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Form **990**
 Department of the Treasury
 Internal Revenue Service

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

OMB No 1545-0047
2011
Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

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

C Name of organization: MIGRANT HEALTH PROMOTION INC
 Doing Business As: MIGRANT HEALTH PROMOTION
 Number and street (or P O box if mail is not delivered to street address) Room/suite: 437 S TEXAS BLVD
 City or town, state or country, and ZIP + 4: WESLACO, TX 78596

D Employer identification number: 38-3092194
E Telephone number: (956) 968-3600
G Gross receipts \$ 1,478,691

F Name and address of principal officer: GAYLE LAWN DAY, 437 S TEXAS BLVD, WESLACO, TX 78596

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list (see instructions)
H(c) Group exemption number

I Tax-exempt status: 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527

J Website: WWW MIGRANTHEALTH ORG

K Form of organization: Corporation Trust Association Other
L Year of formation
M State of legal domicile

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities USING THE PROMOTOR(A) MODEL, MIGRANT HEALTH PROMOTION PROVIDES CULTURALLY- APPROPRIATE HEALTH EDUCATION AND OUTREACH AND SUSTAINABLE COMMUNITY DEVELOPMENT TO FARMWORKER, MIGRANT, BORDER, AND/OR OTHER UNDERSERVED OR ISOLATED COMMUNITIES THROUGHOUT THE NATION THROUGH INCREASED KNOWLEDGE AND SKILL BUILDING, INDIVIDUALS AND FAMILIES WILL BE EMPOWERED TO LIVE HEALTHY LIVES		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	41
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	325,886	1,477,780
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	185	911
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,063	0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	329,134	1,478,691
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
14 Benefits paid to or for members (Part IX, column (A), line 4)			0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		281,696	1,157,450
16a Professional fundraising fees (Part IX, column (A), line 11e)			0
b Total fundraising expenses (Part IX, column (D), line 25) <u>46,927</u>			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		71,938	352,103
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	353,634	1,509,553	
19 Revenue less expenses Subtract line 18 from line 12	-24,500	-30,862	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	817,710	772,822
	22 Net assets or fund balances Subtract line 21 from line 20	112,952	98,924
		704,758	673,898

Part II Signature Block

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: 2012-07-31

GAYLE LAWN DAY CEO
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature: RUDY SALINAS CPA
 Date: 2012-08-03
 Check if self-employed:
 Preparer's taxpayer identification number (see instructions):
 Firm's name (or yours if self-employed), address, and ZIP + 4: SALINAS ALLEN & SCHMITT LLP, PO BOX 8368, WESLACO, TX 785998368
 EIN:
 Phone no: (956) 968-2108

