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Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

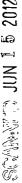
Open to Public

_		nue Service		ve to use a copy of this return to satisf				IIIspec			
<u> </u>	_		ndar year, or tax year beginnin		nd ending	-		, 20			
В	Check if	applicable	C Name of organization Groundw	•			D Employer identification number				
Ш	Address	change	Doing Business As Groundwoi	k Guatemala				27-1045003			
	Name ch	hange	Number and street (or P O box if	mail is not delivered to street address)	Room/suite	9	E Telepho	ne number			
	Initial return 713 E Jasmine St							480-898-4935			
	Terminat	ited	City or town, state or country, and	ZIP + 4							
	Amende	ed return	Mesa, AZ 85203-2557				G Gross re	eceipts \$	196619		
	Applicat	tion pending	F Name and address of principal offi	cer Randali Stauner		H(a) Is this	a group return	for affiliates?	No		
		_	713 E Jasmine St, Mesa, AZ 8	5203				ncluded? Tes			
<u> </u>	Tax-exe	mpt status	✓ 501(c)(3) ☐ 501(c)	() ◀ (insert no) ☐ 4947(a)(1) or	527	_		list (see instruction			
J	Website		p://www.groundworkguatemala			H(c) Grou	p exemption	number ▶			
K											
	art I	Summ									
	1		- ·	sion or most significant activities:	The mis	sion of the	organiza	tion is to take t	he love		
	١.			the found into a life of service throu							
Activities & Governance			r acts of service.	and loans into a me of service throu	911 01010 3			and ching horizon			
Jan		and oute	acts of service.		•••••						
le l		Chaplet		- diagramd .t			OE0/ of	:444-	•••••		
é	2			n discontinued its operations or dis	•		1 _ 1	its net assets.			
∘ಶ	3		_	• • • • • • • • • • • • • • • • • • • •					8		
<u>8</u>	4			ers of the governing body (Part VI,	-				6		
₹	5		• •	ın calendar year 2011 (Part V, line	•		5		0		
Ş	6			f necessary)			6		4		
_	7a	Total unr	elated business revenue fron	n Part VIII, column (C), line 12 .			7a		4		
	b	Net unre	lated business taxable incom	e from Form 990-T, line 34		<u></u>	7b		0		
	:			1		Prior Y	ear	Current Y	ear		
Φ	8		tions and grants (Part VIII [#] Iin		L		213396		160347		
Ĕ	9	Program	m service revenue (Part VIII, line 2g)						36268		
Revenue	10			(A), lines 3, 4, and 7d)	[0		4		
Œ	11			pés 5, 6d, 8c, 9c, 10c, and 11e) .	🗀		0		0		
	12			(must equal Part VIII, column (A), lır	ne 12)		250402		196619		
	13		nd sımilar amounts paıd (Par		,		87500		156500		
	14	- 1	paid to or for members (Part	· · · · · · · · · · · · · · · · · · ·	· ·		0.000	-	100000		
45	45			e benefits (Part IX, column (A), lines	5_10\ H	0					
Ses	160										
Expenses	16a			column (A), line 11e)	205 (7)		U References	NAME OF STREET	U Bernager Jack A		
្តនី	b		draising expenses (Part IX, c		805	THE SECOND			是各级的。可		
_	"/		penses (Part IX, column (A), I	•	⊢		29854		23254		
	18			st equal Part IX, column (A), line 25	_		117354		179754		
	19	Revenue	less expenses. Subtract line	18 from line 12			133048		16865		
Assets or					В	eginning of Co		End of Ye	ear		
a set	20		sets (Part X, line 16)		· · L		133048		149913		
¥8	21	Total liab	oilities (Part X, line 26)		· · L		0	_	0		
ž	22	Net asse	ts or fund balances. Subtract	line 21 from line 20			133048		149913		
P	art (I	Signa	ture Block								
Ur	der pena	alties of perju	ury, I declare that I have examined thi	s return, including accompanying schedules	s and statem	ents, and to	the best of r	ny knowledge and	belief, it is		
tru	e, correc	ct, and comp	lete Declaration of preparer (other th	an officer) is based on all information of whi	ch preparer l	has any know	ledge				
_		T	KO BOALL DU			·	05/	14/2012			
Sig	n	Sign	nature of officer			Di	ate /	17/2012			
Here Randall W Stauner, President											
•••		Type	e or print name and title	ioi Mesicali							
			/pe preparer's name	Preparer's signature	Dat	Δ	1	PTIN			
Pa	iid	''''''')	po properer a neme	. Topaid a signature	Dat	•	Check	□			
Pr	epare	er				-	self-em	Dioyea			
	e On		name >			Fin	m's EIN ▶				
		Firm's a	address ►			Pho	one no				
Ma	v the If	RS discus	s this return with the prepare	r shown above? (see instructions)				□ Va	s 🗆 No		

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Cat No 11282Y

Form **990** (2011)



For Paperwork Reduction Act Notice, see the separate instructions.

