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### **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2010

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

<u>A</u>	For the	2010 cale	endar year, or tax year		January 1	, <b>2</b> 010, a		ling	Decemb	er 31	, 20 10			
В	Check if	applicable	C Name of organization	THE GUATEMA	LAN TOMORRO	W FUND, INC	:.		D	Employ	yer identification r	umber		
	Address	change	Doing Business As T	HE GUATEMAL	FUND, INC.				65 0305897					
	Name ch	ange	Number and street (or P				Room/	suite	E	E Telephone number				
	Initial reti	•	PO BOX 3636						1		561-747-9790			
$\bar{\Box}$	Terminat		City or town, state or c	ountry, and ZIP +	4	-	1							
ñ	Amended		TE4QUESTA FL, 334	69					G	Gross	eceipts \$	448156		
Ħ		on pending			MADV ELLEN AL	IMACK		T.,,						
ч	Applicati	on pending	SAME	, p	WART ELLENA	BINACK		i i			for affiliates? Yes	$\overline{}$		
_			501(c)(3)	☐ 501(a) (		14047(-)(4)	[] roz				ncluded? LYe: Ist (see instructio			
÷		npt status	w.guatfund.org	∐ 501(c) (	) ◀ (insert no ) L	4947(a)(1) or	527				_	113)		
<u></u>			<del></del>			<del></del>			-		n number -			
K		_ <del>-</del>	Corporation Trust	Association	Other ▶	I L Ye	ear of for	mation	1992	M State	of legal domicite	FL		
	art I	Summ	<del>-</del>	1 .		<del> </del>								
	1	-	escribe the organizat		-						~~			
9			MALA THROUGH EDU			<del></del>			<b></b>					
Activities & Governance			Y, INCREASE AWARE	NESS OF CIVIC	RESPONSIBILI	IES AND PAI	RIICIPA	ATION I	N THE AF	FAIRS	OF			
Ē	_		OMMUNITIES.											
Š			nis box 🕨 🗌 if the orga				e than 25	% of its r	net assets.					
<u>«</u>			of voting members of							3				
es			of independent votin					o)		4				
Ξ	1		mber of individuals e			) (Part V, line	2a)			5		2		
Ş	6	Total nur	mber of volunteers (e	stimate if nece	essary)					_6		2		
_	7a	Total unr	related business reve	enue from Part	VIII, column (C)	, line 12 .				7a				
	b	Net unre	lated business taxab	le income fron	n Form 990-T, li	ne 34				7b				
	1								Prior Year		Current Ye	ar		
Ð	8	Contribu	tions and grants (Pai	4	406716		439120							
Revenue	9	Program	service revenue (Pai	rt VIII, line 2g)										
ě	10	Investme	ent income (Part VIII,	column (A), lin	es 3, 4, and 7d)					-		590		
Œ	11	Other rev	venue (Part VIII, colui	mn (A), lines 5,	6d, 8c, 9c, 10c	, and 11e) .						8446		
			enue-add lines 8 thr				ne 12)							
	13	Grants a	nd sımılar amounts p	oaid (Part IX, co	olumn (A), lines	1=3). \								
	1		paid to or for member	•		- ( )								
S	15	Salanes	other compensation	employeetene	fite (Dort IX holy	mh (A) lines	5-10)							
Expenses	16a	Profession	onal fundraising fees	(Part IX)colun	n (A) line 11e)	- 054								
De .	b	Total fun	draising expenses (F	Part IX column	(D) line 26)	5011 1/3	. Y	<b></b>						
Ä			penses (Part IX, colu			ā	<del>-</del>							
	18	Total exc	penses. Add lines 13	-17 (must equ	al Part IX conting	in (Al line 25	. T .							
	19	Revenue	less evnenses. Sub	tract line 18/fro	and the death	N'A One 20	•			+	<del></del>			
- s		riovonao	less expenses. Sub	made into Topic	**************************************		• •	Beginni	ing of Curre	ent Year	End of Yes			
sets or alances	20	Total ass	sets (Part X, line 16)	\										
Ass	21		pilities (Part X, line 26	<del>.</del>										
Net Ass Fund Ba	22		ets or fund balances.		21 from line 20		•			+				
_	art III		ture Block	Cabildet line 2	1 110/11 11116 20	<del>_ : · · · ·</del>	• •	Ь						
	_		ry, I declare that I have ex	ramined this return	including accompa	muna schodulos	and sta	tomonto	and to the	boot of m		halas a		
			lete Declaration of prepare								iy kilowiedge allu	Deller, It is		
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Sig	ın	<b>S</b> AGn	ature of officer	7-1	17 4 403	, , , ,			Date		<del></del>			
He		1	louis A.	KAIRY	Tre	AS 186	· ~			5	-16-11			
		Туре	e or print name and title		1		` '				· · · · · · · · · · · · · · · · · · ·			
_	• •		pe preparer's name	Prep	arer's signature		11	Date			PTIN			
Pa		1	•		-				ı	Check L self-emp	_} (†			
	epare	1	name ►	<u>J</u>										
Us	e Only									EIN ►				
Ma	v the IR		address ► s this return with the	preparer show	vn above? (see	nstructions)			Phone	: 110	<u> </u> Ye	о П N с		
			ction Act Notice, see	<del>·</del>			· ·	No 112	997	<u>·</u> _·		90 (2010)		

