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

Short Form
Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
 (except black lung benefit trust or private foundation)
 Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
 The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150
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: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HISPANIC LEADERSHIP DEVELOPMENT FOUNDATION % THE ORGANIZATION Number and street (or P O box, if mail is not delivered to street address) Room/suite 200 E GRAYSON ST STE 203 City or town, state or country, and ZIP + 4 SAN ANTONIO, TX 78215	D Employer identification number 74-2956228 E Telephone number (210) 225-0462 F Group Exemption Number
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G Accounting method Cash Accrual Other (specify) _____

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

I Website: N/A

J Tax-Exempt status (check only one) 501(c)(3) 501(c)() (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 124,236

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	124,236
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events	6	
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c	Less direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	124,236	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	0
	13	Professional fees and other payments to independent contractors	13	850
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	125,958
17	Total expenses. Add lines 10 through 16	17	126,808	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-2,572
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	83,895
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	81,323

Part II **Balance Sheets**

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

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	104,805	22 27,239
23 Land and buildings	2,801	23 0
24 Other assets (describe in Schedule O)	2,600	24 54,084
25 Total assets	110,206	25 81,323
26 Total liabilities (describe in Schedule O)	26,311	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	83,895	27 81,323

Part III **Statement of Program Service Accomplishments**

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

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

What is the organization's primary exempt purpose?

TO PROVIDE A NUMBER OF ACTIVITIES TO INCREASE ECONOMIC AND COMMUNITY DEVELOPMENT OPPORTUNITIES FOR SMALL, MINORITY & WOMEN-OWNED BUSINESSES AND MINORITY YOUTH IN SAN ANTONIO, TEXAS

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 STEM (SCIENCE, TECHNOLOGY, ENGINEERING, MATH) EXPO EVENT - THE MISSION OF THE CORE4 STEM CONFERENCE IS TO INSPIRE AND MOTIVATE STUDENTS TO PURSUE CAREERS IN THE STEM FIELDS. IN 2011, THE 2ND ANNUAL STEM EXPO HOSTED OVER 7,500 MIDDLE SCHOOL STUDENTS AT A TWO-DAY STEM CONFERENCE WHICH CONSISTED OF BOB BALLARD'S DREAM TOUR, BREAKOUT SESSIONS, AND EXHIBITORS FROM VARIOUS CORPORATIONS, GOVERNMENTAL AGENCIES, AND COLLEGES/UNIVERSITIES. BOTH THE SAN ANTONIO HISPANIC CHAMBER OF COMMERCE AND THE HISPANIC LEADERSHIP DEVELOPMENT FOUNDATION HAVE INVESTED VALUABLE RESOURCES TO DEVELOP A NEW AND SUCCESSFUL STEM INITIATIVE. THIS YEAR-LONG PROGRAM FOCUSES ON THE DUAL GOALS OF DECREASING THE TIDE OF HIGH SCHOOL DROPOUTS WHILE INCREASING EFFORTS TO EXPOSE HIGH SCHOOL AND MIDDLE SCHOOL STUDENTS TO COLLEGE AND CAREER OPPORTUNITIES IN THE STEM FIELDS. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	105,525
29 ALEX BRISENO LEADERSHIP DEVELOPMENT PROGRAM-SUCCESSFULLY BUILDING AND ENHANCING THE DEVELOPMENT OF PERSONAL AND PROFESSIONAL LEADERSHIP SKILLS AND PROMOTING ACTIVE ENGAGEMENT OF PARTICIPANTS IN PUBLIC AND CIVIL SERVICE (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	19,200
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	124,725

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

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

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

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

Form 990-EZ (2011) questions 33-45b regarding significant activities, changes, income, expenditures, loans, and controlled entities.

Table with columns for question number, Yes, and No, corresponding to questions 33 through 45b.

	Yes	No
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46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

46		No
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Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.
 All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.
 Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
--	-----	----

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

49b If "Yes," was the related organization a section 527 organization?