OIIII 95	50 (2011)	Page Z
Part	-	
	Check if Schedule O contains a response to any question in this Part III	<u>. Ц</u>
1	Briefly describe the organization's mission: The mission of the organization is to take the love of Jesus Christ to the lost and disciple the found	
	into a life of service through Bible studies, education, health enlightenment and other acts of service.	
	into a fine of Service through Bible Studies, education, health enighterinient and other acts of Service.	
	······································	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	pnor Form 990 or 990-EZ?	∕ No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	⊘No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measu	
	expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount	ount of
	grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	· · · · · · · · · · · · · · · · · · ·)
	A total of 14 short term mission teams served with Groundwork Guatemala in 2011, with a total of 126 people on those teams.	
	These teams prepared and presented Faith Lessons in each of our ministry locations (weekly attendance of approximately	
	600), in line with our mission statement "Our mission is to take the Living Word, Jesus Christ,	
	to the lost of Guatemala and equip the found for a life of service to their Savior." Medical clinics were conducted,	
	as well as visiting the lonely, struggling and infirm among the poor. Through their experiences in Guatemala, many lives of both Guatemalans and those on the teams are changed into lives of service and discipleship.	
	Additional program service revenue not spent directly on the team goes into a transportation fund for future vehicle repairs,	
	maintenance, and purchases.	
	maintenance, and purchases.	
4b	(Code:) (Expenses \$ 32122 including grants of \$ 32023) (Revenue \$ 0	}
	Believing that education opens doors of opportunity for children and their families, in 2011, 96 students received educational	
	scholarships, made possible through the donations of sponsors. Each scholarship can cover registration and other fees,	
	monthly tuition, uniforms, shoes and school supplies.	
	•••••••••••••••••••••••••••••••••••••••	
4c	(Code:) (Expenses \$ 90855 including grants of \$ 89070) (Revenue \$ 0	1
70	Each week, the ministry team goes to various sites in Guatemala City, Amatitlán, and Buena Vista to conduct house	,
	visits and Faith Lessons. We are a very relational ministry, believing that as relationships are built and strengthened, many of	
	the emotional, spiritual and physical needs of the people we serve can be discovered and met. Our weekly attendance at these	
	activities in 2011 was estimated at 600. Approximately 320 miles are driven to the various ministry	
	sites. Expenses incurred as a result of conducting these activities are operation and maintenance of vehicles, craft and	
	educational supplies, medications, and the economic aid given to the Guatemalans on staff who conduct these activities.	
4d	Other program services (Describe in Schedule O.)	
<u> </u>	(Expenses \$ including grants of \$) (Revenue \$)	
40	Total program carving expanses	

Part	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		,	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1 2	√	├
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		•	
	candidates for public office? If "Yes," complete Schedule C, Part I	3_		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 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 for which 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		1
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		1
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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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		1
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		1
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		1
e f	Did the organization report an amount for other liabilities in Part X, line 257 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		1
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		1
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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	√	
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	1	
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		1
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		1
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		1
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		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

-art	Checklist of Required Schedules (continued)		 -	
	5 4 11		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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		1
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	00		
		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		
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		
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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		7
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
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		1
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		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
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		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	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	35b		1
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		1
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		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	1	
			000	

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
GI C	Check if Schedule O contains a response to any question in this Part V			П
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			li
	reportable gaming (gambling) winnings to prize winners?	1c		
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 0			
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 <i>e-file</i> (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 account)?	4-		1
_	·	4a_		•
þ	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.			
E.		5a		
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		-
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?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		_	
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		✓
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		<u>/</u>
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		-
ь 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	7h		-
0	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.	Ť		-
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:			
а	Initiation fees and capital contributions included on Part VIII, line 12			'
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			1
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	ļ		ļ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b]	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-		-
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	-	├
b	Enter the amount of reserves the organization is required to maintain by the states in which			
-	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	 	1
	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		

