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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2011

Open to Public

Department of the Treasury Internal Revenue Service

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

	nal Revenu	ne Treasury e Service	► The organization	n may have to	use a copy of this	return to satisf	fy state rep	orting requi	rements.	Insped	ction	
A	For the 2	2011 cale	ndar year, or tax year l	beginning		, 2011 , a	nd ending			, 20		
В	Check if a	pplicable [.]	C Name of organization	speranza Int	ternational Found	lation			D Employ	er identification	number	
	Address c	hange	Doing Business As ES	peranza						91-1585511		
	Name cha	nge	Number and street (or P	O box if mail is	s not delivered to stre	eet address)	Room/suite	•	E Telepho	ne number		
	Initial retui	m	13219 NE 20th Street				20	08		425-451-4359		
	Terminate	d	City or town, state or co	untry, and ZIP	+ 4							
	Amended	return	Bellevue, WA 98005		G Gross re	eceipts \$	1,940,623					
	Applicatio	n pending	F Name and address of pri	ncipal officer	David Valle			H(a) is this	a group return	for affiliates? 🔲 Ye	s 🗹 No	
			same as above					H(b) Are a	dl affiliates ir	ncluded? 🗌 Ye	xs □No	
ī	Tax-exem	pt status	√ 501(c)(3)	501(c) () ◀ (insert no) [4947(a)(1) or	527	If "N	No," attach a	a list. (see instruct	ions)	
J	Website:	► ww	w.esperanza.org					H(c) Grou	p exemption	number >		
K	Form of or	ganızatıon	Corporation Trust	Association	n ☐ Other ►	L Yea	ar of formatio	n [.] 1992	M State	of legal domicile	WA	
P	art I	Summ	ary									
	1 E	Briefly de	escribe the organization	on's missior	n or most signific	ant activities:	The mis	sion of Es	peranza Ir	nternational is	to free	
_		children a	and their families from	poverty thro	ough initiatives th	at generate in	come, edu	ation and	health; re	storing self-we	orth	
Activities & Governance	-	and digni	ity to those who have I	ost hope.								
Ē	-											
Ş	2 (Check th	is box ▶ ☐ if the orga	anization dis	continued its op	erations or di	sposed of	more that	n 25% of	its net assets	•	
ğ			of voting members of		•				. 3		9	
ಶ	1		of independent voting	_			line 1b)		4	· · · · · · · · · · · · · · · · · · ·	8	
ij	l .		nber of individuals en	<i>f</i>	• •		•		. 5		4	
₹	1		nber of volunteers (es		-		, .		6		25	
Ă			elated business rever		• •				7a		0	
	1		lated business taxable					• • • •	7b		0	
	-	101 011101	atou buomicoo taxabii	Prior Y		Current '						
	8 (Contribut	tions and grants (Part		1,768,816		1,847,399					
Ę		Contributions and grants (Part VIII, line 1h)									0	
Revenue			ent income (Part VIII, o		0 147		135					
æ			venue (Part VIII, colum				· ·		234		- 23,404	
			enue—add lines 8 thro	-	1,769,197	1,624,13						
			nd similar amounts pa		· · · · · · · · · · · · · · · · · · ·		,		1,583,189		1,366,989	
	1		paid to or for membe			-	· ·		0		0	
	1		other compensation, e				5-10)		137,106		166,914	
Expenses	1		onal fundraising fees (· · · · · · ·		0		0	
Den	1		draising expenses (Pa		• •	·=·	· ·				_	
ă			penses (Part IX, colur				├─		51,433	<u></u>	64,064	
	1	-	penses. Add lines 13-			•	″ ⊢		1,771,728		1,597,967	
	1		less expenses. Subtr	•		11111 (A), 11116 23	"		-2,531		226,163	
- Se	+	ICVCITUE	icaa expensea. oubti	act line 10 i	ioni ine iz .	<u></u>	Be	ginning of C		End of Y		
ang sta	20	Fotal acc	ets (Part X, line 16)					 	174,577		428,193	
Asse	21		oilities (Part X, line 26)				· ·		5,040		20,478	
Net Assets	22 1		ts or fund balances. S			· · · · ·	· · ·		169,537		407,715	
	art II		ture Block	Bubli dot iii le	ET HOM INC EU	<u> </u>			100,007		407,713	
			ry, I declare that I have exa	imined this retu	ım ıncludına accomr	anvino echadulas	e and statem	ente and to	the best of s	my knowledge, as	d boliof, it is	
			lete. Declaration of prepare							ily kilowiedge al	d belief, it is	
_		1	31/0-	-						5-15-12		
Sig	an I	Skan	atore of officer					D:	ate	7 12		
He			AVI KIND	LLE	CET							
		100	or print name and title	LL-F	CEO			.				
_			pe preparer's name	Pr	eparer's signature		Date			- PTIN		
Pa				``	,				Check [self-emp	_J		
	eparer			<u> </u>				1_		,,,,,,,		
Us	e Only		· 						n's EIN ▶			
Ma	v the IP		address ▶ s this return with the	nrenarer ch	own above? (coo	instructions		. Pho	one no			
_	<u> </u>		ction Act Notice, see t			mondonons)		110001			990 (2011)	
FOI	raperw	urk neuu	iculon aci nouce, see t	ne separate	ii işir ucuons.		∪at No	11282Y		⊦om	33U (2011)	