47		No
48		No
49a		No
49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

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

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

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

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

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

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

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

Sign Here	***** Signature of officer	2012-11-02 Date
	RAMIRO CAVAZOS PRESIDENT/CEO Type or print name and title	

Paid Preparer's Use Only	Preparer's signature ▶ Joy Reiner	Date	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ BDO USA LLP 40 NE Loop 410 Suite 200 San Antonio, TX 78216			EIN ▶ Phone no ▶ (210) 342-8000

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

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
HISPANIC LEADERSHIP DEVELOPMENT FOUNDATION

Employer identification number

74-2956228

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.")	21,555	45,800	290,150	40,490	124,236	522,231
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	21,555	45,800	290,150	40,490	124,236	522,231
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)						308,353
6 Public Support. Subtract line 5 from line 4						213,878

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	21,555	45,800	290,150	40,490	124,236	522,231
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11			491		502
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				3,340		3,340
11 Total support (Add lines 7 through 10)						526,073
12 Gross receipts from related activities, etc. (See instructions)					12	

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 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	40.656 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	26.740 %

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

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
HISPANIC LEADERSHIP DEVELOPMENT FOUNDATION

Employer identification number

74-2956228

Identifier	Return Reference	Explanation
FORM 990-EZ, PART V	INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS	THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT
OTHER EXPENSES SCHEDULE	FORM 990EZ PART I LINE 16	Description STEM EXPO EXPENSES Amount 105525
OTHER EXPENSES SCHEDULE	FORM 990EZ PART I LINE 16	Description ALEX BRISENO LEADERSHIP DEVELOPMENT PROGRAM Amount 19200

Additional Data**Software ID:****Software Version:****EIN:** 74-2956228**Name:** HISPANIC LEADERSHIP DEVELOPMENT FOUNDATION**Form 990-EZ, Special Condition Description:****Special Condition Description****Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
EDDIE ALDRETE 200 E GRAYSON ST STE 203 SAN ANTONIO, TX 78215	CHAIRMAN OF THE BOARD 5 0	0	0	0
NORMA MARTINEZ LOZANO 200 E GRAYSON ST STE 203 SAN ANTONIO, TX 78215	IMMEDIATE PAST CHAIR 3 0	0	0	0
RAUL LOMELI 200 E GRAYSON ST STE 203 SAN ANTONIO, TX 78215	CHAIR - ELECT 2012 3 0	0	0	0
DONALD J GONZALES 200 E GRAYSON ST STE 203 SAN ANTONIO, TX 78215	CHAIR - ECONOMIC DEV 3 0	0	0	0
NOAH GARCIA 200 E GRAYSON ST STE 203 SAN ANTONIO, TX 78215	CHAIR - FINANCE/TREASURER 5 0	0	0	0
ALBERT CARRISALEZ 200 E GRAYSON ST STE 203 SAN ANTONIO, TX 78215	CHAIR - LEADERSHIP DEV 3 0	0	0	0
JESSE J HEREFORD 200 E GRAYSON ST STE 203 SAN ANTONIO, TX 78215	CHAIR - GOV'T AFFAIRS 3 0	0	0	0
SONYA E MEDINA WILLIAMS 200 E GRAYSON ST STE 203 SAN ANTONIO, TX 78215	CHAIR - COMMUNICATIONS 3 0	0	0	0
JOHNNY HERNANDEZ 200 E GRAYSON ST STE 203 SAN ANTONIO, TX 78215	SECRETARY 3 0	0	0	0
JORGE HERRERA 200 E GRAYSON ST STE 203 SAN ANTONIO, TX 78215	LEGAL ADVISOR 3 0	0	0	0
LOUIS BARRIOS 200 E GRAYSON ST STE 203 SAN ANTONIO, TX 78215	CHAIR - EDUCATION COMMITTEE 3 0	0	0	0
ANITA URIBE MARTIN 200 E GRAYSON ST STE 203 SAN ANTONIO, TX 78215	CHAIR - SMALL BUSINESS 3 0	0	0	0
THE HONORABLE ARMANDO ORTIZ ROCHA 200 E GRAYSON ST STE 203 SAN ANTONIO, TX 78215	HONORARY CHAIR 3 0	0	0	0
THE HONORABLE HOPE ANDRADE 200 E GRAYSON ST STE 203 SAN ANTONIO, TX 78215	CHAIR ADVISOR 3 0	0	0	0
FERNANDO REYES 200 E GRAYSON ST STE 203 SAN ANTONIO, TX 78215	CHAIR ADVISOR 3 0	0	0	0