Form 99	0 (2011)			Page 6
Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,	and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			ions
	Check if Schedule O contains a response to any question in this Part VI	_:_:	• •	. 🗸
<u>Secti</u>	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	4 !		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar			l
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1 !		1
	any other officer, director, trustee, or key employee?	2	1	
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 prior 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	Did the organization have members or stockholders?	6		/ _
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			,
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7a		-
D	stockholders, or persons other than the governing body?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	10		
	the year by the following:			
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	1	
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	L,	✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	iue C	ode.) Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	168	N 0
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	IUa		
_	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	-
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b	✓	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
40	describe in Schedule O how this was done	12c		/
13 14	Did the organization have a written whistleblower policy?	13		/ /
15	Did the process for determining compensation of the following persons include a review and approval by	14	-	V
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		l	
а	The organization's CEO, Executive Director, or top management official	15a		1
b	Other officers or key employees of the organization	15b		1
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			لـــــــا
_	with a taxable entity during the year?	16a	<u> </u>	1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		ļJ
Secti	on C. Disclosure	וטט	l	
17	List the states with which a copy of this Form 990 is required to be filed ▶ Arizona			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	n 501(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.	•		
	☐ Own website ☐ Another's website ☑ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of	of inter	rest p	olicy,
00	and financial statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: ► Randall Stauner; 713 E Jasmine St, Mesa, AZ 85203; 480-898-4935	of the	•	
	organization - Kandali Stauner; / 13 E Jasmine St, Mesa, AZ 85203; 480-898-4935			

		_
Po	an	•

Part VII	Compensation of Officers, Directors	, Trustees, Key Employees, Highest	Compensated Employees, and
	Independent Contractors		

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- 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 noi	r any relate	d orga	anız	atio	n c	ompe	nsa	ated any currer	it officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	related organizations	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Randall Stauner				,						
Director, President	15	✓		✓				0	0	0
(2) Virginia Holmes		,								
Director	65	/	<u> </u>	-	├			0	0	0
(3) Alicia Lucke		,	ì							
Director	0.1	/	 	<u> </u>	_			0	0	.0
(4) George Spicer		,		١,				_		
Director, Vice President	0.1	1	₩	✓			<u> </u>	0	0	0
(5) Iris Wittman	4			١.			İ		_	_
Director, Treasurer	0.1	1	⊢ —'	✓	 		<u> </u>	0	0	0
(6) John Grass	1									_
Director	0.1	✓	\vdash	_	_			0	0	0
(7) John Hill	_			١.						
Director, Secretary	0.1	/	↓	✓	<u> </u>		_	0	0	0
(8) Peggy Grunow	4	١.	1	i						
Director	0.1	✓	_	<u> </u>			<u> </u>	0	0	0
(9)	4									
(10)	-									
(11)	-									
(12)	-			-	-				-	
(13)	-		<u> </u>						-	
(14)	-		T							

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A) Name and title		(B) Average hours per week	(C) Position (do not check more than o box, unless person is both officer and a director/trust						(D) Reportable compensation from	related			
		(describe hours for related organizations in Schedule	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI		compensation from the organization and related organizations	
(15)												,	_
(16)						_							_
(17)						-			_				
(18)													_
(19)													_
(20)													_
(21)													_
(22)													
(23)													
(24)													_
(25)													
1b c	Sub-total	VII, Sectio		-	-	-		> > >	0		0		0 0
2	Total number of individuals (including bur reportable compensation from the organ	t not limited	d to th								0,000) of	
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, direc	tor, c									Yes N	
4	For any individual listed on line 1a, is the organization and related organizations individual												
5	Did any person listed on line 1a receive of for services rendered to the organization									ation or ind	vidua 	5 1	\Box
Section	on B. Independent Contractors								·				_
1	Complete this table for your five highest compensation from the organization. Rej year.												
	(A) Name and business add	Iress							(B) Description of s	ervices		(C) Compensation	
								\vdash					
			·										
2	Total number of independent contractor received more than \$100,000 of compen							o th	nose listed ab	ove) who			