Form 99	90 (2011) Page 2
Part	
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission: The mission of Esperanza International is to free children and their families from poverty through initiatives that generate income,
	education and health; restoring self-worth and dignity to those who have lost hope.
	education and nearly, restoring sen-worth and dignity to those who have lost hope.
	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	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.
4 a	(Code:) (Expenses \$ 1,430,521 including grants of \$ 1,366,989) (Revenue \$ 0) The main focus of Esperanza's program is microcredit, providing small loans to the very poor. Microcredit - a small loan averaging \$150 to start or expand the small business of a person living in poverty. This capital empowers the working poor with self- employment so they can invest in their business and use the profits to provide for the basic needs of their families. Esperanza services people who are not eligible for commercial loans or who are preyed upon by loan sharks who charge extreme interest rates. Esperanza charges 2% interest on the loan balance, which is paid every two weeks over a six month period. Being in charge of their own business and working to repay the loan by their own merit fosters dignity and self-worth. During 2011 Esperanza reached over 82,000 people through microcredit and provided almost 15,000 loans.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	•••••••••••••••••••••••••••••••••••••••
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	// // // // // // // // // // // // //
	•••••••••••••••••••••••••••••••••••••••

	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$
4e	Total program service expenses ▶ 1,430,521

Part	V Checklist of Required Schedules			
_	1 11		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		<u> </u>	
	candidates for public office? If "Yes," complete Schedule C, Part I	3		1
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>	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		<i>,</i>
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		√
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		√
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	10		•
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	./	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	•	✓
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		√
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	, =	<u> </u>
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		V
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		<u>·</u>
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		\
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	/	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		√
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	_	•
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III			
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		<u>/</u>
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>

Part	Checklist of Required Schedules (continued)		N	•••
04	District the description of the description of the second		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		✓
c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		✓
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		✓
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		√
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		✓
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30	✓	<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	-	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>·</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		<u>·</u> ✓
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		<u>√</u> ✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
38	Part VI	37	1	✓

