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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form 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)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $200,000 and total assets less than $500,000 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.*

OMB No 1545-1150

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning and ending

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization

MUNDO EXCHANGE, INC.

Number and street (or P.O. box, if mail is not delivered to street address) | Room/suite

1435 N.W. 30TH AVENUE

City or town, state or country, and ZIP + 4

PORTLAND, OR 97210

D Employer identification number

87-0781320

E Telephone number

(503) 227-8442

F Group Exemption Number ▶

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

I Website: ▶ WWW.MUNDOEXCHANGE.ORG

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

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

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 28,655.

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

Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	28,643.
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b		
	c	Less: direct expenses from gaming and fundraising events	6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less: cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe in Schedule O) SEE SCHEDULE O		8	12.
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	28,655.
Expenses	10	Grants and similar amounts paid (list in Schedule O) SEE SCHEDULE O		10	12,212.
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	1,226.
	14	Occupancy, rent, utilities, and maintenance		14	3,414.
	15	Printing, publications, postage, and shipping		15	11.
	16	Other expenses (describe in Schedule O) SEE SCHEDULE O		16	6,820.
	17	**Total expenses.** Add lines 10 through 16 ▶		17	23,683.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	4,972.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	-2,288.
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	0.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	2,684.

LHA **For Paperwork Reduction Act Notice, see the separate instructions.** Form **990-EZ** (2010)

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Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II [X]

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	7,512.	22	12,484.
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	**Total assets**	7,512.	25	12,484.
26	**Total liabilities** (describe in Schedule O) SEE SCHEDULE O	9,800.	26	9,800.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	-2,288.	27	2,684.

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

Check if the organization used Schedule O to respond to any question in this Part III [X]

What is the organization's primary exempt purpose? SEE SCHEDULE O

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

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

28 SEE SCHEDULE O

(Grants $ 7,823.) If this amount includes foreign grants, check here ▶ [X] 28a 14,170.

29 SEE SCHEDULE O

(Grants $ 4,389.) If this amount includes foreign grants, check here ▶ [X] 29a 6,595.

30 SEE SCHEDULE O

(Grants $) If this amount includes foreign grants, check here ▶ [ ] 30a 1,325.

31 Other program services (describe in Schedule O)

(Grants $) If this amount includes foreign grants, check here ▶ [ ] 31a

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32 22,090.

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

Check if the organization used Schedule O to respond to any question in this Part IV [ ]

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
DALYN SIMMONS, 1435 N.W. 30TH AVENUE, PORTLAND, OR 97210	DIRECTOR 60.00	0.	0.	0.
JOAN WILLIAMS, 1435 N.W. 30TH AVENUE, PORTLAND, OR 97210	DIRECTOR 25.00	0.	0.	0.
TERRY MEYERS, 1435 N.W. 30TH AVENUE, PORTLAND, OR 97210	DIRECTOR 10.00	0.	0.	0.
PAM HAYES, 1435 N.W. 30TH AVENUE, PORTLAND, OR 97210	DIRECTOR 2.00	0.	0.	0.
MICHAEL RAY, 1435 N.W. 30TH AVENUE, PORTLAND, OR 97210	DIRECTOR 2.00	0.	0.	0.

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

Check if the organization used Schedule O to respond to any question in this Part V [X]

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b	N/A	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 9,800.			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0.			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed. ▶ OR			
42a	The organization's books are in care of ▶ JOAN WILLIAMS Telephone no. ▶ (503) 227-8442 Located at ▶ 1435 NW 30TH AVENUE, PORTLAND, OR ZIP + 4 ▶ 97210			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**	42b		X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶ THAILAND	42c	X	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here ▶ [ ] and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A			
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	44d		

		Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45		X
a 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ	45a		X
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		X

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 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI ☐

		Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b If "Yes," was the related organization a section 527 organization?	49b		

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 NONE	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over $100,000 ▶

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." NONE

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

d Total number of other independent contractors each receiving over $100,000 ▶

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ ☒ Yes ☐ No

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 6-5-11

▶ JOAN WILLIAMS, DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
YEE LEE LO		5/31/11		P01294356