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III Yes No

1 Briefly describe the organization's mission
 USING THE PROMOTOR(A) MODEL, MIGRANT HEALTH PROMOTION PROVIDES CULTURALLY- APPROPRIATE HEALTH EDUCATION AND OUTREACH AND SUSTAINABLE COMMUNITY DEVELOPMENT TO FARMWORKER, MIGRANT, BORDER, AND/OR OTHER UNDERSERVED OR ISOLATED COMMUNITIES THROUGHOUT THE NATION THROUGH INCREASED KNOWLEDGE AND SKILL BUILDING, INDIVIDUALS AND FAMILIES WILL BE EMPOWERED TO LIVE HEALTHY LIVES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes 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? Yes 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 measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 478,874 including grants of \$) (Revenue \$)
 TECHNICAL ASSISTANCE TO COMMUNITY & MIGRANT HEALTH CENTERS & HOMELESS/CAPACITY BUILDING ASSISTANCE - MIGRANT HEALTH PROMOTION'S (MHP) CAPACITY-BUILDING ASSISTANCE (CBA) PROGRAM WORKS ON A NATIONAL LEVEL TO PROMOTE THE "PROMOTOR(A) DE SALUD" PROGRAM MODEL AND TO PROVIDE TECHNICAL ASSISTANCE (TA) TO MIGRANT AND COMMUNITY HEALTH CENTERS (M/CHCS) IN THE DEVELOPMENT AND SUSTAINABILITY OF "PROMOTOR(A)" PROGRAMS IT IS THE GOAL OF THE CBA TEAM TO SUPPORT THE ESTABLISHMENT OF NEW "PROMOTOR(A)" PROGRAMS WHILE PROVIDING RELEVANT AND EFFECTIVE TA AND RESOURCES TO SUPPORT THE CONTINUAL GROWTH AND DEVELOPMENT OF ESTABLISHED PROGRAMS ACCOMPLISHMENTS - BETWEEN JANUARY 1, 2011 AND DECEMBER 31, 2011, CAPACITY- BUILDING STAFF PROVIDED A TOTAL OF 174 75 HOURS (OR 21 8-HOUR DAYS) OF TECHNICAL ASSISTANCE TO 33 HEALTH CENTERS RUNNING "PROMOTOR(A)" PROGRAMS AND 38 HEALTH CENTERS WANTING TO INITIATE A "PROMOTOR(A)" PROGRAM AN AVERAGE OF 2 46 HOURS OF TECHNICAL ASSISTANCE WAS PROVIDED PER HEALTH CENTER FROM JANUARY 1, 2011-DECEMBER 31, 2011 MHP'S CAB PROGRAM IS ON TRACK TO SURPASS THE OBJECTIVE GOAL OF PROVIDING AN AVERAGE OF 3 0 HOURS OF TECHNICAL ASSISTANCE TO AT LEAST 30 SITES THE TECHNICAL ASSISTANCE PROVIDED COVERED THE FOLLOWING PROGRAMMATIC TOPICS AND ISSUES 37 75 HOURS OF T/TA ON ORIENTATION TO THE "PROMOTOR(A)" MODEL 42 HOURS OF T/TA ON GRANTS AND FUNDRAISING 89 75 HOURS T/TA ON TRAINING AND SUPERVISION 3 HOURS OF T/TA FOR EVALUATION AND DATA COLLECTION 2 5 HOURS OF T/TA ON HEALTH EDUCATION A TOTAL OF 62 75 HOURS OF TRAINING AND TECHNICAL ASSISTANCE WERE PROVIDED TO NON-FQHC MIGRANT HEALTH PROMOTION CONTINUES TO WORK CLOSELY WITH NON- FQHCS TO POTENTIALLY IDENTIFY NEW ACCESS POINTS AND CONNECT NON-FQHC ORGANIZATIONS WITH "PROMOTOR(A)" PROGRAMS TO THE LOCAL M/CHCS A TOTAL OF NINE TRAININGS WERE FACILITATED BY MIGRANT HEALTH PROMOTION TO A TOTAL OF 134 PARTICIPANTS CONFERENCE SESSIONS WERE FACILITATED AT FOUR CONFERENCES RELATED TO MIGRANT HEALTH