Form 99	90 (2011) '			Page \$
Part	V Statements Regarding Other IRS Filings and Tax Compliance		_	
	Check if Schedule O contains a response to any question in this Part V			<u>. D</u>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	-		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			ļ
0-	reportable gaming (gambling) winnings to prize winners?	1c	-	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	İ		
_	Statements, filed for the calendar year ending with or within the year covered by this return 2a 4			ł
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	/	-
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		ł	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	_	/
b 40	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	40		1
b	If "Yes," enter the name of the foreign country:	4a		├ —
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	50	ŀ	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		1
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		 •
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	- 		
-	organization solicit any contributions that were not tax deductible?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	<u> </u>		<u>*</u>
	gifts were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			1
	and services provided to the payor?	7a	1	-
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	1	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		_	
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	_		
a	Did the organization make any taxable distributions under section 4966?	9a		<u> </u>
40 40	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		ļ
10	Section 501(c)(7) organizations. Enter:			1
a	Initiation fees and capital contributions included on Part VIII, line 12			
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b Section 501(c)(12) organizations. Enter:			
''a				
b	Gross income from members or shareholders			•
_	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	122		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			i
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	L	
_	Note. See the instructions for additional information the organization must report on Schedule O.	100		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	iee ins	struct	tions.
Secti	Check if Schedule O contains a response to any question in this Part VI	<u>···</u>	<u> </u>	. 🗸
	ion in develoring Dougland in charge in one		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b 2	Enter the number of voting members included in line 1a, above, who are independent . 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?	2	-	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5	<u> </u>	1
6 7a	Did the organization have members or stockholders?	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		√
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	1	
þ	Each committee with authority to act on behalf of the governing body?	8b	1	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9		✓
Secu	ion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
b	-	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			_
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	√	ļ
c	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12b	1	
13	Did the organization have a written whistleblower policy?	12c	√	
14	Did the organization have a written document retention and destruction policy?	14	√	├
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?		<u> </u>	
а	The organization's CEO, Executive Director, or top management official	15a	✓	
b		15b		1
16a	general designation of the particular of the par	-		
b	to transfer to the state of the	16a		1
Conti	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		-
17	List the states with which a copy of this Form 990 is required to be filed Washington			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(c)(3)s	only)
19	☑ Own website ☑ Another's website ☑ Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	f inter	est p	oolicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: ► Sandra Stull, 13219 NE 20th Street, Suite 208, Bellevue, WA 98005 425-451-4359	of the		

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor	(B)			(0	c) ition	-		(D)	(E)	(F)	
(A) Name and Title	Average hours per week	box, office	unles	s pe	rson	than on the structure of the structure o	an tee)	Reportable	Reportable compensation from related	Estimated	
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) David Valle											
Chairman	28	✓		✓		✓	<u> </u>	90,000	0	<u></u>	
(2) Nancy Cahill		_									
Secretary	1	✓		1				0	0		
(3) Stephen Brookshire		_		١.							
Treasurer	11	✓	ļ	✓	_		<u> </u>	0	0		
(4) Brian Holman				١.		1]			
Vice President	1	✓_		1				0	0		
(5) Joe Leininger Director	1	√						o	0		
(6) Omar Minaya				İ				•			
Director	1	✓						0	0		
(7) Victoria Valle											
Director	1	✓				<u> </u>		0	0		
(8) Carlos Pimentel											
Director	1	\		_				0	0		
(9) Peter Greer				1							
Director	1	1						0	0		
(10)											
(11)											
(12)				-							
(13)							-				
(14)											

Part	Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees			lighe	st C	ompensated E	mployees (continu	iea)		
	(A) Name and title	(B) Average hours per week	box, office	unles	Pos eck s pe d a d	rson	than out the state of the state	an lee)	(D) Reportable compensation from	(E) Reportab compensation related	- 1	am	(F) imated ount of other	
		(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-N		comp fro orga and	pensation the inization related nizations	1
(15)														
(16)												•		
(17)														
(18)														
(19)													-	
(20)														
(21)											_			
(22)														
(23)														
(24)														
(25)														
1b	Sub-total				•		•	>	90,000		0			0
C	Total from continuation sheets to Part			•	•		•	>	0 000		0			0
d	Total (add lines 1b and 1c)							► e) w	90,000 ho received ma	ore than \$1	00,000 00,000	of		0
	reportable compensation from the organi	zation ► 0												
3	Did the organization list any former of									est compe	nsated	1	Yes	No_
4	employee on line 1a? If "Yes," complete 3 For any individual listed on line 1a, is the	sum of re	portal	ole d	com	per	nsatio	n a	nd other comp	ensation fr	 om the	. 3		✓
	organization and related organizations Individual	greater that	an \$1	50,	000	? /i	"Ye:	s," 	complete Sch	edule J fo	r such	4		1
5	Did any person listed on line 1a receive of for services rendered to the organization									ation or ind	lividual			· /
Section	on B. Independent Contractors												<u>1</u>	
1	Complete this table for your five highest compensation from the organization. Repyear.													ix
	(A) Name and business add	ress	_						(B) Description of se	ervices		(C) Compens	ation	
N/A					_									
												_		
2	Total number of independent contractor received more than \$100,000 of compens							th		ove) who	 -			
	received infore than \$100,000 of compens	sation from	uie O	gar	ııza)	แดก			0					