Firm's name ▶ GARY MCGEE & CO. LLP — Firm's EIN ▶

Firm's address ▶ 808 S.W. THIRD AVENUE, SUITE 700 PORTLAND, OR 97204 — Phone no. (503) 222-2515

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

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization	Employer identification number
MUNDO EXCHANGE, INC.	87-0781320

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col. (i) of your support? Yes	(v) No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	(vi) No	(vii) Amount of support
Total									

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	512.	13,413.	21,909.	31,289.	28,643.	95,766.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	512.	13,413.	21,909.	31,289.	28,643.	95,766.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						95,766.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	512.	13,413.	21,909.	31,289.	28,643.	95,766.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			5.			5.
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.)					12.	12.
11 **Total support.** Add lines 7 through 10						95,783.

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ [X]

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2009 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test - 2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test - 2009.** 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 ▶ ☐

17a **10% -facts-and-circumstances test - 2010.** 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 ▶ ☐

b **10% -facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2010** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2009** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2010.** 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 - 2009.** 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. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No 1545-0047

2010

Open To Public Inspection

Name of the organization

MUNDO EXCHANGE, INC.

Employer identification number

87-0781320

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) Loan to or from the organization? From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) In default? No	(f) Approved by board or committee? Yes	(f) Approved by board or committee? No	(g) Written agreement? Yes	(g) Written agreement? No
DALYN SIMMONS - F	X		7,800.	7,800.		X	X		X	
JOAN WILLIAMS - F	X		2,000.	2,000.		X	X		X	
Total			▶ $	9,800.						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

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

Schedule L (Form 990 or 990-EZ) 2010

SEE PART V FOR CONTINUATIONS

032131 12-21-10

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: DALYN SIMMONS

(A) PURPOSE OF LOAN: FUND ORGANIZATION START-UP COSTS

(A) NAME OF PERSON: JOAN WILLIAMS

(A) PURPOSE OF LOAN: FUND ORGANIZATION START-UP COSTS

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization: MUNDO EXCHANGE, INC.

Employer identification number: 87-0781320

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

DESCRIPTION OF OTHER REVENUE:	AMOUNT:
POSTAL AND KEY DEPOSITS RETURNED	12.

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION: SOCIAL SERVICE GRANTS

GRANTEE NAME: VARIOUS INDIVIDUALLY UNDER $5,000 EACH

GRANTEE ADDRESS: THAILAND

AMOUNT GIVEN: 7,823.

ACTIVITY CLASSIFICATION: TUITION ASSISTANCE

GRANTEE NAME: VARIOUS INDIVIDUALLY UNDER $5,000 EACH

GRANTEE ADDRESS: GUATEMALA

AMOUNT GIVEN: 2,141.

ACTIVITY CLASSIFICATION: SOCIAL SERVICE GRANTS

GRANTEE NAME: VARIOUS INDIVIDUALLY UNDER $5,000 EACH

GRANTEE ADDRESS: GUATEMALA

AMOUNT GIVEN: 2,248.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 12,212.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
VOLUNTEER TRAVEL	2,576.
VOLUNTEER ACTIVITIES AND FOOD	1,656.

INFORMATION TECHNOLOGY	646.
SUPPLIES/UTILITIES	510.
MISCELLANEOUS	950.
OFFICE EXPENSES	482.
TOTAL TO FORM 990-EZ, LINE 16	6,820.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
NOTES PAYABLE TO DIRECTORS	9,800.	9,800.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - MUNDO EXCHANGE, INC.("MEI") WORKS TOWARD THE ADVANCEMENT OF SUSTAINABLE GRASSROOTS DEVELOPMENT THROUGH 1) INTERNATIONAL SERVICE, 2) PROMOTION OF LOCAL AND GLOBAL EDUCATION AND 3) DIRECT FINANCIAL AND MATERIAL SUPPORT.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

THAILAND 2010:

MUNDO EXCHANGE PRIMARILY FOCUSED ON COMMUNITY-DESIGNED/COMMUNITY DRIVEN PROJECTS IN THE ISAAN AREA OF NE THAILAND. THESE PROJECTS FELL INTO THE FOLLOWING 3 CATEGORIES: ENVIRONMENTAL, EDUCATIONAL AND CROSS-CULTURAL. THE PROGRAMS BROUGHT TOGETHER LOCAL THAI COMMUNITY MEMBERS AND INTERNATIONAL VOLUNTEERS.