4b (Code) (Expenses \$ 192,197 including grants of \$) (Revenue \$)
 HEALTH RESOURCES AND SERVICES ADMINISTRATION-THE COMMUNITY BASED DOULA PROGRAM - THE AMOR DE MADRE PROGRAM HAS HAD SIGNIFICANT ACCOMPLISHMENTS DURING THIS REPORTING YEAR THE PROGRAM HAS BEEN IDENTIFIED BY HEALTH CONNECT ONE AS A ROLE MODEL TO OTHER GRANTEEES THAT PROVIDE DOULA SUPPORT SERVICES THE AMOR DE MADRE PROGRAM WAS ABLE TO ESTALISH 13 BREASTFEEDING FRIENDLY ESTABLISHMENTS WE WERE ALSO APPROACHED BY A NEW PROVIDER WHO WAS INTERESTED IN OFFERING DOULA SUPPORT SERVICES TO HIS PATIENTS NURSES AT HOSPITALS HAVE ALSO BECOME VERY WELCOMING TO THE SERVICE THAT DOULAS PROVIDE THE AMOR DE MADRE PROGRAM WAS ABLE TO FACILITATE "COMENZANDO BIEN/BECOMING A MOM" PRENATAL CLASSES TO 42 FIRST TIME MOMS PRE/POST TEST SHOWED PATIENTS INCREASED KNOWLEDGE ON THE IMPORTANCE OF PRENATAL CARE A TOTAL OF 121 REFERRALS WERE MADE TO MEDICAL HOMES, WIC, PERINATAL CHIP, AND MEDICAID EIGHTEEN HEALTHY BABIES WERE BORN--13 VAGINAL AND 5 VIA C- SECTION C-SECTIONS WERE DUE TO MEDICAL CONDITIONS SUCH AS STD'S, HIGH BLOOD PRESSURE, PREECLAMPSIA AND GESTATIONAL DIABETES ALL FIRST TIME MOMS WERE ACCOMPANIED BY A DOULA DURING DELIVERY ONCE DISCHARGED, POSTPARTUM VISITS WERE PROVIDED BY DOULAS OVERALL, THE AMOR DE MADRE PROGRAM EXCEEDED BEASTFEEDING RATES AND OF BIRTHS ATTENDED BY A DOULA REQUIRED BY PROGRAM

4c (Code) (Expenses \$ 132,156 including grants of \$) (Revenue \$)
 HEALTH RESOURCES AND SERVICES ADMINISTRATION-FUTURO SALUDABLES PROGRAM FUTUROS SALUDABLES CONTINUED TO IMPROVE ACCESS TO PRIMARY AND MENTAL HEALTH CARE FOR UNDERSERVED LATINO RESIDENTS IN HIDALGO COUNTY, TEXAS BY BRINGING MOBILE HEALTH CLINICS, PSYCHOLOGICAL COUNSELORS, AND MENTAL AND GENERAL HEALTH EDUCATION CLASSES TO RURAL COLONIAS HIGHLIGHTS FROM 2011 INCLUDED OVER 400 COMMUNITY MEMBERS RECEIVED INDIVIDUAL HEALTH ENCOUNTERS OR GROUP HEALTH EDUCATION SESSIONS ON GENERAL HEALTH (E G HIGH BLOOD PRESSURE, DIABETES, CHOLESTEROL) AND MENTAL HEALTH (E G DEPRESSION, STRESS, ANZIETY) TOPICS 223 REFERRALS WERE MADE FOR PRIMARY OR MENTAL HEALTH CARE SERVICES 108 COMMUNITY MEMBERS RECEIVED HEALTHCARE SERVICES THROUGH THE USE OF THE MOBILE CLINIC CONTINUED TO MAINTAIN A STRONG, SUCCESSFUL CONSORTIUM WITH ASHLEY PEDIATRICS PROVIDED SERVICES AT NO COST TO COLONIA RESIDENTS THROUGH THEIR MOBILE CLINIC THE MOBILE CLINIC WAS AVAILABLE TO COLONIA RESIDENTS TWICE A MONTH A PHYSICIAN WAS AVAILABLE ON SITE FOR CHECKUPS, PRESCRIPTIONS AND REFERRALS IF PARTICIPANTS REQUIRED FURTHER MEDICAL CARE, THEY WERE PROVIDED WITH A FOLLOW-UP APPOINTMENT AT THE ASHLEY CLINIC METHODIST HEALTHCARE MINISTRIES CONTRIBUTED BY ASSIGNING ONE COUNSELOR AND A WESLEY NURSE THE COUNSELOR WAS AVAILABLE IN THE COLONIAS ONCE A WEEK AND WOULD PROVIDE COUNSELING SERVICES BY APPOINTMENT THE WESLEY NURSE WOULD GO OUT TO THE COLONIAS WITH THE PROMOTORA, FACILITATING SESSIONS ON GENERAL AND MENTAL HEALTH TOPICS AISE PROVIDED AN OFFICE FOR THE COUNSELOR FROM METHODIST HEALTHCARE MINISTRIES TO HOLD COUNSELING SESSIONS SPACE WAS ALSO AVAILABLE FOR MIGRANT HEALTH PROMOTION'S PROMOTORA TO FACILITATE HEALTH EDUCATION SESSIONS AND HOLD PHYSICAL ACTIVITY CLASES AISE ALSO ASSISTED THE PROMOTORA IN ORGANIZING HEALTH FAIRS AND REMINDING THE COMMUNITY OF THE COUNSELOR AND MOBILE CLINIC SCHEDULES