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
8 8	1a	Federated campaigns 1a	198				
E Ž	ь	Membership dues 1b	0	1			
2 E	C	Fundraising events 1c	35,964		i		
its TA	d	Related organizations 1d	0			İ	
2, ₩	e	Government grants (contributions) 1e	0			1	
Sis	f	All other contributions, gifts, grants,					
夏	·		1,811,237				
買る	g	Noncash contributions included in lines 1a-1f: \$	44,984				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a–1f	,oo.	1,847,399			
			ss Code	1,017,000			
Program Service Revenue	2a			1			
چ	b					-	
9	C						
ڇَ	d						
Š	_						
듄	e	All other program service revenue .					
Ē	f		. ▶	0			
	<u>g</u> 3	Total. Add lines 2a–2f	nterest				
	٦	and other similar amounts)		125			425
		Income from investment of tax-exempt bond prod		135	0	0	135
	4	·	eeas	0	0	0	0
	5	Royalties	ersonal	9		U	0,
		<u>" </u>					
	6a	Gross rents					
	b	Less: rental expenses					
	اب C	Rental income or (loss) Net rental income or (loss)		-		_	-
	d		. ► Other	0	0	0	0
	7a	assets other than inventory	Outer				
	b	Less: cost or other basis					
		and sales expenses .					
	C	Gain or (loss)		_	_	_	
	đ	Net gain or (loss)	. ▶	0	0	0	0
er Revenue	8a	Gross income from fundraising events (not including \$ 35,964 of contributions reported on line 1c). See Part IV, line 18	48,105				
Othe	ь	Less: direct expenses b	71,509				
O		Net income or (loss) from fundraising events	. •	-23,404		o	-23,404
		Gross income from gaming activities. See Part IV, line 19 a					
	h	Less: direct expenses b	-				
		Net income or (loss) from gaming activities	. •	o	o	o	0
		Gross sales of inventory, less				· - ·····	
		returns and allowances a		ŀ			
	ь	Less: cost of goods sold b		1			
	_	Net income or (loss) from sales of inventory .	. ▶	o	o	o	0
	Ť		ss Code		-		`
	11a			1	ł		
	ь						
	c						
	ď	All other revenue					
	e	Total. Add lines 11a–11d	. ▶	0			
	12	Total revenue. See instructions	. •	1,824,130	0	0	-23,269

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 respon	se to any question	in this Part IX		$\overline{}$
	t include amounts reported on lines 6b, 7b, 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	0	0		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0	0		_
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	1,366,989	1,366,989		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	90,000	45,000	4,500	40,500
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	o	o	0	0
7		41,277	0	7,402	33,875
7		41,277	U	7,402	33,875
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	21,762	10,881	1,088	9,793
10	Payroll taxes	13,875	3,188	1,596	9,091
11	Fees for services (non-employees):				
a	Management	o	o	0	0
b	Legal	0	0	0	0
С	Accounting	15,722	0	15,722	0
d	Lobbying	0	0	0	0
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	300	0	300	
g g	Other	0	0	0	
12	Advertising and promotion	0	0	0	0
13	- · ·	11,991	0		_
	Office expenses	-		4,580	7,411
14	Information technology	. 0	0	0	0
15	Royalties	0	0	0	0
16	Occupancy	12,015	0	4,806	7,209
17	Travel	21,016	3,919	2,100	14,997
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings .	395	0	395	0
20	Interest	O	0	0	0
21	Payments to affiliates	_0	0	0	0
22	Depreciation, depletion, and amortization .	1,293	544	505	244
23	Insurance	1,132	0	1,100	32
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
a	State renewals	50	0	50	0
Ь	Membership	150	0	150	0
C					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,597,967	1,430,521	44,294	123,152
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)				