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Part	Stateme . Check if	nt of Program Service Schedule O contains a r	Accomplishments esponse to any question in this Part	111									
1	Briefly describe the organization's mission:  Provide funds for field operations of project Ak'Tenamit in Guatemala for Education, Health care and Community  Development.												
2	prior Form 990		ificant program services during the ye		☐ Yes ☑								
3	Did the organ services?	ization cease conducting	g, or make significant changes in h	• • •	☐ Yes 🗹	_ ] No							
4	Describe the es	01(c)(4) organizations and	edule O.  ents for each of the organization's thre I section 4947(a)(1) trusts are required If any, for each program service repor	to report the amount of grants									
4a			including grants of \$										
						<b>-</b>							
4b	(Code:	) (Expenses \$	including grants of \$										
		· • • • • • • • • • • • • • • • • • • •											
				· · · · · · · · · · · · · · · · · · ·		·							
4c	(Code:	(Expenses \$	including grants of \$	) (Revenue \$	)								
						· <b>-</b>							
						· <b>-</b>							
						<b>-</b> -							
						·							
4d		services. (Describe in Sc											
- /-	(Expenses \$	including g	rants of \$ ) (Revenue	\$ )									

**Checklist of Required Schedules** 

Part IV

	•		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	٧	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		~
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		~
J	assessments, or similar amounts as defined in Revenue Procedure 98-19? 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		,
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		,
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		,
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		,
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	~	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	~	
b	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	11b	1	~
С	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	11c		v
d	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	11d		,
	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 (ASC 740)? If "Yes," complete Schedule D, Part X	11e		v v
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		~
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		•
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14 a		14a		1
b	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, Parts I and IV	14b		v
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, Parts II and IV	15		v
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, Parts III and IV	16		~
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 (see instructions)	17		~
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		~
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		~
20 a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		~
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20h		

Part	Checklist of Required Schedules (continued)			
		Γ	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		,
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		~
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		~
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		~
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
25a	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		>
b	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		~
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		·
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		~
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	21		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	_ 28a	1	
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		,
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		·
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		·
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		,
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		~
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? <i>If "Yes," complete Schedule R, Part I</i>	33		<b>'</b>
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		,
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		~
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		,
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		•
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38		
			990	(2010)

Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
	Check if Schedule O Contains a response to any question in this Part V	<u>···</u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   -0-	Γ		-
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
	reportable gaming (gambling) winnings to prize winners?	1c	1	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 3			
b	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. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
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			١,
	account)?	4a	L	~
b	If "Yes," enter the name of the foreign country: ►			
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	_		
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<u> </u>	-
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	ļ	~
_	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?			<b>,</b>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a	<u> </u>	
•	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	100		1
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		~
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		~
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		~
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		~
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		~
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		~
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		~
10	Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on Part VIII, line 12			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)	ŀ		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		i '
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year .			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	L		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			l
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		<u> </u>