(Code) (Expenses \$ 242,897 including grants of \$) (Revenue \$)
 VARIOUS

4d Other program services (Describe in Schedule O)
 (Expenses \$ 242,897 including grants of \$) (Revenue \$)

4e Total program service expenses \$ 1,046,124

Part IV 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)? <i>If "Yes," complete Schedule A.</i> <input checked="" type="checkbox"/>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		No
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? <i>If "Yes," complete Schedule C, Part II.</i>		No
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? <i>If "Yes," complete Schedule C, Part III.</i>		No
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? <i>If "Yes," complete Schedule D, Part I.</i> <input checked="" type="checkbox"/>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> <input checked="" type="checkbox"/>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> <input checked="" type="checkbox"/>		No
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? <i>If "Yes," complete Schedule D, Part IV.</i> <input checked="" type="checkbox"/>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> <input checked="" type="checkbox"/>	Yes	
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> <input checked="" type="checkbox"/>	Yes	
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? <i>If "Yes," complete Schedule D, Part VII.</i> <input checked="" type="checkbox"/>		No
c 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? <i>If "Yes," complete Schedule D, Part VIII.</i> <input checked="" type="checkbox"/>		No
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? <i>If "Yes," complete Schedule D, Part IX.</i> <input checked="" type="checkbox"/>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>		No
f 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)? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>		No
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> <input checked="" type="checkbox"/>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> <input checked="" type="checkbox"/>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
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? <i>If "Yes," complete Schedule F, Part I.</i>		No
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 U S? <i>If "Yes," complete Schedule F, Part II and IV.</i>		No
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 U S? <i>If "Yes," complete Schedule F, Part III and IV.</i>		No
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? <i>If "Yes," complete Schedule G, Part I.</i>		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements.		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	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 owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
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	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No columns. Includes rows for 1a, 1b, 1c, 2a, 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7, 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 8, 9, 9a, 9b, 10, 10a, 10b, 11, 11a, 11b, 12a, 12b, 13, 13a, 13b, 13c, 14a, 14b.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (9); 1b Enter the number of voting members included in line 1a, above, who are independent (8); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 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? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 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? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 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 (No).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (Yes); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? (Yes); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review the Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); 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 with a taxable entity during the year? (No); 16b 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?

Section C. Disclosure

Table with 1 column: Question. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (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 interest policy, and financial statements available to the public. See Additional Data Table; 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: MIGRANT HEALTH PROMOTION INC, 437 S TEXAS BLVD, WESLACO, TX 78596, (956) 968-3600.

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees 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, or 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 nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GAYLE A LAWN-DAY PHD CEO	40 00	X		X				98,692	0	9,408
(2) PENNY S BURILLO		X						0	0	0
(3) FABIO ARCILA		X						0	0	0
(4) MELISSA A VALERIO		X						0	0	0
(5) JACK GALLAGHER		X						0	0	0
(6) LAURA TREVINO		X						0	0	0
(7) DORA MEJIA		X						0	0	0
(8) JUDITH A MOUCH		X						0	0	0
(9) MICHELLE ROSALES		X						0	0	0
(10) SANTIAGO MARTINEZ JR CFO	40 00			X				59,805	0	14,283