	art X	Balance Sheet	(A)		(B)
			Beginning of year		End of year
	1	Cash—non-interest-bearing	98,540	\vdash	295,68
	2	Savings and temporary cash investments	44,332	\vdash	42,31
	3	Pledges and grants receivable, net	8,095		67,02
- 1	4	Accounts receivable, net	12,500	4	12,00
ł	5	Receivables from current and former officers, directors, trustees, key			
]		employees, and highest compensated employees. Complete Part II of Schedule L	0	5	
	6	Receivables from other disqualified persons (as defined under section			· · · · · · · · · · · · · · · · · · ·
	•	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
2		employees' beneficiary organizations (see instructions)	o	6	
HSSells	7	Notes and loans receivable, net	0	7	•
₹	8	Inventories for sale or use	0	8	
ŀ	9	Prepaid expenses and deferred charges	5,166	9	5,42
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 17,620			
	b	Less: accumulated depreciation 10b 16,932	1,981	10c	68
	11	Investments—publicly traded securities	0	11	_
	12	Investments—other securities. See Part IV, line 11	0	12	
	13	Investments—program-related. See Part IV, line 11	0	13	
	14	Intangible assets	3,963	14	5,06
	15	Other assets. See Part IV, line 11	0	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	174,577	16	428,19
П	17	Accounts payable and accrued expenses	5,040	17	
ŀ	18	Grants payable	0	18	18,97
	19	Deferred revenue	0	19	
	20	Tax-exempt bond liabilities	0	20	
- 1	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0	21	
S	22	Payables to current and former officers, directors, trustees, key			
Liabilities		employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		~	
ᅙ	22	·	0	22	<u> </u>
-	23 24	Secured mortgages and notes payable to unrelated third parties	0	23	()
		Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third	U	24	1,50
	25	parties, and other liabilities not included on lines 17-24). Complete Part X	0		
		of Schedule D	U	05	!
	26	Total liabilities. Add lines 17 through 25	5,040	25 26	20.47
\dashv		Organizations that follow SFAS 117, check here ▶ ✓ and complete	5,040	20	20,47
S		lines 27 through 29, and lines 33 and 34.			
2	27	Unrestricted net assets	169,537	27	407.74
<u> </u>	28	Temporarily restricted net assets	0	28	407,71
0	29	Permanently restricted net assets	0	29	
	23	Organizations that do not follow SFAS 117, check here ▶ □ and		29	
Net Assets or Fund Balances		complete lines 30 through 34.		ŀ	
3	30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
₹	32	Retained earnings, endowment, accumulated income, or other funds .		32	
ě	33	Total net assets or fund balances	169,537	33	407,71
- 1	34	Total liabilities and net assets/fund balances	174,577	34	428,193

-orm 9	(2011)			Pa	ge 12
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI			<u></u>	V
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,86	9,114
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,59	7,967
3	Revenue less expenses. Subtract line 2 from line 1	3		22	6,163
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		16	9,537
5	Other changes in net assets or fund balances (explain in Schedule O)	5		1	2,015
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		40	7,715
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		<u> </u>	<u></u>	<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		İ		
	If the organization changed its method of accounting from a prior year or checked "Other," exp Schedule O.	olain in			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		✓
b	Were the organization's financial statements audited by an independent accountant?		2b		✓
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight			
	of the audit, review, or compilation of its financial statements and selection of an independent accou	ntant?	2c		✓
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	olain in			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the years usued on a separate basis, consolidated basis, or both:	ar were			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	orth in			-
	the Single Audit Act and OMB Circular A-133?		3a		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo such as required audit or audits, explain why in Schedule Q and describe any steps taken to undergo such as	_	3h		