Part VIII		Statement of Revenue									
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514			
nts rts	1a	Federated campaigns	1a	0				-			
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .	1b	0							
S, G	С	Fundraising events .	1c	0							
ar /	d	Related organizations	1d	0				1			
s, (е	Government grants (con	tributions) 1e	0							
ion	f	All other contributions, gi									
t t		and similar amounts not inc	cluded above 1f	160347							
d d	g	Noncash contributions include	led in lines 1a-1f [.] \$	0							
<u>ပို့ နူ</u>	h	Total. Add lines 1a-1	<u>f</u>		160347						
en l				Business Code				}			
Program Service Revenue	2a	Short Term Mission Tr	rips	900099	36268	36268	0	. 0			
8	b										
Vic.	С										
Ser	d										
аш	е										
Jo	f	All other program sen									
<u> </u>	g	Total. Add lines 2a-2			36268						
	3	Investment income									
	_	and other similar amo	•		4	0	0	0			
	4	Income from investmen			0	0	0	0			
	5	Royalties		(ii) Personal	U	U	U	0			
	6-	Cross ronts	0	0							
	6a	Gross rents	0	0				İ			
	b	Less: rental expenses Rental income or (loss)		0							
	d	Net rental income or ((l)		0	0	0	0			
	7a	Gross amount from sales of	(IOSS)	(ii) Other				<u> </u>			
	'`	assets other than inventory	0	0							
	ь	Less, cost or other basis						}			
		and sales expenses	0	0							
	c	Gain or (loss)	0	0				İ			
	d	Net gain or (loss) .		▶	0	0	0	0			
ae E	8a	Gross income from fu	undraising								
er Revenue	Į.	events (not including \$	0								
æ		of contributions reporte	ed on line 1c).								
ē		See Part IV, line 18 .	····a	0							
₹	b	Less: direct expenses	s b	0							
_	С	Net income or (loss) f	•	events . >	0		0	0			
	9a	Gross income from ga	-								
			· · · · a								
		Less: direct expenses			ļ						
	C	Net income or (loss) f		vities	0	0	0	0			
	10a	Gross sales of in returns and allowance	•								
	١.		u		-						
	b	Less: cost of goods s Net income or (loss) f			-		-	0			
	_ <u>c</u>	Miscellaneous F		Business Code	•	<u> </u>		0			
	11a		<u>-</u>								
	b						· · · · · · · · · · · · · · · · · · ·				
	C			-	-						
	ď	All other revenue .		0	0	0	0	ō			
	e	Total. Add lines 11a-		•	0						
	12	Total revenue. See in	nstructions	🕨	196619	36268	4	0			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do no	Check if Schedule O contains a response to any question in this Part IX									
	, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses					
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	0	0							
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0	0							
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	156500	156500							
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0	0	o	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	o	0					
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	0	0	0					
9 10	Other employee benefits	0	0	0	0					
11 a	Fees for services (non-employees): Management	0	0	0	0					
c d	Legal	0	0	0	0 0					
e f	Professional fundraising services. See Part IV, line 17 Investment management fees	0	0	0	0					
g 12	Other	0	0	0	0					
13 14	Office expenses	5183 0	0	5183 0	0 0 0					
15 16 17	Royalties	9394	0	0 9117	0 277					
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	0	0	13 0	0					
21 22 23	Payments to affiliates	0	0	0	0 0					
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)									
а	Missionary Health Insurance	5665	0	5665	0					
b	Bibles and Books Grant Bank Fees	975	975	0 356	0					
d	PayPai Fees	218	0	218	0					
e	All other expenses	1451	913	10	527					
_25	Total functional expenses. Add lines 1 through 24e	179754	158388	20561	805					
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)									