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	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations 1d					
	e	Government grants (contributions) 1e	1,205,598				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	272,182				
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f ▶	1,477,780				
Program Service Revenue	2a	_____ Business Code _____					
	b	_____					
	c	_____					
	d	_____					
	e	_____					
	f	All other program service revenue					
	g	Total. Add lines 2a-2f ▶					
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) ▶	911	911			
	4	Income from investment of tax-exempt bond proceeds ▶					
	5	Royalties ▶					
	6a		(i) Real				
			(ii) Personal				
			Gross rents				
			Less rental expenses				
	c	Rental income or (loss)					
	d	Net rental income or (loss) ▶					
	7a		(i) Securities				
			(ii) Other				
			Gross amount from sales of assets other than inventory				
			Less cost or other basis and sales expenses				
	c	Gain or (loss)					
	d	Net gain or (loss) ▶					
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a						
b	Less direct expenses b						
c	Net income or (loss) from fundraising events ▶						
9a	Gross income from gaming activities See Part IV, line 19 a						
b	Less direct expenses b						
c	Net income or (loss) from gaming activities ▶						
10a	Gross sales of inventory, less returns and allowances a						
b	Less cost of goods sold b						
c	Net income or (loss) from sales of inventory ▶						
	Miscellaneous Revenue	Business Code					
11a	_____						
b	_____						
c	_____						
d	All other revenue						
e	Total. Add lines 11a-11d ▶						
12	Total revenue. See Instructions ▶	1,478,691	911				

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)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	235,245	63,865	152,342	19,038
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	654,896	551,061	83,480	20,355
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	11,567	807	8,760	2,000
9	Other employee benefits	168,478	138,889	28,333	1,256
10	Payroll taxes	87,264	63,725	20,224	3,315
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	20,000		20,000	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	4,090	3,478	552	60
13	Office expenses	74,906	47,709	26,962	235
14	Information technology	24,715	7,687	17,028	
15	Royalties				
16	Occupancy	51,613	37,816	13,797	
17	Travel	120,981	94,092	26,722	167
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	11,544	7,729	3,316	499
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	5,635		5,635	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	FEES AND DUES	35,971	29,266	6,705	
b	OTHER	2,648		2,646	2
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	1,509,553	1,046,124	416,502	46,927
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	637,936	1	468,193
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	164,393	3	270,968
	4 Accounts receivable, net	2,038	4	12,361
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	8,561	9	6,518
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10,000		
	b Less accumulated depreciation		10c	10,000
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	4,782	15	4,782
16 Total assets. Add lines 1 through 15 (must equal line 34)	817,710	16	772,822	
Liabilities	17 Accounts payable and accrued expenses	57,483	17	78,798
	18 Grants payable		18	
	19 Deferred revenue	55,469	19	20,126
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	112,952	26	98,924
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	699,976	27	669,116
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets	4,782	29	4,782
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	704,758	33	673,898	
34 Total liabilities and net assets/fund balances	817,710	34	772,822	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,478,691
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,509,553
3	Revenue less expenses Subtract line 2 from line 1	3	-30,862
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	704,758
5	Other changes in net assets or fund balances (explain in Schedule O)	5	2
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	673,898

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2011

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
MIGRANT HEALTH PROMOTION INC

Employer identification number

38-3092194

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 **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?
 (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 the supported organization?
 (ii) a family member of a person described in (i) above?
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in IRC 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) 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.")	1,944,743	1,527,211	1,922,067	325,886	1,477,780	7,197,687
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	1,944,743	1,527,211	1,922,067	325,886	1,477,780	7,197,687
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						7,197,687

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	1,944,743	1,527,211	1,922,067	325,886	1,477,780	7,197,687
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,695	3,257	1,836	185	911	13,884
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV.) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						7,211,571
12 Gross receipts from related activities, etc. (See instructions)					12	911

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** **Section C. Computation of Public Support Percentage**

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	99.810%
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	99.730%

16a 33 1/3% support test—2011. 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—2010.** If the organization did not check the 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—2011.** 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—2010.** 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 IRC 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) 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 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2011.** 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—2010.** 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.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Additional Data

Software ID:

Software Version:

EIN: 38-3092194

Name: MIGRANT HEALTH PROMOTION INC

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses \$ 242,897 including grants of \$) (Revenue \$)

VARIOUS

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2011

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization MIGRANT HEALTH PROMOTION INC

Employer identification number 38-3092194

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically importantly land area, Preservation of a certified historic structure.