MUNDO'S ASSISTANCE WITH ENVIRONMENTAL PROJECTS INCLUDED MUNDO ORGANIZING THE OPPORTUNITY FOR LOCALS TO WORK TOGETHER AND LEARN FROM AND WITH GLOBAL VOLUNTEERS WITH REGARD TO ORGANIC GARDENING AND FARMING

PROJECTS. OUR FUTURE GOALS WILL BE TO START A LARGER GARDEN. LOCAL STUDENTS WILL HELP MUNDO WORK THE GARDEN, GIVING AN OPPORTUNITY FOR THEM TO LEARN ABOUT ORGANIC GARDEN PRODUCTION AND HOW TO SELL ORGANIC PRODUCE LOCALLY. OUR GARDEN WILL BE DEMONSTRATION GARDEN, HIGHLIGHTING TECHNIQUES FOR SUCCESSFUL FARMING AND HOW ORGANIC FARMING CAN BENEFIT THE COMMUNITY.

EDUCATIONALLY, MUNDO BROUGHT TOGETHER GLOBAL VOLUNTEERS WITH LOCAL ADULTS AND CHILDREN WORKING AND LEARNING IN RURAL THAILAND SCHOOLS AND COLLEGES. WE ESTABLISHED LEARNING CENTRES WHERE TEACHER TRAINING, BUSINESS, TECHNOLOGY, ART, CULTURE AND ENGLISH AND LOCAL LANGUAGE CLASSES WERE AVAILABLE FOR ALL. IN ADDITION, OUR MUNDO VOLUNTEERS RECEIVED CULTURAL TRAINING AND ORIENTATION MEETINGS AT THESE SITES. MUNDO VOLUNTEERS ALSO WORKED WITH PHYSICALLY AND MENTALLY DISABLED CHILDREN IN LOCAL ORPHANAGES AND SCHOOLS. AT THE ORPHANAGES, THE VOLUNTEERS PROVIDED EDUCATIONAL TRAINING TO STUDENTS. IN ADDITION, MUNDO PROVIDED EDUCATIONAL AND LEISURE SUPPLIES FOR THE CHILDREN DURING THEIR HOLIDAY TIME. MUNDO VOLUNTEERS ALSO WORKED WITH EMOTIONALLY DISTURBED CHILDREN IN SCHOOLS AND THE ORPHANAGES.

MUNDO ALSO SUPPORTED CROSS-CULTURAL LEARNING PROJECTS BY HAVING GLOBAL AND LOCAL VOLUNTEERS TEACH ENGLISH TO BUDDHIST MONKS AND NUNS. THE VOLUNTEERS ALSO HELPED WITH VARIOUS LOCAL ARTS AND CRAFTS PROJECTS FOR THAI CHILDREN AND ORPHANS THAT LED TO ONGOING OPPORTUNITIES FOR CROSS-CULTURAL EXCHANGES AND VOCATIONAL TRAINING. LOCAL THAIS WERE INVITED TO MUNDO-SPONSORED LEARNING CENTRES AND TO OTHER IMPORTANT THAI CULTURAL SITES WHERE THEY EXPLAINED THEIR OWN MORES AND NORMS TO INTERNATIONAL VOLUNTEERS. MUNDO EDUCATIONAL, CROSS-CULTURAL, AND

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ENVIRONMENTAL PROJECTS HAVE PROVIDED ENHANCED OPPORTUNITIES FOR LOCAL THAIS TO TEACH AND INTERACT WITH LOCAL ORPHANS AND SCHOOL STUDENTS THROUGHOUT THE YEAR, LEADING TO A BETTER UNDERSTANDING OF SOME OF THEIR COMMUNITIES CHALLENGES AND NEEDS.

LOCAL PARTICIPANTS AND GLOBAL VOLUNTEER WERE INTERVIEWED AT THE END OF EACH PROJECT. THE DATA INDICATES MUNDO'S CROSS CULTURAL ORIENTATIONS, EDUCATIONAL AND ENVIRONMENTAL PROJECTS ARE WELL RECEIVED AND OFTEN DESCRIBED AS "LIFE CHANGING."

DURING 2011 WE WILL CONTINUE WITH OUR PROJECTS AND ALSO WORK WITH COMMUNITY LEADERS TO ESTABLISH A HOSPICE HOME FOR TERMINALLY ILL ORPHANS OR ABANDONED CHILDREN. HOSPICE TRAINING FOR LOCAL AND INTERNATIONAL VOLUNTEERS WILL BE AN INTEGRAL PART OF THIS WORK. OUR HOSPICE HOME WILL BE ONE OF THE FIRST IN THE NE REGION OF THAILAND AND WE HOPE IT WILL BECOME A MODEL FOR EXTENDING CARE AND TREATMENT FOR TERMINALLY ILL INDIVIDUALS. THE TERMINALLY ILL CHILDREN WILL STAY AT OUR MUNDO HOME AND BE CARED FOR BY LOCAL THAIS AND GLOBAL VOLUNTEERS. THE VOLUNTEERS WILL HELP THE CHILDREN LIVE TO THEIR FULLEST EXTENT, GIVING THEM THE OPPORTUNITY TO WORK ON EDUCATIONAL AND ARTISTIC PROJECTS THAT INTEREST THEM.

FORM 990-EZ, PART III, LINE 29, PROGRAM SERVICE ACCOMPLISHMENTS:

GUATAMALA 2010:

WE HAD TWO FOCUSES THIS YEAR IN GUATEMALA. 1. TO CONTINUE TO PROVIDE FINANCIAL ASSISTANCE TO CHILDREN AND ADULTS IN PURSUIT OF THEIR EDUCATION AND TO SUPPORT LOCALLY DRIVEN SOCIAL SERVICE PROJECTS. WE CURRENTLY HAVE TWO MIDDLE SCHOOL STUDENTS AND ONE HIGH

SCHOOL STUDENT WHO ARE MAKING EXCELLENT MARKS AND EXCELLING AS LEADERS IN THEIR SCHOOLS. IN ADDITION, MUNDO IS SUPPORTING ONE ADULT WOMAN WHO IS WORKING ON A ONE YEAR DEGREE PROGRAM AS A NURSING ASSISTANT. MUNDO ALSO PARTNERED IN PROVIDING HALF OF THE FUNDS NEEDED TO BUILD A HOUSE FOR AN ELDERLY WOMAN AND HER DISABLED DAUGHTER AND GRANDDAUGHTER. THE HOUSE IS BEING COMPLETED IN SPRING, 2011. MUNDO ALSO CONTINUED TO SUPORT CEMIK, THE LOCAL MAYA SCHOOL THAT FOSTERS GROWTH IN THE AREA OF LITERACY IN BOTH SPANISH AND IXIL, THE LOCAL LANGUAGE. IN ADDITION, THE SCHOOL TEACHERS IT'S STUDENTS IMPORTANT ASPECTS OF THEIR MAYA HERITAGE AND THE IMPORTANCE ON CARE AND KNOWLEDGE OF THE ENVIRONMENT THEY LIVE IN AND WILL INHERIT WHEN THEY REACH ADULTHOOD. 2. MUNDO SPONSORED A VOLUNTEER SERVICE GROUP IN JULY.

FORM 990-EZ, PART III, LINE 30, PROGRAM SERVICE ACCOMPLISHMENTS:

DOMINICAN REPUBLIC 2010:

EFFORTS FOCUSED ON DEVELOPING A COMMUNITY-DRIVEN PLAN TO ENHANCE TECHNOLOGY LEARNING OPPORTUNITIES FOR K-6 GRADE STUDENTS IN THE SCHOOL OF EL FRANCES ON THE SAMANA PENNINSULA. EXECUTIVE DIRECTOR WILLIAMS AND MUNDO FRIEND, SHARON MARSHALL TRAVELED TO THE SAMANA PENNISULA IN MARCH OF 2010 WITH TWO COMPUTERS AND SEVERAL SCHOOL-AGED PROGRAMS THAT THE CHILDREN CAN USE TO FACILITATE BOTH LEARNING HOW TO USE A COMPUTER AND ENHANCE EDUCATIONAL KNOWLEDGE. THE TWO SPENT SEVERAL DAYS WITH THE EL FRANCES COMMUNITY LISTENING TO COMMUNITY CONCERNS AND HELPING THE COMMUNITY LIST THEIR HOPES AND DREAMS FOR THEIR CHILDREN AS WELL AS TO DEVELOP A PLAN OF SOLICITATION TO THE US PEACE CORPS IN THE DOMINICAN REPUBLIC. THE TWO HELPED

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2010

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Employer identification number
87-0781320

TRANSLATE LETTERS AND MAKE IMPORTANT CONNECTIONS WITH THE DIRECTOR OF EDUCATION AND WITH THE PEACE CORPS. IN DECEMBER OF 2010, THE PEACE CORPS WAS IN DIRECT CONTACT WITH THE COMMUNITY OF EL FRANCES AND A PLAN WAS PUT IN TO PLACE TO DO A SITE VISIT IN EARLY 2011 WITH THE HOPES OF A PEACE CORPS VOLUNTEER ARRIVING TO HELP THE COMMUNITY PURSUE THEIR DREAM OF DEVELOPING A TECHNOLOGY LEARNING LAB FOR THEIR CHILDREN. HOPES ARE HIGH THAT THE US PEACE CORPS WILL FIND EL FRANCES A GOOD FIT. THIS IS A COMMUNITY OF APPROXIMATELY 300 PEOPLE, ALL LIVING UNDER THE LEVEL OF POVERTY, WORKING SMALL PLOTS OF ARID LAND AND FISHING. THE TOWN DOES NOT HAVE A MEDICAL CLINIC, POST OFFICE OR ANY OTHER TYPE OF GOVERNMENTAL FACILITY. THEIR SCHOOL GOES ONLY THROUGH THE 6TH GRADE. IF CHILDREN ARE ABLE TO AFFORD THE INSCRIPTION POST SIXTH GRADE, THEY MUST TRAVEL DAILY TO LAS GALERAS, WHICH IS SOME 20 MILES DOWN THE ROAD. CINDY NEIL, WHO IS LIVING IN THE DOMINICAN REPUBLIC AND IS DEVELOPING AN ORGANIC GARDEN THROUGH THE HELP OF THE WOOFERS, HAS BEEN INSTRUMENTAL IN KEEPING LINES OF COMMUNICATION OPEN BETWEEN THE US AND THE COMMUNITY OF EL FRANCES.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Form **8868**
(Rev January 2011)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit *www irs gov/efile* and click on *e-file for Charities & Nonprofits*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Type or print	Name of exempt organization	Employer identification number
File by the due date for filing your return See instructions	MUNDO EXCHANGE, INC.	87-0781320
	Number, street, and room or suite no. If a P O box, see instructions. 1435 N.W. 30TH AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PORTLAND, OR 97210	

Enter the Return code for the return that this application is for (file a separate 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 (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ JOAN WILLIAMS 1435 NW 30TH AVENUE - PORTLAND, OR 97210
  Telephone No. ▶ (503) 227-8442 FAX No ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ▶ [ ] If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2011, to file the exempt organization return for the organization named above The extension is for the organization's return for:
▶ [X] calendar year 2010 or
▶ [ ] tax year beginning _____, and ending _____

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	3a	$ 0.
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.	3b	$ 0.
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	3c	$ 0.

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