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
JOANN BOONE 200 E GRAYSON ST STE 203 SAN ANTONIO, TX 78215	DIRECTOR 3 0	0	0	0
BRUCE BOWEN 200 E GRAYSON ST STE 203 SAN ANTONIO, TX 78215	DIRECTOR 3 0	0	0	0
EDUARDO BRAVO 200 E GRAYSON ST STE 203 SAN ANTONIO, TX 78215	DIRECTOR 3 0	0	0	0
JOSEPH CARRIZALES 200 E GRAYSON ST STE 203 SAN ANTONIO, TX 78215	DIRECTOR 3 0	0	0	0
ELISA CHAN 200 E GRAYSON ST STE 203 SAN ANTONIO, TX 78215	DIRECTOR 3 0	0	0	0
DR CHARLES COTRELL 200 E GRAYSON ST STE 203 SAN ANTONIO, TX 78215	DIRECTOR 3 0	0	0	0
MARY ALICE CISNEROS 200 E GRAYSON ST STE 203 SAN ANTONIO, TX 78215	DIRECTOR 3 0	0	0	0
JOHN B DICKSON 200 E GRAYSON ST STE 203 SAN ANTONIO, TX 78215	DIRECTOR 3 0	0	0	0
JEANNE GARZA 200 E GRAYSON ST STE 203 SAN ANTONIO, TX 78215	DIRECTOR 3 0	0	0	0
JANE GONZALEZ 200 E GRAYSON ST STE 203 SAN ANTONIO, TX 78215	DIRECTOR 3 0	0	0	0
JIM GREENWOOD 200 E GRAYSON ST STE 203 SAN ANTONIO, TX 78215	DIRECTOR 3 0	0	0	0
VALERIE GONZALEZ-HANDLY 200 E GRAYSON ST STE 203 SAN ANTONIO, TX 78215	DIRECTOR 3 0	0	0	0
CARLOS PENALOZA 200 E GRAYSON ST STE 203 SAN ANTONIO, TX 78215	DIRECTOR 3 0	0	0	0
ROBERT PUENTE 200 E GRAYSON ST STE 203 SAN ANTONIO, TX 78215	DIRECTOR 3 0	0	0	0
ERIKA PROSPER 200 E GRAYSON ST STE 203 SAN ANTONIO, TX 78215	DIRECTOR 3 0	0	0	0

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
GAVINO RAMOS 200 E GRAYSON ST STE 203 SAN ANTONIO, TX 78215	DIRECTOR 3 0	0	0	0
JULIA RENDON 200 E GRAYSON ST STE 203 SAN ANTONIO, TX 78215	DIRECTOR 3 0	0	0	0
BEN RODRIGUEZ 200 E GRAYSON ST STE 203 SAN ANTONIO, TX 78215	DIRECTOR 3 0	0	0	0
DANNY SAENZ 200 E GRAYSON ST STE 203 SAN ANTONIO, TX 78215	DIRECTOR 3 0	0	0	0
DR CATHY STARNES 200 E GRAYSON ST STE 203 SAN ANTONIO, TX 78215	DIRECTOR 3 0	0	0	0
REY SALINAS 200 E GRAYSON ST STE 203 SAN ANTONIO, TX 78215	DIRECTOR 3 0	0	0	0
JACKIE RUTLEDGE 200 E GRAYSON ST STE 203 SAN ANTONIO, TX 78215	DIRECTOR 3 0	0	0	0
KEVIN VOELKEL 200 E GRAYSON ST STE 203 SAN ANTONIO, TX 78215	DIRECTOR 3 0	0	0	0
DAVID ZAMMIELLO 200 E GRAYSON ST STE 203 SAN ANTONIO, TX 78215	DIRECTOR 3 0	0	0	0
RAMIRO CAVAZOS 200 E GRAYSON ST STE 203 SAN ANTONIO, TX 78215	PRESIDENT & CEO 50 0	0	0	0