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	4,782	4,782	4,782	4,782	
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	4,782	4,782	4,782	4,782	

2 Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment ▶
- b** Permanent endowment ▶ 100.000 %
- c** Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i) Yes	
(ii) related organizations	3a(ii)	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	No

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment	10,000			10,000
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				10,000

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,478,691
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,509,553
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-30,862
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	2
9	Total adjustments (net) Add lines 4 - 8	9	2
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-30,860

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	1,478,691
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,478,691
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	1,478,691

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	1,509,551
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	-2
e	Add lines 2a through 2d	2e	-2
3	Subtract line 2e from line 1	3	1,509,553
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	1,509,553

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
RECONCILIATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	ROUNDING 2
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 2D	ROUNDING -2
SUPPLEMENTAL FINANCIAL INFORMATION	SCHEDULE D, PAGE 4, PART XIV	PART V, LINE 4 - AN ENDOWMENT HAS BEEN ESTABLISHED FOR MHP AT THE ANN ARBOR COMMUNITY FOUNDATION THESE ENDOWED FUNDS REQUIRE THAT THE PRINCIPAL OF THE FUND REMAIN INTACT AND THE INCOME IS PAID OUT NO AMOUNT IN THIS FUND WILL BE PAID OUT UNTIL THE FUND REACHES A TOTAL MINIMUM OF 150,000 AT THAT TIME, THE BOARD OF MHP WILL DEVELOP A "PAY OUT" POLICY TO GOVERN THE AMOUNT WITHDRAWN FROM THE FUND BEFORE ANY PAYOUT CAN OCCUR

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 to provide any additional information.**
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization
MIGRANT HEALTH PROMOTION INC

Employer identification number

38-3092194

Identifier	Return Reference	Explanation
ORGANIZATIONS MISSION	FORM 990 - ORGANIZATIONS MISSION	USING THE PROMOTOR(A) MODEL, MIGRANT HEALTH PROMOTION PROVIDES CULTURALLY-APPROPRIATE HEALTH EDUCATION AND OUTREACH AND SUSTAINABLE COMMUNITY DEVELOPMENT TO FARMWORKER, MIGRANT, BORDER, AND/OR OTHER UNDERSERVED OR ISOLATED COMMUNITIES THROUGHOUT THE NATION THROUGH INCREASED KNOWLEDGE AND SKILL BUILDING, INDIVIDUALS AND FAMILIES WILL BE EMPOWERED TO LIVE HEALTHY LIVES

Identifier	Return Reference	Explanation
FIRST ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	<p>TECHNICAL ASSISTANCE TO 33 HEALTH CENTERS RUNNING "PROMOTOR(A)" PROGRAMS AND 38 HEALTH CENTERS WANTING TO INITIATE A "PROMOTOR(A)" PROGRAM AN AVERAGE OF 2 46 HOURS OF TECHNICAL ASSISTANCE WAS PROVIDED PER HEALTH CENTER FROM JANUARY 1, 2011- DECEMBER 31, 2011 MHP'S CAB PROGRAM IS ON TRACK TO SURPASS THE OBJECTIVE GOAL OF PROVIDING AN AVERAGE OF 3 0 HOURS OF TECHNICAL ASSISTANCE TO AT LEAST 30 SITES THE TECHNICAL ASSISTANCE PROVIDED COVERED THE FOLLOWING PROGRAMMATIC TOPICS AND ISSUES 37 75 HOURS OF T/TA ON ORIENTATION TO THE "PROMOTOR(A)" MODEL 42 HOURS OF T/TA ON GRANTS AND FUNDRAISING 89 75 HOURS T/TA ON TRAINING AND SUPERVISION 3 HOURS OF T/TA FOR EVALUATION AND DATA COLLECTION 2 5 HOURS OF T/TA ON HEALTH EDUCATION A TOTAL OF 62 75 HOURS OF TRAINING AND TECHNICAL ASSISTANCE WERE PROVIDED TO NON-FQHC MIGRANT HEALTH PROMOTION CONTINUES TO WORK CLOSELY WITH NON- FQHCS TO POTENTIALLY IDENTIFY NEW ACCESS POINTS AND CONNECT NON-FQHC ORGANIZATIONS WITH "PROMOTOR(A)" PROGRAMS TO THE LOCAL WCHCS A TOTAL OF NINE TRAININGS WERE FACILITATED BY MIGRANT HEALTH PROMOTION TO A TOTAL OF 134 PARTICIPANTS CONFERENCE SESSIONS WERE FACILITATED AT FOUR CONFERENCES RELATED TO MIGRANT HEALTH</p>