Part '							
	. "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change O. See instructions.	7S III	SCHE	ouie			
•	Check if Schedule O contains a response to any question in this Part VI			V			
Section	on A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 12  Forter the number of voting members included in line 1a above, who are independent 1b 12			1			
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 1b 12  Did any officer, director, trustee, or key employee have a family relationship or a business relationship with						
_	any other officer, director, trustee, or key employee?	2	~				
3	Did the organization delegate control over management duties customarily performed by or under the direct						
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		~			
4	Did the organization make any significant changes to its governing documents since the pnor Form 990 was filed?	4		~			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5					
6 70	Does the organization have members or stockholders?	6	-				
7a	of the governing body?	7a		/			
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		7			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.			1			
а	The governing body?	8a	~				
b	Each committee with authority to act on behalf of the governing body?	8b	~	-			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at						
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		~			
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	ode.) Yes	No			
40-	Dans the assessmentian have local chapters broughes or offiliator?	10a	res	NO			
10a b	Does the organization have local chapters, branches, or affiliates?	IVa					
_	chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? .	10b					
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the						
	form?	11a	~				
b	, ,, ,,						
12a							
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		,			
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			.,			
40	describe in Schedule O how this is done	12c		~			
13 14	Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?	14	~				
15	Did the process for determining compensation of the following persons include a review and approval by	'-					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			}			
а	The organization's CEO, Executive Director, or top management official	15a		~			
b	Other officers or key employees of the organization	15b		~			
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			j			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	160		,			
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its	16a		<b>-</b>			
J	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the						
	organization's exempt status with respect to such arrangements?	16b		1			
Secti	on C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ► FLORIDA	<i>-</i>	·				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3 for public inspection. Indicate how you make these available. Check all that apply.	js only	y) ava	uiable			
	✓ Own website ☐ Another's website ☐ Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of and financial statements available to the public.	f intei	rest p	olicy,			
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	•				
	organization: ► MARY ELLEN AUMACK, 609 N HEPBURN AVE, JUPITER, FL 33458, 561-747-9790						

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Page	1

Form		

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,	
	and Independent Contractors	
	Chock if Cabadula O contains a reapones to any question in this Bart VIII	

Check if Schedule O contains a response to any question in this Part VII.

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- 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, if any. See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization no		a org	anız			ompe	nsa	<del></del>		
(A)	(B)			•	C)			(D)	(E)	(F)
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	Individual tr or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) Marianne Kollmer, President		,		,				-0-	-0-	-0
(2) John L. Avery, Vice President		v		,				-0-	-0-	-0-
(3) Tim Steigenga, Secretary		,		,						
(4) Louis Raley, Treasurer		v		,				-0-	-0-	-0
(5) Joseph Ddenhoefer		,						-0-	-0-	-0
(6) Benny Garcia		,						-0-	-0-	-0
(7) Robert E. Jones		v						-0-	-0-	-0
(8) Steve Laine		,						-0-	-0-	-0
(9) James Sisserson		v						-0-	-0-	-0
(10) Gary Smith		,						-0-	-0-	-0
(11) Robert Taylor		,						-0-	-0-	-0
(12) Robert Lewis		,						-0-	-0-	-0
(13) Mary Ellen Aumack, Executive Director	32				~	~		25,240		
(14) Eva	26				~			12,436		
(15) Steve Dudenhoefer, Technical Advisor AAT	50				,			10,000	-0-	
(16)										