Form **990** (2011)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545-0047 2011

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Employer identification number

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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 										
 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 										
 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 										
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:										
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 pudescribed in section 170(b)(1)(A)(vi). (Complete Part II.)	DIIC									
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)										
9 ☐ An organization that normally receives: (1) more than 331/₃% of its support from contributions, membership fees, and gr										
receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of										
support from gross investment income and unrelated business taxable income (less section 511 tax) from busines acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)	ses									
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	46									
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(2) or section 509(a)(2) or section 509(a)(2).										
509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.	.011									
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 pers	ons									
other than foundation managers and other than one or more publicly supported organizations described in section 509(a										
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?										
(ii) below the accoming had, of the companied accomination?	No_									
(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?										
	—									
organization (described on lines 1-9 in col. (i) listed in your the organization in organization in col support										
above or IRC section governing document? col (i) of your (i) organized in the support? U.S.?										
Yes No Yes No Yes No										
(A)	—									
(A) (B)										
										
(B)										
(B) (C)										

Sched	ule A (Form 990 or 990-EZ) 2011						Page 2
Par	(Complete only if you checked the Part III. If the organization fails to	e box on line	5, 7, or 8 of	Part I or if the	e organization	failed to qua)
Sect	ion A. Public Support						
Cale	ndar 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.")	1,385,484	1,778,916	1,004,817	1,768,816	1,847,399	7,785,432
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	a	0	0	0	0
4	Total. Add lines 1 through 3	1,385,484	1,778,916	1,004,817	1,768,816	1,847,399	7,785,432
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)						628,471
6	Public support. Subtract line 5 from line 4.						7,156,961
Sect	ion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	1,385,484	1,778,916	1,004,817	1,768,816	1,847,399	7,785,432
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	15.051	568	1,424	147	135	17,325
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	21,768	234	-23,404	-1,402
11	Total support. Add lines 7 through 10				-		7,801,355
			_,		+		

12	Gross receipts from r	elated activities, etc	. (see instructi	ons)			12	0
13	First five years. If th	e Form 990 is for th	ne organization	n's first, secor	id, third, fourth	n, or fifth tax ye	ear as a sec	tion 501(c)(3)
	organization, check the	nis box and stop he	re					▶ 🗀
Section C. Computation of Public Support Percentage								

ecu	on C. Computation of Public Support Percentage			
14	Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)	14	91.74	%
15	Public support percentage from 2010 Schedule A, Part II, line 14	15	87.70	%
16a	331/2% support test—2011. If the organization did not check the box on line 13, and line 14 is 331			
	box and stop here. The organization qualifies as a publicly supported organization		🕨	\square
b	331/28% support test-2010. If the organization did not check a box on line 13 or 16a, and line	15 is	331/3% 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, 16	•	•	

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

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

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

ochedule A (i	101111 330 OF 330-LZ) 2011						ray
Part III-	Support Schedule for Organiza	tions Descr	ribed in Sect	ion 509(a)(2)			
	(Complete only if you checked th	e box on line	e 9 of Part I o	r if the organ	ization failed	to qualify und	ler Part II.
	If the organization fails to qualify	under the te	sts listed bel	ow, please co	omplete Part	II.)	
Section /	A. Public Support	_	<u> </u>				
Calendar	year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total