Identifier	Return Reference	Explanation
SECOND ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4B	A MOM' PRENATAL CLASSES TO 42 FIRST TIME MOMS PRE/POST TEST SHOWED PATIENTS INCREASED KNOWLEDGE ON THE IMPORTANCE OF PRENATAL CARE A TOTAL OF 121 REFERRALS WERE MADE TO MEDICAL HOMES, WIC, PERINATAL CHIP, AND MEDICAID EIGHTEEN HEALTHY BABIES WERE BORN--13 VAGINAL AND 5 VIA C- SECTION C-SECTIONS WERE DUE TO MEDICAL CONDITIONS SUCH AS STD'S, HIGH BLOOD PRESSURE, PREECLAMPSIA AND GESTATIONAL DIABETES ALL FIRST TIME MOMS WERE ACCOMPANIED BY A DOULA DURING DELIVERY ONCE DISCHARGED, POSTPARTUM VISITS WERE PROVIDED BY DOULAS OVERALL, THE AMOR DE MADRE PROGRAM EXCEEDED BEASTFEEDING RATES AND OF BIRTHS ATTENDED BY A DOULA REQUIRED BY PROGRAM

Identifier	Return Reference	Explanation
THIRD ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4C	108 COMMUNITY MEMBERS RECEIVED HEALTHCARE SERVICES THROUGH THE USE OF THE MOBILE CLINIC CONTINUED TO MAINTAIN A STRONG, SUCCESSFUL CONSORTIUM WITH ASHLEY PEDIATRICS PROVIDED SERVICES AT NO COST TO COLONIA RESIDENTS THROUGH THEIR MOBILE CLINIC THE MOBILE CLINIC WAS AVAILABLE TO COLONIA RESIDENTS TWICE A MONTH A PHYSICIAN WAS AVAILABLE ON SITE FOR CHECKUPS, PRESCRIPTIONS AND REFERRALS IF PARTICIPANTS REQUIRED FURTHER MEDICAL CARE, THEY WERE PROVIDED WITH A FOLLOW-UP APPOINTMENT AT THE ASHLEY CLINIC METHODIST HEALTHCARE MINISTRIES CONTRIBUTED BY ASSIGNING ONE COUNSELOR AND A WESLEY NURSE THE COUNSELOR WAS AVAILABLE IN THE COLONIAS ONCE A WEEK AND WOULD PROVIDE COUNSELING SERVICES BY APPOINTMENT THE WESLEY NURSE WOULD GO OUT TO THE COLONIAS WITH THE PROMOTORA, FACILITATING SESSIONS ON GENERAL AND MENTAL HEALTH TOPICS AISE PROVIDED AN OFFICE FOR THE COUNSELOR FROM METHODIST HEALTHCARE MINISTRIES TO HOLD COUNSELING SESSIONS SPACE WAS ALSO AVAILABLE FOR MIGRANT HEALTH PROMOTION'S PROMOTORA TO FACILITATE HEALTH EDUCATION SESSIONS AND HOLD PHYSICAL ACTIVITY CLASSES ARISE ALSO ASSISTED THE PROMOTORA IN ORGANIZING HEALTH FAIRS AND REMINDING THE COMMUNITY OF THE COUNSELOR AND MOBILE CLINIC SCHEDULES

