and balance sheet, and ne organization's accounting for
Ra	Complete if the organization answers	ctions of Art, Historical wered 'Yes' to Form 990	Treasures, or Other, Part IV, line 8.	Similar Assets
1 8	a If the organization elected, as permitted under treasures, or other similar assets held for publi- the text of the footnote to its financial statemen	c exhibition, education, or rese	revenue statement and ba earch in furtherance of pub	lance sheet works of art, historical blic service, provide, in Part XIV,
1	of the organization elected, as permitted under treasures, or other similar assets held for public amounts relating to these items:			
	(i) Revenues included in Form 990, Part VIII, I	ine 1		. ►\$
	(ii) Assets included in Form 990, Part X	,		. - \$
2	If the organization received or held works of art amounts required to be reported under SFAS 1	, historical treasures, or other 16 relating to these items	sımılar assets for financıa	l gain, provide the following
á	Revenues included in Form 990, Part VIII, line	1 .		. >\$
ı	Assets included in Form 990, Part X		•	> \$

Schedule D (Farm 990) 2009 NUEV					23-25			Page 2
Part III Organizations Mainta	ining Colle	ections	s of Art, Histo	<u>orical Treasures, o</u>	r Other Similar As	sets (c	ontinu	ıed)
3 Using the organization's acquisition items (check all that apply):	on accession	and oth	er records, chec	k any of the following th	nat are a significant use	of its co	llection	
a Public exhibition			d 🗌 Loan	or exchange programs			_	
b Scholarly research			e 🗌 Other					
c Preservation for future genera	ations							
4 Provide a description of the organ Part XIV	nization's coll	ections	and explain how	they further the organiz	zation's exempt purpose	e iu		
5 During the year, did the organizat assets to be sold to raise funds re	ather than to	be main	itained as part of	the organization's colle	ection .	Yes		No
Part V Escrow and Custodia 9, or reported an amo	I Arranger unt on For	nents m 990	Complete if o	organization answe 21.	red 'Yes' to Form 9	990, Pa 	ırt IV, ———	line
1a Is the organization an agent, trus included on Form 990, Part X?	tee, custodia	n, or oth	er intermediary	for contributions or othe	er assets not	Yes	. [No
b If 'Yes,' explain the arrangement	ın Part XIV a	nd comp	olete the followin	g table [.]				
						Amoun	<u>it</u>	
c Beginning balance				•	. 1c			
d Additions during the year		•		•	1 d			
e Distributions during the year		•		•	1 e			
f Ending balance				•	1f			
2a Did the organization include an a	mount on For	m 990, l	Part X, line 21?			Yes	L	No
b If 'Yes,' explain the arrangement								
Part V. Endowment Funds Co	mplete if c	rganiz	ation answer	ed 'Yes' to Form 9				
	(a) Curren	t year	(b) Prior yea		k (d) Three years back		Four year	s back
1 a Beginning of year balance				DESCRIPTION OF THE PARTY OF THE		A STATE	43.73	200
b Contributions		·		文章 医神经 计	也是到外域的信息。	医母腹性	對某些	学就是
c Net Investment earnings, gains, and losses								
d Grants or scholarships				MARKET IN	到到 阿拉斯斯斯	建加 提	可關係	
e Other expenditures for facilities						型	新港	HEST
and programs					196		ENGINEEN SEN	Tripication.
f Administrative expenses			<u> </u>					Caraca de
g End of year balance	<u> </u>			一种的地位的一种中央的一种中央的一种中央的一种中央的一种中央的一种中央的一种中央的一种中央	从证明的理论。4000年的证明	CALLED CO.	ne permedici	THE STREET
2 Provide the estimated percentage	-	end bala	ince held as:					
a Board designated or quasi-endow	ment -		*					
b Permanent endowment ►	⁹	i						
c Term endowment	—₹							
3a Are there endowment funds not in organization by:	n the possess	sion of th	ne organization t	hat are held and admin	stered for the		Yes	No
(i) unrelated organizations .						3a(i)		
(ii) related organizations						3a(ii)		
b If 'Yes' to 3a(II), are the related o	rganizations	listed as	required on Sch	nedule R?		3b		<u> </u>
4 Describe in Part XIV the intended	uses of the	organiza	ition's endowmei	nt funds				
Part VI Investments—Land, B	uildings, a	and Eq	uipment. Se	e Form 990, Part X	, line 10.			
Description of investment	-		st or other basis nvestment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d)	Book Va	alue
1 a Land	•							
b Buildings .				,				
c Leasehold improvements						ļ		
d Equipment	,		· · · · · · · · · · · · · · · · · · ·	414,368.	370,575.	.	43	<u>,793.</u>
e Other		<u> </u>						
Total. Add lines 1a through 1e (Column	n (d) must eq	ual Forn	n 990, Part X, co	lumn (B), line 10(c))	,	<u> </u>	43	<u>,793.</u>
							- ^^	

BAA

Schedule D (Form 990) 2009

Part VII: Investments—Other Securities See	Form 990, Part X, II	ne 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mar	ition ket value
Financial derivatives		Cost of end-or-year mar	Net Value
Closely-held equity interests			
Other			
			
	 		
Table (Column (b) must asset Form 000 Bart V and (B) top 12		新作品的基本的基本的基本的	The sales and the sales are
Total (Column (b) must equal Form 990 Part X, col. (B) line 12.) Part VIII Investments—Program Related (Se	e Form 990 Part X		A SAME OF THE FOR A CONTRACT
(a) Description of investment type	(b) Book value	(c) Method of valua	tion
	(b) book value	Cost or end-of-year mar	ket value
-			
-			
		 	
		<u> </u>	
			
Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13)	· ·		SHAM ARM MARKA
Rart X Other Assets (See Form 990, Part	X, line 15)		
(a)	Description		(b) Book value
DUE FROM RELATED ORGANIZATION			2,961,698.
SECURUTY DEPOSITS			12,326.
-	· ·———		
	· · · · · · · · · · · · · · · · · · ·		
			· - · · · · · · · · · · · · · · · · · ·
		-	
			
		· · · · · · · · · · · · · · · · · · ·	
Total. (Column (b) must equal Form 990, Part X, col (B)	. line 15)	, ,	2,974,024.
Part X Other Liabilities (See Form 990, Pa			
(a) Description of Liability	(b) Amount		HE STATE OF THE ST
Federal Income Taxes			
ESCROW DEPOSITS	1,0	50.	
			
-			
			
Total. (Column (b) must equal Form 990. Part X. col. (B) line 25)	1,0	50.	

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

	dule D (Form 990) 2009 NUEVA ESPERANZA, INC.	23-2552707	Page
Par	tXI爾 Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		3,335,547
2	Total expenses (Form 990, Part IX, column (A), line 25)		,561,724.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	, ,	773,823.
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments .		
8	Other (Describe in Part XIV)		
_	·		
9	Total adjustments (net). Add lines 4 through 8	ļ.—	772 002
	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	or Peturn	773,823.
	Reconciliation of Revenue per Audited Financial Statements With Revenue p		225 547
	Total revenue, gains, and other support per audited financial statements .		,335,547.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	Net unrealized gains on investments 2a		
b	Donated services and use of facilities 2b		
С	Recoveries of prior year grants . 2c		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d .	2 e	
3	Subtract line 2e from line 1	3 8	,335,547.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	性時	
	Investments expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV) 4b		
	Add lines 4a and 4b	4c	
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		,335,547.
	Reconciliation of Expenses per Audited Financial Statements With Expenses		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Total expenses and losses per audited financial statements		,561,724.
	Amounts included on line 1 but not on Form 990, Part IX, line 25	2454	, 301, 721.
	Donated services and use of facilities		
	Other losses 2c		
	Other (Describe in Part XIV)		
	Add lines 2a through 2d	2 e	
	Subtract line 2e from line 1	. 3 7	,561,724.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investments expenses not included on Form 990, Part VIII, line 7b		
Ь	Other (Describe in Part XIV)	in the second	
С	Add lines 4a and 4b .	4c	
5	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5 7	,561,724.
Par	XIV Supplemental Information		
line 4	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part ; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this nation	IV, lines 1b and 2b part to provide any	; Part V, additional
RΔΔ	TEF A 3304 02/02/10	Cahadula B /	Form 990) 2009

Schedule D (Form 990) 2009 NUEVA ESPERANZA, INC. PartXIV: Supplemental Information (continued)	23-2552707	Page !
PartXIV Supplemental Information (continued)	· · · · · · · · · · · · · · · · · · ·	
·		

SCHEDULE E (Form 990 or 990-EZ)

Schools

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization answered 'Yes' to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.
 ► Attach to Form 990 or Form 990-EZ.

Employer identification number

1 U N	SVA ESPERANZA, INC.			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	X	1 195 457 1
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	X	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it had no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe if 'No', please explain if you need more space, use Schedule O (Form 990)	3	x	
	NEWSPAPER ADVERTISEMENT			
	Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	
ŧ	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	х	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	x	
C	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered 'No,' to any of the above, please explain. If you need more space, use Schedule O (Form 990)	4d	X	
_				
	Does the organization discriminate by race in any way with respect to: Students' rights or privileges?	5a	公正	X
ŧ	Admissions policies?	5b		х
c	Employment of faculty or administrative staff?	5c		x
c	Scholarships or other financial assistance?	_5d		х
e	Educational policies?	5e		х
f	Use of facilities?	5f		х
ç	Athletic programs?	5g		х
H	Other extracurricular activities? If you answered 'Yes,' to any of the above, please explain. If you need more space, use Schedule O (Form 990)	5h	2160	X
6 2	Does the organization receive any financial aid or assistance from a governmental agency?	6a	X	
	e Has the organization receive any imancial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	6b	_	x
	If you answered 'Yes,' to either line 6a or line 6b, please explain on Schedule O (Form 990)			
,	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50, 1975-2 C B 587, covering racial nondiscrimination? If 'No,' explain on Schedule O (Form 990)	7	X	

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.
➤ Attatch to Form 990.

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2	

OMB No 1545-0047

Employer identification number

		<u>\$</u>	
2707		X Yes	
NUEVA ESPERANZA, INC.	Paris General Information on Grants and Assistance	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

2 Describe in Part IV the organization's procedures for monitoring the use	procedures for monitor		of grant funds in the United States	ates			
Ba附順 Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form	nce to Governme	ints and Organi	zations in the Unit	ed States. Comple	te if the organizati	ion answered 'Ye	es' to Form
990, Part IV, line 21 for any recipient that received more than \$5,0 Part IV and Schedule I-1 (Form 990) if additional space is needed	r recipient that r Form 990) if addi	eceived more th tional space is r	nore than \$5,000. Check this box if no one recipient received more than \$5,000. Use ice is needed	his box if no one r	ecipient received	more than \$5,00	0. Use ► □
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCHEDULE ATTACHED							
	VARIOUS	N/A	732,282.				PROGRAM SUPPOR
	-						
	•						
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
	,						
	•						
	,-						

Schedule I (Form 990) 2009

TEEA3901 02/10/10

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

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

3 Enter total number of other organizations

Schedule I (Form 990) 2009 Page 2 Schedule I (Form 990) 2009 NUEVA ESPERANZA, INC.

Rational 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. (f) Description of non-cash assistance Partive Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. 23-2552707 (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance PERFORMANCE REPORTS ARE REQUIRED FOR EACH GRANT (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Pt_I Line_2 BAA

SCHEDULE J. (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.
 ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Management

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

23-2552707

_	所認 Questions Regarding Compensation			
<u>r.a</u>	(好趣) Questions Regarding Compensation		Voc	Nie
1	a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		Yes	No
	First-class or charter travel X Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
	b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or		五流	
	reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain	1 b	х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	х	
				100
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		17	
				13
	Compensation committee Written employment contract Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
_				
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:			
	a Receive a severance payment or change-of-control payment?	4a		х
	b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		x
	c Participate in, or receive payment from, an equity-based compensation arrangement?	4c		х
	If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
	a The organization?	5a		X
	b Any related organization?	5 b		х
	If 'Yes' to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
	a The organization?	6a		х
	b Any related organization?	6b		x
	If 'Yes' to line 6a or 6b, describe in Part III.	1		
7	For person listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III	7		<u>x</u> _
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If 'Yes,' describe in Part III	8		x
9	If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

Page 2

Schedule J (Form 990) 2009 NUEVA ESPERANZA, INC.

PRINCIPLE OF Schedule J. Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

	(R) Breakdown	(B) Breakdown of W-2 and/or 1099-MISC	SC compensation	(C) Retirement and	(D) Nontaxable	(F) Total of columns	(F) Compensation
(A) Name	(f) Base compensation		(iii) Other reportable compensation	other deferred compensation	benefits	(B)(I)-(D)	reported in prior Form 990 or Form 990-EZ
	() 130,086.	0	lι	0	125,640.	255,726.	256,333.
REV. LUIS CORTES, JR (ii)		0	00	0			
	008.538.	0	0	0	76,227.	184,765.	186,152.
REV DANNY CORTES (0	0				
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SCHEDULE O

Supplemental Information to Form 990

OMB No 1545-0047
2009
Open to Public 1918

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

NUEVA ESPERANZA,	INC.	23-2552707
Pt VI-B, Line 10h	D ALL AFFILIATES ARE MANAGED BY NUEVA ESPERANZA	
Pt_VI-B, Line 117	A THE BOARD OF DIRECTORS HAS DELEGATED RESPONSIBI	LITY FOR
	REVIEWING THE FORM 990 TO THE FINANCE COMMITTEE	. THE 990 IS
	DISTRIBUTED TO THE COMMITTEE AT LEAST 15 DAYS P	RIOR TO FILING.
Pt_VI-B, Line 120	ALL BOARD MEMBERS & EMPLOYEES ARE REVIEWED AND	MONITORED
	ON AN ANNUAL BASIS - DUE TO THE LIMITED NUMBER	OF STAFF
	THESE ACTIVITIES CAN CURRENTLY BE MONITORED & E	VALUATED ON A
	SPECIFIC CASE BY CASE BASIS.	
Pt_VI-B, Line 15	THE BOARD OF DIRECTORS IS CHARGED WITH THE RESP	ONSIBILITY
	OF APPROVING COMPENSATION OF KEY EMPLOYEES. THE	COMMITTEE
	REVIEWS DATA ON THE COMPENSATION OF OTHER COMPA	RABLE
	POSITIONS IN SIMILAR NONPROFIT ORGANIZATIONS. P	OR THE MEMBERS
	OF THE EXECUTIVE TEAM THE ORGANIZATION HIRED AN	INDEPENDENT
	FIRM TO PERFORM A SALARY STUDY.	
Pt VI-C, Line 19	ALL REQUIRED PUBLIC NOTICES ARE MADE IN LOCAL N	EWSPAPERS
	AND ALL PUBLIC RECORDS ARE ON SITE AND AVAILABLE	E FOR REVIEW.
Pt VI-A, Line 2	THE PRESIDENT OF THE ORGANIZATION IS THE BROTHE	R OF A KEY EMPLOYEE
		,

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.

Attach to Form 990. See separate instructions.

OMB No 1545-0047

Open to Public

Employer identification number

Schedule R (Form 990) (2009) (F)
Direct controlling entity (F)
Direct controlling entity **Partill** Identification of Related Tax-Exempt Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) N/A N/A N/A N/A 23-2552707 (E)
Public charity status (if section 501 (c)(3)) (E) End-of-year assets Partis Identification of Disregarded Entities (Complete If the organization answered 'Yes' to Form 990, Part IV, line 33.) σ 1 σ N 5 -(**D)**Exempt Code section (**D)** Total income 501 (C) (2) (C) (3) (3) 501(C)(3) 501 (C) (3) 501(C)(3) TEEA5001 02/05/10 501 501 (C) Legal domicile (state or foreign country) Legal domicile (state or foreign country) PA A PA PA PA & HOUSING COUNSELING PA NUEVA ESPERANZA HOUSING & ECONOMIC 23-2952060 PROPERTY DEVELOPMENT ARTIST & MUSICIANS OF LATIN AMERICA 31-1616972 FOSTER APPRECIATION RENTAL PROPERTY RENTAL PROPERTY BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. NUEVA ESPERANZA ACADEMY CHARTER SCHOOL 23-2853988 CHARTER SCHOOL OF LATIN MUSIC (B) Primary activity (B) Primary activity OPERATION OF OPERATION OF AND GROWTH DEVELOPMENT See Continuation Sheet for Schedule R-1, Part II 4261 N 5TH ST, PHILADELPHIA PA 19140 4261 N STH ST, PHILADELPHIA PA 19140 PHILADELPHIA PA 19140 4261 N STH ST, PHILADELPHIA PA 19140 4261 N 5TH ST, PHILADELPHIA PA 19140 4261 N 5TH ST, PHILADELPHIA PA 19140 (A) Name, address, and EIN of related organization (A) Name, address, and EIN of disregarded entity 4261 CORPORATION 23-3023304 4530 CORPORATION 23-3085653 ESPERANZA USA 30-0239154 UNI 1 NUEVA ESPERANZA, 4261 N 5TH ST, Name of the organization

23-2552707

A, INC.	ated Tax-Exempt Organizations
ESPERANZ	ation of Refat
NUEVA	dentifica
Schedule R-1 (Form 990) 2009 NUEVA E	Parill Continuation of I

	cilipi olganizations				•
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling . entity
199 HUNTING PARK 26-4300365	OPERATION OF				
4261 N 5TH ST, PHILADELPHIA PA 19140	RENTAL PROPERTY	PA	501 (C) (3)	6	N/A
NUEVA ESPERANZA CAMPGROUND & RETREAT CENTER 23-2978010 RETREAT CENTER 4261 N 5TH ST, PHILADELPHIA PA 19140	RETREAT CENTER	¥4	501 (C) (3)	7	4 /2
					_
			9 9 9 9 9 9 9		
ВАА	TEEA5102 0	02/02/10		Schedu	Schedule R-1 (Form 990) 2009

23-2552707

Page 2 **Realist of Related Organizations Taxable as a Partnership** (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34 pecalise of had one or more related organizations treated as a partnership during the tax year.) Schedule R (Form 990) 2009 NUEVA ESPERANZA, INC.

•	Code V-UBI General or amount in box managing 20 of Schedule partner?	(Form 1065) Yes No						
	(H) Dispropor- tionate Ilocations?	Yes No (For	 					
ar.)	(G) Share of end-of-year [a assets a					,		
- because it nad one or more related organizations treated as a partificially during the tax year.)	(F) Share of total income							
ted as a partnersni	Predominant income (related, unrelated, excluded from tax under	sections 512-514)						
anizations trea	(C) (D) Legal Direct domicile controlling entity (state or foreign							
ialed orga	(C) Legal domicile (state or foreign	country)						
one or more re	(B) Primary Activity							
Decause II Han	(A) Name, address, and EIN of related organization		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 1 1 1 1 1 1 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1

Iparities Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answer Inne 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	Faxable as a Cored organizations	poration or Tr	ust (Complete or toporation or t	if the organizations the	a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, ations treated as a corporation or trust during the tax year.)	es' to Form 990, Pa	art IV,
(A) Name, address, and EIN of related organization	(B) Primary Activity	Legal domicile Direct Type of entity (State or foreign controlling entity (C corp, S corp,	(D) Direct controlling entity	(E) Type of entity (C corp, S corp,	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
		country)		or trust)			-
		- A - T					
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
							:
ВАА		TEEA5002 02/05/10	05/10			Schedule R (Form 990) (2009)	990) (2009)

[Paristy] Transactions With Related Organizations (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34, 35, or 36.)

Note Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes No
1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV		河路東端河西
a Receipt of (f) interest (fi) annuities (fii) royalties (iv) rent from a controlled entity		la X-
b Gift, grant, or capital contribution to other organization(s)		1 b ×
c Gift, grant, or capital contribution from other organization(s)		1c X
d Loans or loan guarantees to or for other organization(s)		1d X
e Loans or loan guarantees by other organization(s)		20.5%
f Sale of assets to other organization(s)	•	11 ×
g Purchase of assets from other organization(s)		Jg X
h Exchange of assets		1h X
i Lease of facilities, equipment, or other assets to other organization(s)		Ti X
i Lease of facilities equimment or other assets from other organization(s)		×
j Eccase of activities, equipment, or office assets from other organization (s) k Performance of services or membership or fundraising solicitations for other organization (s)		╁
l Performance of services or membership or fundraising solicitations by other organization(s)		╀-
m Sharing of facilities, equipment, mailing lists, or other assets		1m X
n Sharing of paid employees		
 Reimbursement paid to other organization for expenses 		10 X
p Reimbursement paid by other organization for expenses		1p x
q Other transfer of cash or property to other organization(s)		1q X
r Other transfer of cash or property from other organization(s)		1r x
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	and transaction threshol	sp
(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(1) 4261 CORPORATION	J.	845,109.
(2) 4261 CORPORATION	×	1,281,899.
(3) 4261 CORPORATION	Ω	2,228,150.
(4) NUEVA ESPERANZA ACADEMY CHARTER SCHOOL	Q	446,444.
(5) NUEVA ESPERANZA HOUSING AND ECONOMIC DEVELOPMENT	D	647,643.
(6) See Continuation Sheet for Schedule B-1 Dart V		
THE LEW CENTERS AND THE STATE OF THE STATE O	Schedu	Schedule R (Form 990) (2009)

Schedule R (Form 990) 2009 NUEVA ESPERANZA, INC.

限部級則 Unrelated Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 37.)

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

(G) (C) (D) (E) (E) (F) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G	(B) Primary activity	(C) Legal domicile (state or foreign	Are all partners section 501(c)(3)	(E) Share of end-of-year assets	Disproportionate	Code V-UBI amount	Gene	(H)
			organizations?		Yes No	Form (1065)	Yes	
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						•	•	

Schedule R-1 (Form 990) 2009 NUEVA ESPERANZA, INC.	23-2552707	52707 Page 5
限型形態 Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)		. •
(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved .
NUEVA ESPERANZA HOUSING AND ECONOMIC DEVELOPMENT	ж	45,805.
ESPERANZA USA	Ω	290.
ARTIST & MUSIANS OF LATIN AMERICA	В	15,000.
ARTIST & MUSIANS OF LATIN AMERICA	Ω	24,347.
4530 CORPORATION	Ω	48,813.
4530 CORPORATION	×	83,833.
199 HUNTING PARK CORPORATION	R	13,199.
199 HUNTING PARK CORPORATION	×	12,455.
		_
BAA	Sche	Schedule R-1 (Form 990) 2009

Q	Name	EIN	Address	Ċ	State Zip	- 1	Transaction Description	Amount
LA Familia Hispana	LA Familia Hispana	68-0546004	34630 Black Cherry Street	Winchester	CA 92	92596 Co	Contracted services rendered for July 2009	140,250 00
792	Templo Calvario Community Development Corporation	77-0601590	2618 W 5th St	Santa Ana	CA 92	92704 Ye	Year 2 services rendered Sept. 1 - 30, 2009	71,646 21
Alpha & Omega Family Life	Alpha & Omega Family Life Center	23-2774359	708 Wabank RD	Lancaster	PA 17	17603 HC	HCP-PA Sub- Award 2nd installment	15,000 00
Alpha Trauning	Alpha Traung	23-3044204	PO BOX 8401	Reading	PA A	19603 HC	HCP-PA Sub- award 2nd installment	3,000 00
AMLA	Artists & Musicians of Latin America	31-1616972	4261 N 5th Street		PA 19		HCP-PA Sub- award 2nd installment	00 000'01
AYUDA	AYUDA Community Center	23-2687480	4400 Marshall St	Philadelphia	PA 19	19140 HC	HCP-PA Sub-Award 2nd installment	10,900 00
Casa De Consejena	Casa de Consejena y Salud Integral, Inc	23-2738971	213 W Allegheny Ave		PA 19		HCP-PA Sub- Award 2nd installment	14,800 00
099	Casa Refugio	51-0489964	1436 E 5th Street	Bethlehem	PA 18		HCP-PA Sub- Award 2nd installment	3'600 00
Clases de Ingles Con	Clases de Ingles Conversacional	26-2360030	3012 Manetta Ave	Lancaster	_	_	HCP-PA Sub- Award 2nd installment	11,000 00
Cornerstone Home	Cornerstone House	20-3056715	739 E 4th Street	Bethlehem	_		HCP-PA Sub- Award 2nd installment	15,600 00
God Seekers Outreach	God Seckers Outreach International Ministries	20-0149200	155 E Godfrey Ave, Apt A-206	Philadelphia		-	HCP-PA Sub- Award 2nd installment	2,600 00
INTM (Lanc)	in the Light Ministries	23-2669060	416 S Shippen Street	Lancaster	PA 17	_	HCP-PA Sub- Award 2nd installment	4,000 00
Life Academy	Life Academy	20-3453466	855 N Maxwell stroot	Allentown	PA 18		HCP-PA Sub- Award 2nd installment	13,800 00
Men In Motion In the Comm	Men In Motion In the Community	26-3327625	4754 Shefield Street	Philadelphia	PA 19	-	HCP-PA Sub Award 2nd installment	12,000 00
Norris Square	Norris Square Neighborhood Project	23-2045157	2141 N Howard Street	Philadelphia			HCP-PA Sub- Award 2nd	15,600 00
Soul Springs Emporium	Soul Springs Emporium	30-0546015	337 South 13th Street	Reading			HCP-PA Sub- Award 2nd installment	4,000 00
The Nebenuah Wall	The Nebernah Wall	14-2005722	132 E Broad Street	Bethlehem	PA 18	18018 HG	HCP-PA Sub- Award 2nd installment	14,000 00
Urban Worship Center	Urban Worship Center	80-0092319	8500 Parkwood Lane	Philadelphia	PA 19		HCP-PA Sub- Award 2nd installment	3,200 00
Violence Prevention Round	Violence Prevention Roundtable	23-2878803	500 Buttonwood Street	Reading	PA 19		HCP-PA Sub- Award 2nd installment	00 000 91
FHBC	First Hispanic Baptist Church of Lancaster	23-2872460	65 Oxford Village	Lancaster	PA 17		Sub-award for HCP- year 2	4,000 00
RAFHBC	Revolution Airways of First Hispanic Baptist Church of Lancaster, PA	23-2872460	65 Oxford Village	Lancaster		٠.	Technology grant for the Hispanic capacity project yr2	2,000 00
01134	ROCA, Inc	22-3223645	105 Park Street	Chelsea	MA 21	2154 Er	Eurollment & Assessment of 40 youth - May 2010 DOE-MA	36,667 35
Lancaster CC of Churches	Lancaster County Council of Churches		344 North Marshall St	Lancaster	PA 17		Completed Sub-Award Application - 2010 Sub-Award	11,400 00
Tunoteo	Timoteo		2928 N Fairfull St	Philadulphia	PA 19		Completed Sub-Award Application - 2010 Sub-Award	8,000 00
Spanish Church of God	Spanish Church of God of Reading	23-2268032	123 N 6th Street	Reading	PA 19		Completed Sub-Award Application - 2010 Sub-Award	7,000 00
Primera Iglesia Hispana	Primera Iglesia Hispana A/G	23-2612697	RR 6 Box 6509	Saviorsburg	PA 18		Completed Sub-Award Application - 2010 Sub-Award	9,000 00
PFF	Partner for Families	23-2789861	329 E Main St	Normstown	PA 19	1940I C	Completed Sub-Award Application - 2010 Sub-Award	10,800 00
CSSO	Council of Spanish Speaking Organization of the Lehigh Valley	23-1882308	520 East Fourth Street	Bethlehem		-	Completed Sub-Award Application - 2010 Sub-Award	8,000 00
Iglesia de Dios Esperanza	Iglesia de Dios Esperanza y Amor		4506 New Falls Road	Levitionin	PA 19		Completed Sub-Award Application - 2010 Sub-Award	8,000 00
Iglesia De Jesucnsto Pen	Iglesia de Jesucristo Pentecostes UCC Inc	56-2541943	625 Chew Street	Allentown	PA 18	18102 CC	Completed Sub-Award Application - 2010 Sub-Award	7,000 00
INTM (Lanc)	In the Light Ministries- Lancaster	23-2669059	415 Shippen Street	Lancaster	PA 17	-	Completed Sub-Award Application - 2010 Sub-Award	9,200 00
Lancaster C S org	Lancater Community Service Org		213 Tomahawk Rd	Concatoga	PA 17	17516 Cc	Completed Sub-Award Application - 2010 Sub-Award	00 008'6
Centro De Trabajo Y EDU	Centro De Cultura Arte, Trabajo Y Edu	26-2987850	1657 Daws Road	Blue Bell	PA 19	19422 C	Completed sub-Award Application Sub-Award 4/21/10	8,000 00
Lebanon Hope for the city	Hope for the City-Lebanon	20-1994299	331 N loth St	Lebanon	PA 17	17046 C.	Completed sub-Award Application 2010	2,600 00
Garcia, E	RIZE		925 Grandell Ave	Reading	PA 19	19605 C	Completed Sub-Award Application - 2010 Sub-Award	8,500 00
AnzonaLatnoComm	Anzona Latino Commission	30-0302622	9524 W Camelback Road #130-120	Glendale	AZ 85	85305 H	HC. sub-award allocation carned in 1st qrt - 10/1 - 12/31/09	8,000 00
ESBM	El Shaddaı Bethlehem Mınıstnes	13-4208674	529 E Broad Street	Bethlehem	PA 18	18018 H	HC- sub-award allocation canned in 1st qrt - 10/1 - 12/31/09	8,155 00
806	Sim Valley Community Care Center	54-2071843	14416 Victory Blvd #219	Van Nuvs			HC-sub-award allocation carned in 1st qrt - 10/1 - 12/31/09	7,671 67
Help4Kıdz	Help 4 Kıdz	86-0904461	7000 N 16th Street, PHX # 120346	Phoemix			HC-sub-award allocation carried in 1st qrt - 10/1 - 12/31/09	2,166 67
NLCRC	New Life Community Resource Center	20-1676353	504 W Nebraska Stroet	Tuscon			HC-sub-award allocation earned in 1st qrt - 10/1 - 12/31/09	8,666 67
284	Centro Familiar Nueva Esperanza	25-1915920	4680 Alamo Street	Simi Valley	CA 93		HC-sub-award allocation earned in 1st qrt - 10/1 - 12/31/09	8,833 34
904	SER - Jobs for Progress, Inc	59-1849595	P O Box 661597	Mıamı			HC- sub-award allocation carned in 1st qrt - 10/1 - 12/31/09	19,166 66
9810	iglessa de Dios Pentecostal M I	66-0497143	14214 North Nebraska Ave	Tampa	.,		HC-Sub-award allocation for performance in 1st quarter	11,606 77
300	Nueva Esperanza, Inc. (NEI)	23-2552707	4261 N Sth Street	Philadelphia	•	19140	Grant to other Oranizations from 9/1/09 thru 12/31/09	11,050 00
ורינונ	I emplo Calvano - Continuini Developmeni Corporation		25 H W 5 H S W 1 1 C 7	Santa Ana			Chants to Other Organizations	(0,88/ 31)
Idi -	In the Public Interest	271555597	2705 Magnolia Ave	Glenside			Technical Assistance Fund/Resource	6,500 00
Path of Holmess, Inc	Path of Holmess, Inc	100000000	640 Centre Avenue	Keading	<u> </u>		l connical Assistance Fund/Resource	(90,000,00)
Control Build Tourse D	KK Consulting & Associated LLC	1506/9707	370 Creenville Lumpike	Middletown		09401 T	Locinical Assistance Fundi Resource	37,873 00
00070	Critical Dank (Jose Lastra)					. F	Technical Assistance Fund/Resource	2.661 22
000318	The Lighthouse, Inc	23-0809250	152 W Lchigh Ave	Philadelphia	PA 19	19133 Te	Technical Assistance Fund/Resource	8,000 00
590	Norms Square Civic Association	23-9233412	149 W Susquehanna Ave	Philadelphia	_	19122 Te	Technical Assistance Fund/Resource	8,000 00
ENPYSCI	Congreso de Latinos Unidos - ENPYSC		216 W Somerset St	Philadelphia		19133 To	Technical Assistance Fund/Resource	8 000 00
150	Cardinal Bevilacqua Community Center	23-1352063	2646 Kensington Ave	Philadelphia	PA 19	•	Technical Assistance Fund/Resource	13,000 00
%	Centro Nueva Creacion	23-2800298	162 W Tioga Street		<u> </u>		lechnical Assistance Fund/Resource	8,000 00
036	Esperanza Academy Charter School	331336	301 W Hunting Park Ave		<u> </u>		Technical Assistance Fund/Resource	8 000 00
0138	Laller Puerfornquezo, Inc	23-1946165	12507 Octaved Dece	£		1 25191	Technical Assistance Fund/Resource	00 000 8
900156	CUMPHOLISE DESIGN INC	13-4219167	2400 Holly Berry Cycle	Clitter	3 7 E		Technical Assistance Fund Resource	00 000,7
Cityzens Bank/Bulbers Octiz	Chizms Bank (Ruben Onts)	101417161	tryo nony peny chere	Clerinolii			Technical Assistance Fund/Recourse	1 357 00
Live Innovations Inc	Life Innovations Inc (Prepare/Enrich)		2660 Arthur St	Roscville	\$\$	\$5113 T	Technical Assistance Fund/Resource	2,282,36

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Nueva Esperanza, Inc. Board Members July 1, 2009 to June 30, 2010

The Reverend Luis Cortés, Jr. (Founder)

President
Esperanza
4261 North 5th Street
Philadelphia, PA 19140
P: (215) 324-0746 x 207

F: (215) 324-5848

Mr. Nelson Acevedo (02/05)

Board Chair Esperanza 4261 North 5th Street Philadelphia, PA 19140 P: (215) 324-0746 x 207 F: (215) 324-5848

Rev. Bonnie Camarda (09/99)

Board Vice Chair Esperanza 4261 North 5th Street Philadelphia, PA 19140 P: (215) 324-0746 x 207 F: (215) 324-5848

Rev. Magaly Martinez (02/93)

Board Member
Esperanza
4261 North 5th Street
Philadelphia, PA 19140
P: (215) 324-0746 x 207
F: (215) 324-5848

Dr. Neftali Ortiz (12/04)

Board Member
Esperanza
4261 North 5th Street
Philadelphia, PA 19140
P: (215) 324-0746 x 207
F: (215) 324-5848

Judith Torres-Lynch (06/01)

Board Treasurer
Esperanza
4261 North 5th Street
Philadelphia, PA 19140
P: (215) 324-0746 x 207
F: (215) 324-5848

Rev. Raul LeDuc (09/97)

Board Secretary
Esperanza
4261 North 5th Street
Philadelphia, PA 19140
P: (215) 324-0746 x 207
F: (215) 324-5848

Mr. John Rice (09/07)

Board Member
Esperanza
4261 North 5th Street
Philadelphia, PA 19140
P: (215) 324-0746 x 207
F: (215) 324-5848

Rev. Will Rocha (04/07)

Board Member Esperanza 4261 North 5th Street Philadelphia, PA 19140 P: (215) 324-0746 x 207 F: (215) 324-5848

Mrs. Helen Cunningham (01/09)

Board Member
Esperanza
4261 North 5th Street
Philadelphia, PA 19140
P: (215) 324-0746 x 207
F: (215) 324-5848

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 4d (continued)

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

Code:	Description:	IMMIGRATION	-	SEE	ATTACHED	 	 	
Expenses _	235,267.					 	 	
Grants Of _	0.						 	
Revenue _	260,106.						 	



PROGRAM DESCRIPTIONS

WORKFORCE DEVELOPMENT

Esperanza has enrolled over 2,500 people in its EARN Center job training programs, providing instruction, internships and job search assistance for positions in administration, retail, telemarketing, hospitality, and health care. The program also provides assistance in preparing resumes, interviewing, personal budgeting, time management, self-esteem building, and negotiating skills. The Esperanza CareerLink Center serves an additional 2,500 community residents annually, as a One-Stop-Shop to access job counseling and job training, and provides employers with opportunities to hire capable area residents.

EDUCATION

Esperanza College, a branch campus of Eastern University, is the only Hispanic Serving Institution (HSI) in Pennsylvania and the only program of its kind in the country where students study in Spanish, while learning English. Upon earning their associate degrees, students are prepared to transfer to four-year colleges and universities. The two-year college takes students with language challenges and has a graduation rate of over 57% compared with other junior colleges where only 39% of Hispanics earn their associate degrees. Nearly 50% of our alumni continue into four-year colleges.

- The college also offers a CDA program Child Development Association certificate, for persons working at early childhood centers.
- Esperanza English Institute is Esperanza's primary language education arm. It prepares students to enter the College, is made accessible to graduates of job training program, while also serving the broader Spanish-speaking migrant or client population.

NATIONAL

Esperanza works partially as an intermediary between government agencies and Hispanic faithand community-based organizations. Together with over 10,000 Hispanic churches and organizations, Esperanza has emerged as a leading voice for Hispanics of faith in the nation. Esperanza has several national initiatives that continue the work of Nueva Esperanza, Inc. on a national scale, serving the needs of the Hispanic community as well as strengthening the work of Hispanic faith-based organizations

a. **Hispanic Capacity Project:** Esperanza has worked since 2002 to build the capacity of Hispanic serving and Hispanic led agencies throughout the nation. Our experiences with over 420 organizations in over 22 states have shown that many are still nascent, and lack financial resources and expertise. Esperanza acts as an intermediary or technical assistance provider, making available training and grant funds that boost the quality of services delivered around the country.



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- b. National Housing Counseling and Foreclosure Mitigation is a national program begun in 2009, working with 13 affiliate organizations, based on site, to build the capacity of affiliate organizations to build housing counseling infrastructure and so, prevent or mitigate foreclosure and provide services, counseling and referral around pre-purchase, credit counseling and financial literacy. These organizations are located in Glendale and Phoenix, Arizona, East Palo Alto, California, Miami Springs, Florida, Nashville, Tennessee, Bethlehem, Pennsylvania. The National program also provides direct service on site with a local branch serving over 700 clients annually.
- c. Marriages of Hope is a relationship and marriage building curriculum development initiative where master trainers train other married couples to build a cohort of highly skilled trainers that will build healthy families in communities of faith in New York and Southern California. With a five year Marriage Enhancement grant from Office of Family Assistance within the Administration for Children and Families, Esperanza has trained 366 master trainer couples and 1338 community couples in relationship and marriage enhancement skills for a total of 1704 couples served within the five years of this initiative.
- d. Health Education: With HIV/AIDS being one of the leading causes of death in the Latino community, Nueva Esperanza initiated "Pacto de Esperanza" in 2003. This program educates clergy about the epidemic, breaking down its taboos and the barriers to accessing treatment and critical social services. Our outreach efforts include providing technical assistance and small grants to Hispanic faith-based organizations with existing HIV/AIDS programs, developing culturally and constituency appropriate literature to inform and educate the Hispanic community about HIV/AIDS, and designing specific educational programs for Hispanic clergy and lay leadership.
- Esperanza (Treasure of Hope) Begins: Esperanza was awarded funding from the Department of Health and Human Services in 2007 to deliver abstinence education through partner organizations Templo CDC and La Familia Hispana in Orange County, California. In California in 2006, Hispanics under age 19 accounted for 84.6% of total births to teens (citation). The program provides youth ages 12-18 with the self-confidence needed to make healthy choices through classes, youth rallies, and peer mentors.
- f. Hispanic Capacity Project: In 2008, Esperanza's capacity building work came full circle as we brought our national experience to bear on Pennsylvania regions with fast-growing Hispanic populations. For the 2010 Fiscal Year, Esperanza partnered with the Department of Health and Human Services and the Pennsylvania Department of Community and Economic Development to implement its successful Hispanic Capacity Project in Philadelphia. The program serves Hispanic leaders in Allentown, Bethlehem, Lancaster, Reading and Philadelphia where Hispanics constitute 23.8% of the population.
- g. **Esperanza Capacity Institute:** In 2007, Esperanza launched the first Esperanza Capacity Institute at its offices in Philadelphia. Over 53 Hispanic non-profit leaders from across 12 states attended. Classes were offered in key organizational function area such as leadership, board management, fundraising, grant-writing, and forming partnerships over the course of two days. Attendees heard from a panel of local funders and network with other leaders



IMMIGRATION

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Esperanza produced *The Surivor's Guide to Immigration* for immigrants and clergy in June of 2008 with funding from the Carnegie Corporation of New York. The guides provide practical information for how to navigate life in the United States. They are informed by a series of focus group calls with clergy across ten cities in 2008 that demonstrated the impact of changing immigration enforcement policies and social climate upon Hispanic communities of faith.

Background Highlight: Esperanza has fought for comprehensive immigration reform since 2004, conducting visits with Senators and Representatives and making numerous presentations before government agencies. Since then, Esperanza has moved through the first four phases of The Citizenship Project (Proyecto Ciudadanía) of actively equipping clergy to move individuals towards citizenship. In 2009, Esperanza began providing legal services by an accredited immigration lawyer. Esperanza is recognized by the Board of Immigration Appeals (BIA). As a BIA recognized organizations we service individuals whose family income is less than 250% of the Federal Poverty Level. Services are in four main areas: 1) Family Petitioners, 2) Lawful Permanent Residents Seeking to Naturalize, 3) Immigrants seeking to Adjust Status, and 4) Future-Eligible Immigrants.

(Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury

Internal Revenue	Service		File a separate application	tion for each return.				
If you are	filing for an A	Automatic 3-Month	Extension, complete only Pa	rt I and check this box				► x
	_		omatic) 3-Month Extension, c		page 2 of this for	m)	•	_
			dy been granted an automatic				8	
			sion of Time. Only subm					
No. of a fairhand a	·······································		non or minor ormy outs.	in original (no oopin				
•	•		requesting an automatic 6-mo					► [
All other corp income tax re	orations (inclueturns	uding 1120-C filers)	, partnerships, REMICS, and	trusts must use Form 70	004 to request an	extensior	of time to fi	le
returns noted the additional Form 990-T. I	l below (6 mor l (not automat Instead, you n	nths for a corporation ic) 3-month extensions the full in the full	ectronically file Form 8868 if on required to file Form 990-T on or (2) you file Forms 990-b or completed and signed page or file for Charities & Nonprofit) However, you cannot f BL, 6069, or 8870, group 2 (Part II) of Form 8868	file Form 8868 ele	ctronical	y if (1) you v r consolidate	vant d
	Name of Exempt	Organization			E	mployer ide	ntification numb	er
Type or	1							
print	NUEVA ES	PERANZA, INC	Z.		2	3-255	2707	
File by the due date for			If a P O box, see instructions					
filing your return See	4261 N.5	TH STREET						
instructions	City, town or pos	t office, state, and ZIP co	de For a foreign address, see instructi	ons		.~.		
	PHILADEL	PHIA				PA	19140	
Check type o	f return to be	filed (file a separat	e application for each return)					
X Form 990)		Form 990-T (corporation)		Form 4720			
Form 990)-BL		Form 990-T (section 401(a) or 408(a) trust)	Form 5227			
Form 990)-EZ	Ţ	Form 990-T (trust other tha	n above)	Form 6069			
Form 990	-PF		Form 1041-A		Form 8870			
Telephone If the orga If this is for check this	e No ► (215 anization does or a Group Re s box ► □	turn, enter the orga If it is for part of t	FAX No or place of business in the Ui inization's four digit Group Ex he group, check this box	nited States, check this temption Number (GEN)	If the		_	ıb,
	sion will cover			. 41- F 000 T)4				
until F The extension	ension is for the calendar year tax year begin	, 20 <u>11</u> , to file the organization's re 20 or nning <u>Jul 1</u>	, 20 _ 0.9 , and ending	In for the organization not the organization or the organization not the organization not the organization not the organization not the organization or the orga	amed above.		counting per	·od
	<u> </u>	ess than 12 months				inge in ac	————	———
3a If this ap nonrefu	pplication is fondable credits	or Form 990-BL, 99 . See instructions	0-PF, 990-T, 4720, or 6069, e 	nter the tentative tax, les	ss any	3a \$	 	0.
			990-T, enter any refundable ci nt allowed as a credit	edits and estimated tax	payments	3b \$	·	0.
deposit	e Due. Subtrac with FTD coup tructions	et line 3b from line 3 bon or, if required, l	Ba. Include your payment with by using EFTPS (Electronic Fo	this form, or, if required ederal Tax Payment Sys	tem)	3c \$		0.
Caution. If yo payment instr		make an electroni	c fund withdrawal with this Fo	rm 8868, see Form 8453	3-EO and Form 88	379-EO fo	r 	
BAA For Priv	acy Act and F	Paperwork Reducti	on Act Notice, see instruction	ns.		Form	8868 (Rev.	4.2009)

Form 8868	(Rev 4-2009) NUEVA ESPERANZA, INC.	23	-2 <u>5</u> 527	07 Page 2					
• If you a	re filing for an Additional (Not Automatic) 3-Month Extension, complete only P.	art II and check this box		. > X					
Note. Only	complete Part II if you have already been granted an automatic 3-month extens	ion on a previously filed	Form 886	8					
• If you a	re filing for an Automatic 3-Month Extension, complete only Part I (on page 1)								
Part III	Additional (Not Automatic) 3-Month Extension of Time. Only for	le the original (no c	opies n	eeded).					
	Name of Exempt Organization	Employ	yer identifica	ation number					
Type or									
print	NUEVA ESPERANZA, INC.	23-:	255270	7					
	Number, street, and room or suite number. If a P O box, see instructions	For IRS	use only	<u> </u>					
File by the extended									
due date for filing the	4261 N.5TH STREET								
return See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions								
	PHILADELPHIA PA 19140		7,125						
Check type	of return to be filed (File a separate application for each return)								
X Form 99	90	Form 1041-A	Γ	7 Form 6069					
Form 99		Form 4720	ļ	Form 8870					
Form 99	The state of the s	Form 5227	_	_					
STOP! Do r	not complete Part II if you were not already granted an automatic 3-month exter	nsion on a previously file	ed Form 8	3868.					
	ks are in care of ► THE ORGANIZATION								
	ne No. ► (215) 324-0746 FAX No ►								
	ganization does not have an office or place of business in the United States, che	eck this box		. ▶□					
	for a Group Return, enter the organization's four digit Group Exemption Numbe			If this is for the					
	o, check this box $ ightharpoonup$. If it is for part of the group, check this box $ ightharpoonup$ a		names an	d EINs of all					
members th	e extension is for								
	est an additional 3-month extension of time until May 16 , 20 _11		· · · · · · ·						
			0	. 20 10					
	5 For calendar year, or other tax year beginning Jul 1, 20 09, and ending Jun 30, 20 10 6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period								
7 State in detail why you need the extension INFORMATION NECESSARY TO COMPLETE AN ACCURATE									
	URN IS NOT YET AVAILABLE.	7 74.55.5.5.5							
7.21									
9 n If this	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative	ve tay less any							
	fundable credits. See instructions	c tax, less any	8a \$	0.					
b If this	application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable cred	lits and estimated tax		<u> </u>					
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	orm 8868		8ы\$						
c Balan with F	ce Due. Subtract line 8b from line 8a. Include your payment with this form, or, if TD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment Sys	required, deposit stem) See instrs	8c \$	0.					
	Signature and Verification								
Under penalties correct, and cor	of perjury, I declare that I have examined this form, including accompanying schedules and statements, implete, and that I am authorized to prepare this form	and to the best of my knowledge	and belief,	it is true,					
Signature >	Title ►		Date I	•					