	on A. r abiic oupport			1			
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	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 7a	Total. Add lines 1 through 5 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						
8 8	Add lines 7a and 7b						
Secti	on B. Total Support				1		
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	(4) -551	(=) = = = =	(0, 2000	(4) 2010	(6) 2011	(i) Total
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, check this box and stop her				, or fifth tax ye		
Secti	on C. Computation of Public Suppor	t Percentag	е				
15	Public support percentage for 2011 (line 8	, column (f) di	vided by line 1	3, column (f))		15	%
16	Public support percentage from 2010 Sch					16	%
Secti	on D. Computation of Investment Inc	come Perce	ntage			<u> </u>	
17	Investment income percentage for 2011 (I			y line 13, colui	nn (f))	17	%
18	Investment income percentage from 2010					18	%
19a	331/3% support tests-2011. If the organi	zation did not	check the box	on line 14, a	nd line 15 is m	ore than 331	3%, and line
	17 is not more than 331/3%, check this box a	and stop here .	The organization	on qualifies as	a publicly suppo	orted organiza	ation . > 🗆
b	331/3% support tests—2010. If the organization 18 is not more than 331/3%, check this b	ation did not c oox and stop h	heck a box on ere. The organ	line 14 or line 1 Ization qualifies	19a, and line 16 as a publicly si	is more than	331/3%, and
20	Private foundation. If the organization did						

	Form 990 or 990-EZ) 2011 Supplemental Information. Complete this part to provide the explanations required by Part II, line 10;	Page 4
Part IV	Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	_
Part II, line	e 10: other income is the net income/loss from our awareness/fundraising efforts (detailed on Form 990, Part VIII, line 8)	••••••
		·
•••••		
~		·
**********	***************************************	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Employer identification number Name of the organization **Esperanza International Foundation** 91-1585511 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. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate contributions to (during year) . 3 Aggregate grants from (during year) . . Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area Protection of natural habitat ☐ Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 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) 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958), 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 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 (ASC 958) relating to these items: **b** Assets included in Form 990, Part X .

Part								
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and of	her reco	rds, chec	k any of th	e follov	ving that are a	significant use of its
а	☐ Public exhibition		d	□loan	or exchang	a prod	mme	
b	Scholarly research							
C	☐ Preservation for future generations		•	☐ Other				
4	Provide a description of the organizations		and expl	ain how ti	hev further	the ord	anization's eve	mnt nurnose in Part
•	XIV.	ion a concellona i	and expir	2111 11OW to	ncy luttici	the org	garnzanon s exe	mpt purpose in r art
5	During the year, did the organization	solicit or receive	donation	s of art,	historical ti	reasure	s, or other simil	ar
	assets to be sold to raise funds rather	than to be mainta	ained as	part of the	e organizati	ion's co	ollection?	☐ Yes ☐ No
Part	IV Escrow and Custodial Arra	ngements. Co	mplete i	f the org	anization	answe	red "Yes" to F	orm 990, Part IV,
	line 9, or reported an amoun	t on Form 990,	Part X, Ii	ne 21.				
1a	Is the organization an agent, trustee,	custodian or oth	ner intern	nediary fo	or contribut	tions or	other assets n	ot
	included on Form 990, Part X?							☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa	art XIV and compl	ete the fo	ollowing to	able:			
		•		_			P	mount
С	Beginning balance					10		
d	Additions during the year					10		
е	Distributions during the year					16		
f	Ending balance					11		
2a	Did the organization include an amoun	it on Form 990, P	art X, line	21? .				☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa							
Par	V Endowment Funds. Complete	ete if the organiz	ation ar	swered	"Yes" to F	orm 9	90, Part IV, line	e 10.
		(a) Current year	(b) Pn	or year	(c) Two year	rs back	(d) Three years bac	k (e) Four years back
1a	Beginning of year balance							· ·
b	Contributions							
C	Net investment earnings, gains, and			-				
	losses							
d	Grants or scholarships			·				
е	Other expenditures for facilities and			_				
	programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the		nd balanc	e (line 1g	, column (a)) held :	as:	
a	Board designated or quasi-endowmen	ıt ▶	%					
b	Permanent endowment ▶	%						
С	Temporarily restricted endowment ▶							
_	The percentages in lines 2a, 2b, and 2							
3a	Are there endowment funds not in the	possession of the	ne organi	zation tha	at are held	and ad	ministered for the	
	organization by:							Yes No
	(i) unrelated organizations					• •		3a(i)
	(ii) related organizations					• •		3a(ii)
b	If "Yes" to 3a(ii), are the related organiz							3b
4 Dogg	Describe in Part XIV the intended uses							
Part		I	<u>_</u>	· ·				
	Description of property	(a) Cost or ot (investm			r other basis ther)		Accumulated epreciation	(d) Book value
1a	Land							_
b	Buildings							
C	Leasehold improvements							
d	Equipment				17,620		16,932	688
е	Other							
Total.	Add lines 1a through 1e. (Column (d) m	ust equal Form 9	90, Part 2	K, column	(B), line 10)(c).)		688