Identifier	Return Reference	Explanation
ALL OTHER ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4D	VARIOUS

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	FORM 990, PART VI	11A THE INFORMATION CONTAINED IN FORM 990 IS COMPILED BY THE DIRECTOR OF BUSINESS AND OPERATIONS WITH ASSISTANCE FROM VARIOUS PROGRAM MANAGERS THE FORM ALONG WITH SCHEDULES IS THEN FORWARDED TO THE CEO FOR FINAL REVIEW PRIOR TO FILING 12A YES, MIGRANT HEALTH PROMOTION, INC HAS A WRITTEN CONFLICT OF INTEREST POLICY THAT IS REVIEWED ANNUALLY AND GIVEN TO NEW BOARD MEMBERS UPON ORIENTATION 12C THE BOARD SHALL REGULARLY AND CONSISTENTLY MONITOR AND ENFORCE COMPLIANCE WITH THIS POLICY BY REVIEWING ANNUAL STATEMENTS AND TAKING SUCH OTHER ACTIONS AS ARE NECESSARY FOR EFFECTIVE OVERSIGHT 13 YES, MIGRANT HEALTH PROMOTION, INC HAS A WRITTEN WHISTLE-BLOWER POLICY 14 YES, MIGRANT HEALTH PROMOTION, INC HAS A WRITTEN DOCUMENT RETENTION AND DESTRUCTION POLICY 19 FINANCIAL STATEMENTS AND POLICIES THAT GOVERN THE ORGANIZATION ARE AVAILABLE UPON REQUEST AT THE REQUESTORS EXPENSE MIGRANT HEALTH PROMOTION, INC WILL SET A REASONABLE TIME LINE TO MEET THE REQUEST

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	THE BOARD HAS ESTABLISHED A POLICY FOR REVIEWING THE FORM 990 PRIOR TO FILING WITH THE IRS. THE INFORMATION CONTAINED IN FORM 990 IS COMPILED BY THE DIRECTOR OF BUSINESS AND OPERATIONS WITH ASSISTANCE FROM VARIOUS PROGRAM MANAGERS. THE FORM, ALONG WITH SCHEDULES, IS THEN FORWARDED TO THE CEO FOR REVIEW. AFTER REVIEW BY THE CEO IT IS FORWARDED TO THE BOARD FOR REVIEW AND APPROVAL BY MAJORITY VOTE. ONCE APPROVED BY THE BOARD, THE FORM 990 IS SIGNED BY THE CEO.

Identifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	ANNUAL DISCLOSURE OF CONFLICTS OF INTEREST REQUIRED BY ALL EMPLOYEES CONFLICTS ALSO MONITORED THROUGH WHISTLEBLOWER POLICY

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	THE CEO'S SALARY IS SET BY THE BOARD BASED ON INDUSTRY STANDARD THIS INFORMATION IS OBTAINED FROM VARIOUS SOURCES INCLUDING THE DEPARTMENT OF LABOR AND OTHER NON-PROFIT RESOURCES. ADJUSTMENTS TO PAY FOR ALL POSITIONS ARE MADE AS NEEDED, BUDGET PERMITTING, INCLUDING THE TOP OFFICIAL.

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	THE MIGRANT HEALTH PROMOTION, INC SENIOR LEADERSHIP TEAM ANNUALLY REVIEWS COMPENSATION COMPARISON INFORMATION TO DETERMINE THAT RATES OF PAY ARE ADEQUATE AND IN LINE WITH SIMILAR POSITIONS THIS INFORMATION IS OBTAINED FROM VARIOUS SOURCES INCLUDING THE DEPARTMENT OF LABOR AND OTHER NON-PROFIT RESOURCES ADJUSTMENTS TO PAY FOR ALL POSITIONS ARE MADE AS NEEDED, BUDGET PERMITTING

Identifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST