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**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)

OMB No. 1545-1150

2011

**Open to Public
Inspection**

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

▶ 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.

A For the 2011 calendar year, or tax year beginning **2011**, and ending **20**

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

C Name of organization: **PURESA HUMANITARIAN CORP**

D Employer identification number: **90-0509285**

E Telephone number: **(561) 826-7401**

F Group Exemption Number: **▶**

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: **WWW.PURESAHUMANITARIAN.ORG**

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 **▶ \$ 81,967**

SCANNED JUN 16 2014

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. <input type="checkbox"/>	
REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	81,967
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments <i>R.V.</i>	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	
	5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c Less: direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
7c 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	81,967	
EXPENSES	10 Grants and similar amounts paid (list in Schedule O)	10	18,880
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits <i>Received EOCA</i>	12	17,625
	13 Professional fees and other payments to independent contractors	13	15,465
	14 Occupancy, rent, utilities, and maintenance <i>JUN 02 2014</i>	14	
	15 Printing, publications, postage, and shipping	15	686
	16 Other expenses (describe in Schedule O) <i>IRS OGDEN RECEIVED</i>	16	29,392
17 Total expenses. Add lines 10 through 16	17	82,048	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-81	
NET ASSETS	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	154
	20 Other changes in net assets or fund balances (explain in Schedule O) <i>JUN 06 2014 FAST IRS OGDEN, UTA</i>	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	73

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2011)

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Part V Other Information (Note the Schedule A and personal benefit contract 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 with questions 33-45b and Yes/No columns. Includes questions about significant activity, changes to documents, gross income, political expenditures, borrowing, and tax shelter transactions.

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

	Yes	No
46		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

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

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 as 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?

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

	Yes	No
47		X
48		X
49a		X
49b		X

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 title of each employee paid more than \$100,000	(b) Title and Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
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
NONE		

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: *Giselle Meza* Date: May 27, 2014

Type or print name and title: **GISELLE MEZA PRESIDENT**

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶ HRB TAX GROUP INC			Firm's EIN ▶	
Firm's address ▶ TOWER AND SHOPPES AT THE SANCTUARY			Phone no. 561-750-5042	

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

PURESA HUMANITARIAN CORP

Employer identification number

90-0509285

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions--subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III--Functionally integrated
 - d Type III--Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).**
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (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?

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

(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									

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

Schedule A (Form 990 or 990-EZ) 2011

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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")				102,700	81,967	184,667
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				102,700	81,967	184,667
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.)						184,667

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				102,700	81,967	184,667
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.)				102,700	81,967	184,667

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 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.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization

PURESA HUMANITARIAN CORP

Employer identification number

90-0509285

PART 1 LINE 10: GRANTS

GRANT OF \$18,880 TO NEW HOPE CENTER, NEPAL

PART 1 LINE 16: OTHER EXPENSES

\$2,061 ANTI HUMAN TRAFFICKING EVENTS
\$2,863 RESCUED WOMEN DEVELOPMENT PROJECT SKILL TRAINING EXPENSES
\$2,639 NEPAL FIELD WORK EXPENSES
\$ 490 HOTEL
\$ 239 TRAVEL DOCUMENTS
\$ 716 BANK CHARGES
\$3,658 COMMUNICATIONS
\$ 200 FAIR TRADE MEMBERSHIP
\$2,240 VEHICLE EXPENSES
\$5,693 WEBSITE DESIGN AND SETUP
\$ 712 UTILITIES
\$1,287 PAYROLL TAXES
\$ 957 ACCOUNTING FEES
\$1,870 OFFICE SUPPLIES
\$2,381 MEALS
\$ 114 FLORIDA STATE CORPORATE ANNUAL REPORT
\$1,093 EXHIBITS

990 PRIMARY EXEMPT PURPOSE

Attachment 1: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2011 or tax period beginning	, and ending
Name of Organization PURESA HUMANITARIAN CORP	Employer Identification Number 90-0509285	