Part	Section A. Officers, Directors, Trus (A)	stees, Key (B)	Emplo	oyee			Highe	est (			ontınu T		
	Name and title		(C) Position (check all that app						(D) Reportable	(E) Reportable		(F Estim	
٠			Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation fr related organizations (W-2/1099-MIS		amou oth comper from organiz and re organiz	nt of er isation the zation tlated
(17)					-			<u> </u>					
(18)													
(19)								-		<del></del>			
(20)								-					
(21)													
(22)			i										-
(23)													
(24)													.•
(25)													
(26)													
(27)													
(28)													
1b c	Sub-total Total from continuation sheets to Part	VII, Sectio						<b>&gt;</b>	47,676				
d 2	Total (add lines 1b and 1c)	not limited	l to th					<b>▶</b> e) w	ho received m	l ore than \$100	,000 II	n	
	reportable compensation from the organi	zation ► -c	)-									1	res No
3	Did the organization list any <b>former</b> of employee on line 1a? If "Yes," complete 3							mp	loyee, or high	est compens	ated	3	V
4	For any individual listed on line 1a, is the organization and related organizations	sum of re	oortal	ole d	com	per	nsatio						
	individual	_										4	\ \
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or indivi		5	~
Section	on B. Independent Contractors											<del>1</del>	<del></del>
1	Complete this table for your five highest compensation from the organization	compensat	ed inc	depe	end	ent	contr	acto	ors that receive	ed more than	\$100,0	000 of	
	(A) Name and business add	ress							(B) Description of s	ervices	C	(C) ompensat	ion
N/A													N/A
					-			-					
2	Total number of independent contractor	•	_					th	ose listed abo	ove) who			
	received more than \$100,000 in compens	ation from	the or	gan	ıızat	ion	<u> </u>						

Par	. VIIII	Statement of Revenue						
1	•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts ts	1a	Federated campaigns	1a	-0-				
E E	Ь	Membership dues	1b	-0-				
₽, ₽	C	Fundraising events .	1c	-0-				1
fts rai		Related organizations	1d	-0-				İ
Contributions, gifts, grants and other similar amounts	d	_						
ans Siri	e	Government grants (contributions)	1e	-0-	1		į	
er s	f	All other contributions, gifts, grants,					İ	
혈美		and similar amounts not included above	1f	439120				1
a g	g	Noncash contributions included in lines 1a-	-1f \$	-0-				1
ပ္ကိုင္က	h	Total. Add lines 1a-1f		. ▶	439120			
- e				Business Code		- <del></del>		
Program Service Revenue	2a							-
څ	ь							
8	~					<del></del>		
ž	C	***************************************						
တ္တ	d							
ä	e							
og.	f	All other program service revenu	ie.					
4	g				439120			
	3	Investment income (including	divide	ends, interest,				
		and other similar amounts) .		. ▶	590			
	4	Income from investment of tax-exer	not bo	ond proceeds ▶	-0-			
	5	Royalties	-	[	-0-			
	~	(i) Real	÷	(ii) Personal				
	6-	Gross Rents						
	6a		-0-	-0-				
	b	Less rental expenses	-0-	-0-				
	C	Rental income or (loss)	-0-	-0-				
	d	Net rental income or (loss)		▶	-0-			
	7a	Gross amount from sales of (i) Security	es	(ii) Other				
		assets other than inventory	-0-	-0-				
	b	Less cost or other basis						
		and sales expenses .	-0-	-0-				
	l c	Gain or (loss)	-0-	-0-				
	d	Net gain or (loss) .		<u> </u>	-0-		~	- 1
	1	34 0. (1000)	[				-	
e	8a	Gross income from fundraising						
Revenue	00	events (not including \$						!
ě	1	of contributions reported on line 10						
					}			
Other	}	See Part IV, line 18	а	-0-				,
ŏ		Less: direct expenses .	. bĮ	-0-	_			
		Net income or (loss) from fundra		events . 🕨	-0-			
	9a	Gross income from gaming activity	ties		İ			
		See Part IV, line 19 .	. a	-0-				<b>[</b>
	b	Less: direct expenses	ь	-0-				ľ
	C	Net income or (loss) from gaming	g activ	vities ▶	-0-			<i>'</i>
	10a	Gross sales of inventory, I	ess					
		returns and allowances	а	-0-				
	Ь	Less. cost of goods sold	- 1	-0-				ļ
	C	Net income or (loss) from sales of			-0-			= }
	<u>-</u>	Miscellaneous Revenue	1	Business Code	-0-			
	44.			Juaniesa Code				
	11a	Refunds & Rebates		.,	8446			
	b	SAVINGS ACCOUNT			590			
	С							
	d	All other revenue	. [	1	-0-			
	e	Total. Add lines 11a-11d		▶	9,036			
	12	Total revenue. See instructions		▶	448156			

#### Part IX Statement of Functional Expenses

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

All other organizations must complete columns (R) (C) and

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to governments and organizations in the U.S See Part IV, line 21	-0-	-0-							
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	-0-	-0-							
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16									
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	-0- 47,875	-0- 10,000	37,875	-0-					
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	-0-	-0-	-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)	2,000	2,000	-0-	-0-					
9	Other employee benefits	1,422	1,412	-0-	-0-					
10	Payroll taxes	4,906	1,765	13,186						
11	Fees for services (non-employees)				·					
а	Management	-0-	-0-	-0-	-0-					
b	Legal	-0-	-0-	-0-	-0-					
С	Accounting	425	-0-	425	-0-					
d	Lobbying	-0-	-0-	-0-	-0-					
e	Professional fundraising services. See Part IV, line 17	-0-			-0-					
Ţ	Investment management fees	-0- -0-	-0-	-0-	-0-					
9 12	Other	13,026	-0- -0-	-0-	13,026					
12 13	Advertising and promotion	13,026	36,817	5,665	7,476					
14	Office expenses	4,727	2,381	2,168	178					
15	Royalties	-0-	-0-	-0-	-0-					
16	Occupancy	12,423	7,765	4,553	-0-					
17	Travel	17,310	17,310		827					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	-0-	-0-	-0-	-0-					
19 20	Conferences, conventions, and meetings . Interest									
21	Payments to affiliates	-0-	-0-	-0-	-0-					
22	Depreciation, depletion, and amortization .	-0-	-0-	-0-	-0-					
23	Insurance	1,380	-0-	1,380	-0-					
24	Other expenses. Itemize expenses not covered									
	above (List miscellaneous expenses in line 24f If				1					
	line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)									
а	EDUCATION MORAN CENTER	147416	133.664							
b	HEALTH CLINIC	70,610	70,610							
С	COMMUNITY DEVELOPMENT	475	525							
d	EQUIPMENT AND SUPPLIES	37,102	39,102		· · · · · · · · · · · · · · · · · · ·					
e	All other expenses									
f os	All other expenses  Total functional expenses. Add lines 1 through 24f	A00 111	222 252	CE 3E3	21 507					
25	Joint costs. Check here ► ☐ if following	409,111	322,352	65,252	21,507					
26	SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.									

Part X **Balance Sheet** (A) (B) Beginning of year End of year Cash-non-interest-bearing . . . . . . . . 28,128 59,480 2 42,836 2 41,763 Savings and temporary cash investments . Pledges and grants receivable, net . . . 3 -0-3 -0-Accounts receivable, net -0-4 -0-5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of -0--0-Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) -O-Assets -O-Notes and loans receivable, net . . . . . 7 -0--0-Inventories for sale or use . . . . . . . . . -0-8 -0-9 Prepaid expenses and deferred charges -0-9 -0-Land, buildings, and equipment: cost or 10a other basis Complete Part VI of Schedule D 10a 10b Less accumulated depreciation . 10c 11 Investments—publicly traded securities -0-11 -0-12 12 Investments—other securities. See Part IV, line 11 . -0--0-13 Investments – program-related. See Part IV, line 11 . . . -0-13 -0-14 -0-14 -0-Other assets. See Part IV, line 11 . . . . . . . . . . . . . 15 -0-15 -0-16 Total assets. Add lines 1 through 15 (must equal line 34) . . 16 17 -0-17 -0-18 -0-18 -0-19 19 Deferred revenue . . . . . -0--0-20 Tax-exempt bond liabilities . . . . . . . . . . . . . -0-20 -0-21 Escrow or custodial account liability Complete Part IV of Schedule D. -0-21 -0-22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. -0-22 -0-23 Secured mortgages and notes payable to unrelated third parties . . . -0-23 -0-24 Unsecured notes and loans payable to unrelated third parties -0-24 -0-25 Other liabilities Complete Part X of Schedule D . . . . . . . . . . -0-25 -0-26 Total liabilities. Add lines 17 through 25 . . . . -0-26 Organizations that follow SFAS 117, check here ▶ ☐ and complete Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 28 Temporarily restricted net assets . . 28 29 29 Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. Capital stock or trust principal, or current funds . . . . . . . . . 30 30 Paid-in or capital surplus, or land, building, or equipment fund . 31 31 32 32 Retained earnings, endowment, accumulated income, or other funds . 33 Total net assets or fund balances . . . . . . . . . . . 33 Total liabilities and net assets/fund balances . . . . . . 34

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?

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 separate basis, consolidated basis, or both.

Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

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

Form **990** (2010)

3b

# Form **8868** (Rev January 2011)

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

**▶** ⊽

Department of the Treasury Internal Revenue Service

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

ii you ui	c ming for an Automatic 5-month Extension, con				<u>~</u>			
	e filing for an Additional (Not Automatic) 3-Mont							
	<i>plete Part II unless</i> you have already been grante		•					
corporation request an i	iling (e-file). You can electronically file Form 8868 required to file Form 990-T), or an additional (not extension of time to file any of the forms listed in With Certain Personal Benefit Contracts, which ming of this form, visit www irs gov/efile and click of	t automatic) Part I or Pai ust be sent I	3-month extension of time You can elect II with the exception of Form 8870, Infoto the IRS in paper format (see instruction)	tronically file Form & ormation Return for T	868 to ransfers			
Part I	automatic 3-Month Extension of Time.	Only subn	nit original (no copies needed).					
	n required to file Form 990-T and requesting an a			mplete Part I only				
	porations (including 1120-C filers), partnerships,				to file			
	Name of exempt organization		<del></del>	Employer identification	number			
Type or								
print	THE CHATEMALAN TOMORROW FIRM INC				65-0305897			
File by the	THE GUATEMALAN TOMORROW FUND, INC.   65-0305897							
due date for								
filing your return See instructions	PO BOX 363  City, town or post office, state, and ZIP code For a foreign address, see instructions							
instructions								
	TEQUESTA FL 33469							
Enter the R	eturn code for the return that this application is fo	r (file a sepa	erate application for each return)		01			
Application Is For		Return Code	Application Is For		Return Code			
Form 990		01	Form 990-T (corporation)		07			
Form 990-BL		02	Form 1041-A		08			
Form 990-EZ		03	Form 4720		09			
Form 990-PF		04	Form 5227		10			
Form 990-T (section 401(a) or 408(a) trust)		05	Form 6069		11			
Form 990-T (trust other than above)		06	Form 8870		12			
Telepho	ks are in the care of ►ne No ►ganization does not have an office or place of bus	FAX No	United States, check this box		▶ []			
	for a Group Return, enter the organization's four his box    If it is for part of the group, check the group is the group.							
	nsion is for		<del></del>					
until The e	est an automatic 3-month (6 months for a corpora Aug 15, 20 11 _ , to file the exempt or ktension is for the organization's return for calendar year 20 10 _ or	ganızatıon re	eturn for the organization named above					
▶	tax year beginning, 20	_ , and endir	ng, 20					
2 If the tax year entered in line 1 is for less than 12 months, check reason.  Initial return  Final return  Change in accounting period								
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.								
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.								
c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions								

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

BAA For Paperwork Reduction Act Notice, see Instructions.

Form 8

Form 8868 (Rev 1-2011)