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Form **990-EZ**

**Short Form  
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**2009**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)  
▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.  
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2009 calendar year, or tax year beginning** September 1, 2009, and ending August 31, 20 10

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C Name of organization</b> <b>Imaginations</b>		<b>D Employer identification number</b> 20-5452155
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <b>2401 W. Kiowa Circle</b>		<b>E Telephone number</b> 480-283-5139
		City or town, state or country, and ZIP + 4 <b>Mesa, AZ 85202</b>		<b>F Group Exemption Number</b> ▶ n/a

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

**G Accounting Method.**  Cash  Accrual  
Other (specify) ▶

**I Website:** ▶ www.imaginationsinc.org

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

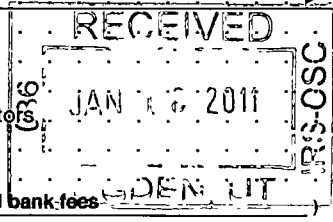
**J Tax-exempt status** (check only one) —  501(c) ( 3 ) ◀ (insert no)  4947(a)(1) or  527

**K Check** ▶  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

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

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21										
Revenue	1	Contributions, gifts, grants, and similar amounts received . . . . .						49,200																														
	2	Program service revenue including government fees and contracts . . . . .						0																														
	3	Membership dues and assessments . . . . .						0																														
	4	Investment income . . . . .						0																														
	5a	Gross amount from sale of assets other than inventory . . . . .					0																															
	b	Less: cost or other basis and sales expenses . . . . .						0																														
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .							0																													
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ <input type="checkbox"/>																																				
	a	Gross revenue (not including \$ <u>49,200</u> of contributions reported on line 1) . . . . .																																				
	b	Less: direct expenses other than fundraising expenses . . . . .																																				
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .																																					
7a	Gross sales of inventory, less returns and allowances . . . . .																																					
b	Less: cost of goods sold . . . . .																																					
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .																																					
8	Other revenue (describe ▶ _____) . . . . .																																					
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .																																					
Expenses	10	Grants and similar amounts paid (attach schedule) . . . . .																																				
	11	Benefits paid to or for members . . . . .																																				
	12	Salaries, other compensation, and employee benefits . . . . .																																				
	13	Professional fees and other payments to independent contractors . . . . .																																				
	14	Occupancy, rent, utilities, and maintenance . . . . .																																				
	15	Printing, publications, postage, and shipping . . . . .																																				
	16	Other expenses (describe ▶ <u>Volunteer program expenses and bank fees</u> ) . . . . .																																				
17	<b>Total expenses.</b> Add lines 10 through 16 . . . . .																																					
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .																																				
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .																																				
	20	Other changes in net assets or fund balances (attach explanation) . . . . .																																				
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 . . . . .																																				



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

(See the instructions for Part II.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments . . . . .	6,750	12,905
23	Land and buildings . . . . .	0	0
24	Other assets (describe ▶ _____) . . . . .	0	0
25	<b>Total assets</b> . . . . .	6,750	12,905
26	<b>Total liabilities</b> (describe ▶ <u>money owed to coordinators of summer '09 program</u> ) . . . . .	7,550	0
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	(800)	12,905

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

		Yes	No
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>34</b>	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>35</b>	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
<b>a</b>	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>36</b>	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> <u>0</u>		
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>38a</b>	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	<b>38b</b>	
<b>39</b>	Section 501(c)(7) organizations. Enter:		
<b>a</b>	Initiation fees and capital contributions included on line 9 . . . . .	<b>39a</b>	
<b>b</b>	Gross receipts, included on line 9, for public use of club facilities . . . . .	<b>39b</b>	
<b>40a</b>	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <u>0</u> ; section 4912 ▶ <u>0</u> ; section 4955 ▶ <u>0</u>		
<b>b</b>	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b>	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ <u>0</u>		
<b>d</b>	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ <u>0</u>		
<b>e</b>	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>41</b>	List the states with which a copy of this return is filed. ▶ <u>Arizona</u>		
<b>42a</b>	The organization's books are in care of ▶ <u>Rachel Jurkowski</u> Telephone no. ▶ <u>480-283-5441</u> Located at ▶ <u>2401 W. Kiowa Circle, Mesa, AZ</u> ZIP + 4 ▶ <u>85202-6360</u>		
<b>b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>42b</b>	<input checked="" type="checkbox"/>
	If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>c</b>	At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .	<b>42c</b>	<input checked="" type="checkbox"/>
	If "Yes," enter the name of the foreign country: ▶ _____		
<b>43</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> <u>0</u>		
<b>44</b>	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44</b>	<input checked="" type="checkbox"/>
<b>45</b>	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>45</b>	<input checked="" type="checkbox"/>

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

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

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

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

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

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

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

**Sign Here**

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_  
 Type or print name and title \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4	EIN	Phone no	

May the IRS discuss this return with the preparer shown above? See instructions . . . . .  Yes  No



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	0	14,654	16,900	26,350	49,200	107,104
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0	0	0	0	0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0	0	0	0	0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	0	14,654	16,900	26,350	49,200	107,104
<b>5</b> 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) . . . . .						0
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4 . . . . .	0	14,654	16,900	26,350	49,200	107,104
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	0	0	0	0	0	0
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	0	0	0	0	0	0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	0	0	0	0	0	0
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						107,104
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	0
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input checked="" type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14 . . . . .	15	%
<b>16a 33 1/3 % support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 33 1/3 % support test—2008.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2009.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶		<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") . . . . .						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

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

**19a 33 1/3 % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

**b 33 1/3 % support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

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

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

Area with horizontal dashed lines for supplemental information.

# IMAGINATIONS

EIN: 20-5452155

## Peru Summer Volunteer Program

The purpose of the activity is to provide volunteer experience abroad for students and individuals from the USA, to foster positive cultural exchange, professional and personal development, and to aid disadvantaged communities in Peru.

The program was started in June 2010 and is coordinated and overseen by Rachel Jurkowski, Joseph Fu, Quinney Fu and Lucy Unger is coordinated from 2401 West Kiowa Circle, Mesa, AZ 85202-6360. In Arizona, all activities are conducted on the Arizona State University and University of Arizona campuses. No rental charges are paid.

We recruit interested applicants by emailing university list server, sending out brochures and inviting guest speakers around campus clubs and forums. The applicants identify with a program of interest offered by the organization. For instance, our Summer Volunteer Opportunity in Peru in 2010 included: clinical work in hospitals, teaching English, and social work with street children.

Once the applicants have selected a program of their choice, they initiate and complete the application. The application includes a written personal statement and a resume which helps the selection board determine how well the applicant is suited to the program of interest. Once all applications are reviewed, the best candidates are chosen and notified by email of their acceptance or rejection to the program.

A series of dates is organized which include deadlines for deposits. The organization conducts a series of pre-field orientations held on campus to help volunteers become better prepared before they enter the country. During these orientations, lessons concerning traveling abroad, safety, cultural diversity, languages, program information and a variety of social development activities are used to help situate the volunteers. At the second orientation session, a money deposit is due from the volunteers to hold their place in the program.

We require that all volunteers have a valid passport and traveler's insurance in case of emergencies.

Upon arrival in the country, the volunteers are picked up at the airport by a coordinating director and a Peruvian coordinator. For the first three to four days in the country, the coordinators help the volunteers adjust to their new surroundings in Lima and Trujillo.

After the orientation, the volunteers are transported to their respective project sites and home stay families, where they engage in the specific activities for the remainder of the program.

Volunteer Projects are as follows:

- Clinical Medicine

The volunteers have the opportunity to observe health care delivery within the international context. They are given access to all departments of the hospital for clinical observation and rotations. The volunteers are provided the opportunity to shadow physicians and learn about local health issues not seen in the United States.

Such opportunities are offered at clinics and hospitals in Trujillo, Moche, and Huanchaco, Peru.

Centro Materno Santa Lucia de Moche: Moche, Trujillo, Peru

Puesto de Salud Alto Moche: Trujillo, Peru

Puesto de Salud Walter Cruz Vilca: Alto Moche, Trujillo, Peru

Puesto de Salud Curva de Sun: Moche, Trujillo, Peru

Puesto de Salud Victor Larco: Trujillo, Peru

## IMAGINATIONS

EIN: 20-5452155

Centro de Salud Villa del Mar: Huanchaco, Trujillo, Peru  
Puesto de Salud San Pedro: Las Delicias, Trujillo, Peru

- Teaching English & Social Work

The volunteers participating in this program are placed in orphanages and schools where they teach Peruvian students the English language and lead activities that promote their positive development. At the orphanages, volunteers may help the children with homework and doing chores, as well as coordinating extracurricular activities. Many of the children come from very impoverished families; some were abandoned by their parents; the others have mothers and fathers who are chronically ill or imprisoned.

The coordinators check up and act as overseers for all volunteers throughout the duration of the program, maintaining ties with the on-site project facilitators and translators.

When the programs are completed, volunteers are sent home or continue to travel of their own accord.

Volunteer opportunity programs are promoted through our website and emails, with the help of guest speakers and former volunteers, and also by campus outreach activities.

The funding of the activities is obtained from volunteer program administration fees and public donations. The fee is \$1,490 per volunteer for the summer program, which includes expenses associated with educational and charitable programs:

- In-country Coordinators – \$300/person
- Home stay host – \$300/person
- Transportation – \$100/person
- Cultural immersion experience – \$100/person
- Lima expenses – \$50/person
- Outreach Work - \$150/person
- Application fee – \$200/person
- Administrative Costs - \$290/person

In Peru, various orphanages, K-12 schools, hospitals, clinics, and underdeveloped regions of the Trujillo area will benefit from this program. School children and orphans are impacted by the volunteers' role not only as English teachers, but also role models and caretakers. The hospital staff is able to learn medical English terminology and practice their English. Some hospitals and clinics find that the volunteers ease their staff shortages by helping out around the hospital. Finally, the disadvantaged communities in Trujillo receive aid in the form of medical campaigns and outreach programs for their community. As for the volunteers, they grow professionally and personally, and also get the opportunity to witness firsthand the culture of another country.