Primary Purpose
<p>PURESA HUMANITARIAN IS DEDICATED TO REACHING, RESCUING, RESTORING AND PROVIDING HOPE AND FREEDOM FOR WOMEN AND CHILDREN VICTIMS OF HUMAN TRAFFICKING AND SEXUAL SLAVERY. OUR HOLISTIC PROGRAM PROVIDES: 1) SAFE HOMES FOR CHILDREN; OFFERING A LOVING ATMOSPHERE, FOOD, MEDICAL CARE, BED, CLOTHES, EDUCATION, COUNSELING AND PRAYER. 2) PREVENTION AND RESCUE PROGRAM: OUR TEAM IS DEVOTED TO RESCUING INNOCENT TRAFFICKED CHILDREN AND EDUCATING AT-RISK FAMILIES ON THE IMMEDIATE DANGERS AND BEHAVIORS USED BY TRAFFICKERS 3) SKILLS TRAINING PROGRAMS FOR RESCUED WOMEN; CREATING OPPORTUNITY FOR INDEPENDENCE WITH SELF-SUSTAINABILITY THROUGH EMPLOYMENT, WHICH PURESA PROVIDES THROUGH THE MAKING OF OUR HANDMADE, ECO-FRIENDLY, FAIR TRADE FASHIONABLE PRODUCTS.</p>

990 PROGRAM SERVICE ACCOMPLISHMENT

Attachment 2: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2011 or tax period beginning	, and ending
Name of Organization PURESA HUMANITARIAN CORP		Employer Identification Number 90-0509285

Part III - Statement of Program Service Accomplishments			
Grants and allocations	18,880	Amount includes foreign grants <input checked="" type="checkbox"/>	Program service expenses 7,563
Exempt Purpose Achievements			
<p>PURESA HUMANITARIAN HAS OPENED ITS NEW HOPE NEPAL LIFE CENTER FOR CHILDREN RESCUED FROM HUMAN TRAFFICKING AND SEXUAL SLAVERY. TO DATE, OUR TEAM HAS RESCUED 50 CHILDREN. PURESA HUMANITARIAN HAS PROVIDED SKILLS TRAINING AND EMPLOYMENT FOR UP TO 300 RESCUED WOMEN. THROUGH OUR PREVENTION PROGRAM, WE HAVE REACHED AND PROVIDED EDUCATION AND AWARENESS ON HUMAN TRAFFICKING TO 20,000 FAMILIES THROUGHOUT NEPAL. OUR ORGANIZATION OPERATES AND MOBILIZES IN ORDER TO SUPPORT THE CONTINUED ASSISTANCE NEEDED FOR THESE SURVIVORS TO ACHIEVE A NEW LIFE. PURESA HUMANITARIAN PRESSES FORWARD WITH A PASSION FOR HEALING BROKEN LIVES. THE ECONOMIC OPPROTUNITY WE PROVIDE FOR OUR RESCUED WOMEN HELPS DIMINISH THEIR RISK OF RE-VICTIMIZATION, AND WILL HELP BREAK THE CYCLE OF HUMAN EXPLOITATION AND MODERN DAY SLAVERY.</p>			

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 3: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2011 or tax period beginning _____, and ending _____
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Name of Organization PURESA HUMANITARIAN CORP	Employer Identification Number 90-0509285
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(A) Name and Title	(B) Average hours per week devoted to position	(C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(D) Cont. to employee ben. plans & def comp.	(E) Expense account & other compensation
GISELLE MEZA 5970 SW 18TH ST SUITE 102 Boca Raton, FL 33433 See Comp. Expl. #1	FOUNDER/PRESI 60.00	21,014	1,125	0

990 COMPENSATION EXPLANATION

Attachment 4: page 1 - 990-EZ Page 2, Part IV, Officer Compensation Explanation

Open to Public Inspection

For Calendar year 2011, or tax year period beginning and ending

Name of Organization

PURESA HUMANITARIAN CORP

Employer Identification Number

90-0509285

Name	Explanation
Officer Comp. Expln. #1 GISELLE MEZA	PAID A SALARY IN 2011 AND ALSO PAID AS AN INDEPENDENT CONTRACTOR.

990 BOOKS ARE IN CARE OF

Attachment 5 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection For calendar year 2011 or tax period beginning , and ending

Name of Organization PURESА HUMANITARIAN CORP Employer Identification Number 90-0509285

Part V - Line 42a

Individual Name GISELLE MEZA

or

Business Name:

Street Address 5970 SW 18TH ST SUITE 102

U.S. Address:

Zip code 33433 City Boca Raton State FL

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number (561)479-9701

Fax Number