	art X	Balance Sheet	(A)		(B)
			Beginning of year		End of year
	1	Cash—non-interest-bearing	132473	1	127929
	2	Savings and temporary cash investments	575	2	11969
	3	Pledges and grants receivable, net	0	3	10019
-	4	Accounts receivable, net	0	4	
	5	Receivables from current and former officers, directors, trustees, key			
ŀ		employees, and highest compensated employees. Complete Part II of			
		Schedule L	0	5	
	6	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			
2		employees' beneficiary organizations (see instructions)	0	6	
Hassers	7	Notes and loans receivable, net	0	7	
ž	8	Inventones for sale or use	0	8	
	9	Prepaid expenses and deferred charges	0	9	1
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 0			
	ь	Less: accumulated depreciation 10b 0	0	10c	
	11	Investments—publicly traded securities	0	-	
	12	Investments – other securities. See Part IV, line 11	0	$\overline{}$	-
	13	Investments—program-related. See Part IV, line 11	0	13	•,
	14	Intangible assets	0	14	
ı	15	Other assets. See Part IV, line 11	0	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	133048	16	14991
	17	Accounts payable and accrued expenses	0	17	7.001
	18	Grants payable	0	18	
	19	Deferred revenue	0	19	
	20	Tax-exempt bond liabilities	0	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0	21	
co.	22	Payables to current and former officers, directors, trustees, key			
Liabilities	22	employees, highest compensated employees, and disqualified persons.			
		Complete Part II of Schedule L	0	22	
la La	23	Secured mortgages and notes payable to unrelated third parties	0	23	
-	24	Unsecured notes and loans payable to unrelated third parties	0		
	25	Other liabilities (including federal income tax, payables to related third		2-4	<u></u>
	25	parties, and other liabilities not included on lines 17-24). Complete Part X	0		
		of Schedule D	· ·	25	
	26	Total liabilities. Add lines 17 through 25	0	26	
_	20	Organizations that follow SFAS 117, check here ► ✓ and complete		20	
S		lines 27 through 29, and lines 33 and 34.			
Ě	27	Unrestricted net assets	73858	27	8029
<u> </u>	28	Temporarily restricted net assets	59190		6962
2	29	Permanently restricted net assets	0	29	0302
Ĕ	29	Organizations that do not follow SFAS 117, check here ▶ □ and		25	
Ī		complete lines 30 through 34.			
ō	20			20	
ets ets	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds.	4882.5	32	4444
ž	33	Total net assets or fund balances	133048	33	14991
	34	Total liabilities and net assets/fund balances	133048	34	14991: Form 990 (201

Pag	
· · · ·	<u></u>
196	11
179	2
16	3
133	4
	5
149	6
Yes	
	-1
	plaın ın
2a	
2b	
20 -	ersight
2c	ntant?
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1	ar were
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	udits

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

Open to Public Inspection

	ndwork Guatemal	n Inc					1-	inployer to	27-104	5003		
Par			rity Status (All orga	nizations	e muet c	omplete	this nar	t \ Soo ii				
			tion because it is: (Fo						1011 001101	10.		
			hes, or association of						١.			
			170(b)(1)(A)(ii). (Attac				•	-70-70-70-	,-			
3			spital service organiza			section 1	70(b)(1)(A)(iii).				
4			on operated in conjunc)(b)(1)(A)(i	ii). Ente	r the	
		ne, city, and state										
5		on operated for b)(1)(A)(iv). (Com	the benefit of a colleg	ge or uni	versity ov	vned or	operated	by a go	vemmenta	ıl unit d	escrib	ed in
6	☐ A federal, sta	te, or local gover	nment or government	al unit des	scribed in	section	170(b)(1)(A)(v).				
7			receives a substantia (A)(vi). (Complete Par		its suppo	rt from a	governn	nental ur	it or from	the ger	neral p	ublic
8	☐ A community	trust described i	n section 170(b)(1)(A)	(vi). (Con	nplete Pa	rt II.)						
9	✓ An organizati	on that normally	receives: (1) more that	an 331/3%	of its su	ipport fro	m contri	butions,	membersh	np fees,	and	gross
			d to its exempt funct									
			ent income and unrel						n 511 tax) from	busin	esses
	acquired by t	he organization a	ifter June 30, 1975. Se	e sectio	n 509(a)(2). (Comp	olete Parl	t III.)				
10	An organizati	on organized and	l operated exclusively	to test fo	r public s	safety. Se	e sectio	n 509(a)(4).			
11			nd operated exclusive									
			olicly supported organ								ee se	ction
			describes the type of					te lines 1	_			
	a Type				III-Functi			_		Type II		
е			that the organization									
		_	ers and other than one	e or more	publicly	supporte	ed organi	izations c	iescribea	ın secu	יטכ חכ	#(a)(1)
	or section 50				the IDC t		o Turo	I Tupo I	l or Tuna	. III our	.nortu	
f			a written determination							s III Sup	poru	'y
_	0.											Ш
g	following per		ne Organization accep	oleu any	giit or co		ii iioiii a	ary or the	,			
	• .		ndirectly controls, eit	her alone	or toget	her with	nersons	describe	d in (ii) and	d	Yes	No
			ody of the supported							11g(i)	 	
	• •		on described in (i) abo	-						11g(ii	1	
			a person described in							11g(iii		
h			ion about the support							(Tigha)	<u> </u>	!
	Name of supported	(ii) EIN	(iii) Type of organization		organization	1	ou notify	(va)	s the	(vii) A	mount	of.
(-,	organization	(4) 2	(described on lines 1–9	in cot (i) lis	sted in your	the organ	nzation in	organizat	tion in col		pport	
			above or IRC section (see instructions))	governing	document?		of your port?		zed in the S?			
			(000 11.011 20110.1.0)	Yes	No	Yes	No	Yes	No			
(A)												
(A)												
(B)												
(C)												
(D)		-		-								
(E)									- 1			
		-	-									
Tota	st.	1	1	1	1	I	I	1	1			

Page 2

Part	Support Schedule for Organiza (Complete only if you checked th						
	Part III. If the organization fails to						
	on A. Public Support		·				
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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		l			<u> </u>	l
	on B. Total Support dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
Calen	Amounts from line 4	(a) 2007	(b) 2006	(0) 2009	(a) 2010	(e) 2011	(i) iolai
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			:			
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc First five years. If the Form 990 is for the					12	20, 501(0)(3)
13	organization, check this box and stop he						
Secti	ion C. Computation of Public Suppor						
14	Public support percentage for 2011 (line	6, column (f) d	ivided by line	11, column (f))		14	%
15	Public support percentage from 2010 Scl	nedule A, Part	II, line 14 .			15	%
16a	331/3% support test—2011. If the organi box and stop here. The organization qua	zation dıd not Ilıfıes as a pub	check the box licly supported	con line 13, an dorganization	d line 14 is 33¹ 	اه% or more, o	🕨 🗀
b	331/3% support test—2010. If the organ check this box and stop here. The organ					e 15 is 33 ¹ /3%	
17a	10%-facts-and-circumstances test – 2010% or more, and if the organization me Part IV how the organization meets the "forganization".	ets the "facts	-and-circumsta umstances" te	ances" test, ch	eck this box ai	nd stop here.	Explain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiza Explain in Part IV how the organization in supported organization	tion meets the neets the "fact	e "facts-and-c ts-and-circums	orcumstances" stances" test	test, check tl The organization	his box and s	top here.
18	Private foundation. If the organization d					k this box and	see

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	on A. Public Support			,		7	
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees	, ,			1.7	- 1	
	received. (Do not include any "unusual grants.")			701	213396	160347	374444
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			o	37006	36268	73274
3	Gross receipts from activities that are not an				=		
	unrelated trade or business under section 513			0	0	0	0
4	Tax revenues levied for the						
	organization's benefit and either paid		i				
	to or expended on its behalf			0	0	0	0
5	The value of services or facilities						
	furnished by a governmental unit to the			_	_		_
_	organization without charge			0	0	0	0
6	Total. Add lines 1 through 5		_	701	250402	196615	447718
7a	received from disqualified persons .			ا	16310	14650	30969
				0	16319	14650	20909
ь	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			0	54211	o	54211
С	Add lines 7a and 7b			0	70530	14650	85180
8	Public support (Subtract line 7c from						
	line 6.)						362538
Secti	on B. Total Support		•				
Calen	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6			701	250402	196615	447718
10a	Gross income from interest, dividends,						
	payments received on secunties loans, rents,						
	royalties and income from similar sources		_	0	0	4	4
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses				اء		_
	acquired after June 30, 1975			0	0	0	0
C	Add lines 10a and 10b		ļ	0	. 0	4	4
11	Net income from unrelated business activities not included in line 10b, whether						
	or not the business is regularly carried on		1	0	o	o	0
12	Other income. Do not include gain or						
14	loss from the sale of capital assets					1	
	(Explain in Part IV.)			o	o	o	0
13	Total support. (Add lines 9, 10c, 11,	· · · · · · · · · · · · · · · · · · ·			-		
	and 12.)			701	250402	196619	447722
14	First five years. If the Form 990 is for the	ne organizatio	n's first, secon	d, third, fourth	, or fifth tax ye	ear as a section	n 501(c)(3)
	organization, check this box and stop he	re	<u> </u>		· · · · ·	<u> </u>	🕨 🗸
Secti	on C. Computation of Public Support						
15	Public support percentage for 2011 (line					15	<u>%</u>
16	Public support percentage from 2010 Sci			<u> </u>	<u></u>	16	<u>%</u>
	on D. Computation of Investment In				(0)	T 1	
17	Investment income percentage for 2011 (•	• •	•		17	
18	Investment income percentage from 2010					18	% and line
19a	331/3% support tests – 2011. If the organ 17 is not more than 331/3%, check this box						
ь	33¹a% support tests—2010. If the organiz					-	
U	line 18 is not more than 33½%, check this						
20	Private foundation. If the organization d				-		

V	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 F (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Employer identification number

Groundwork Guatemala Inc. 27-1045003

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes

Part	Form 990, Part IV, line		es Outside	the United States. Com	piete ii trie organization ans	swered res to
1	For grantmakers. Does the assistance, the grantees' eli	gibility for the				е
	grants or assistance?					☐Yes ☑No
2	For grantmakers. Describe assistance outside the Unite		the organizati	on's procedures for moni	toring the use of its gran	its and other
3	Activities per Region. (The fo	ollowing Part	l, line 3 table (can be duplicated if addition	nal space is needed)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	Guatemala	o _	0	grants, program service	see part V	168000
(2)						
(3)						
(4)	· -					
(5)						
(6)						
(7)						
(8)						
(9)_						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Sub-total	0	0			168000
b	Total from continuation sheets to Part I					.
c	Totals (add lines 3a and 3b)	0	0	-	 	168000
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Page 2

Schedule F (F	Page 2
Part II	Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990,
	Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000
	Part II can be duplicated if additional space is needed.

-	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
Ξ			Guatemala	gen. support	156500 v	156500 wire transfer	2000	2000 see Part V	FMV
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Schedule F (Form 990) 2011

Page 3

Schedule F (Form 990) 2011

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. Part III

Schedule F (Form 990) 2011 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance Ξ (11) 2 (4) 9 6 5 (12) (13) 4 (15) (16) (17) (18) 3 (2) (6) 8

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Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Corporation (see Instructions for Form 926)	a Foreign	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the orgimal be required to file Form 3520, Annual Return to Report Transactions with Foreign Transaction Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Tru U.S. Owner (see Instructions for Forms 3520 and 3520-A)	usts and st With a	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? the organization may be required to file Form 5471, Information Return of U.S. Persons With Re Certain Foreign Corporations. (see Instructions for Form 5471)	spect To	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment comp qualified electing fund during the tax year? If "Yes," the organization may be required to file Fo. Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Fund (see Instructions for Form 8621)	rm 8621, Electing	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Foreign Partnerships (see Instructions for Form 8865)	o Certain	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instorm 5713)	tructions	☑ No

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Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method), Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Part I Line 2: The organization has missionaries on-site in Guatemala throughout the year participating in the day-to-day activities.
These missionaries are involved in the decision-making processes in the Guatemalan organization and directly monitor use of funds.
Part I Line 3 #1: Grants are made to the foreign organization. The foreign organization conducts the activities/program services
that further the filing organization's exempt purposes. See Form 990 Part 3 for examples. Expenditures in column f also includes travel
expenses to and from Guatemala as described in the Schedule Instructions.
Part II Line 1 #1 column d: The purposes of the grants are to carry on the filing organization's mission/exempt purposes within the region
which include general support, scholarships for children (including purchase of necessary school supplies), and hosting costs
for visiting teams.
Part II Line 1 #1 column h: We received special grants for water purifiers and for bibles and books, a portion of which have been taken to
the organization in Guatemala (in 2011), the remainder of which is planned to be transferred in 2012.

SCHEDULE 0 (Form 990 or 990-EZ)

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.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Groundwork Guatemala Inc.

▶ Attach to Form 990 or 990-EZ.

Inspection Employer identification number

27-1045003

Part VI Line 2: President/Director Randall Stauner and Director/Missionary Virginia Holmes have a family relationship.
Part VI Line 11: Directors are welcome to review the form in its entirety but there is no formal review process.
Part VI Line 19: Governing documents, conflict of interest policy, and financial statements can be made available upon request.