Part VII	Investments—Other Securities	. See Form 990, Part X,	line 12.	
(6	a) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year r	
(1) Financia	I derivatives			
(2) Closely-	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				<u> </u>
(E)				
(F)				
(G)				
(H)				
(I)				
	(b) must equal Form 990, Part X, col (B) line 12.)	10.5.000.5.1	1 10	
Part VIII	Investments—Program Related			
	(a) Description of investment type	(b) Book value	(c) Method of va Cost or end-of-year r	
_(1)				
(2)				· . <u> </u>
(3)				
(4)				
(5)				
(6)				
(7)				*****
_(8)		mt 1-15		
(9)				
(10)	Almost and Fam. 200 Part V and Million 101			<u>-</u>
	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. See Form 990, Pa	IT X, IIDE 15. i) Description		(h) Dook value
(4)		nj bescription		(b) Book value
(1)				
<u>(2)</u> <u>(3)</u>				
(4)				
(5)		···	*	
(6)	****		***************************************	
_(7)				3 - 4 -
(8)				
(9)				<u>-</u>
(10)				·
	ımn (b) must equal Form 990, Part X, c	ol. (B) line 15.)	· · · · · · · · · · ·	
Part X	Other Liabilities. See Form 990,			
1.	(a) Description of liability	(b) Book value		
(1) Federal	income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)			ļ	
(11)				
	(b) must equal Form 990, Part X, col. (B) line 25.)	<u> </u>	<u></u>	
73 EINI 40 /A	SC 740) Footpote In Part VIV provide	the touck of the feetenate to	Alex annoulled and a Consulation and a	

Total revenue (Form 990, Part VIII, column (A), line 12) Total expenses (Form 990, Part IX, column (A), line 12) Excess or (deficit) for the year. Subtract line 2 from line 1 Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses. Prior period adjustments Other (Describe in Part XIV.) Total adjustments (eight, Add lines 4 through 8 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 IT XIII Reconciliation of Revenue per Audited Financial Statements With Re Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments Donated services and use of facilities Recovenes of prior year grants Reconciliation of Expenses of part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) IT XIII Reconciliation of Expenses per Audited Financial Statements With E Total expenses and losses per audited financial statements Donated services and use of facilities Prior year adjustments Amounts included on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Cother losses Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part IX, line 7b Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part IX, line 7b Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part IX, line 18.) IT XIV Supplemental Information It IXIV Supplemental Information It IXIV Supplemental Information It IXIV Supplemental Information		nents	
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V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4 additional information.		3 4c	
additional information.		3 4c 5	
	es 1a and 4;	4c 5	
	es 1a and 4;	4c 5	
	es 1a and 4;	4c 5	
	es 1a and 4;	4c 5	
	es 1a and 4;	4c 5	
	es 1a and 4;	4c 5	
	es 1a and 4;	4c 5	
	es 1a and 4; 4b. Also cor	4c 5 Part IV, limplete thi	s part to provide
	es 1a and 4; 4b. Also cor	4c 5 Part IV, limplete thi	s part to provide

Scheaule D (For	m 990) 2011	Page 3
Part XIV	Supplemental Information (continued)	
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	•••••••••••••••••••••••••••••••••••••••	
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SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

► Attach to Form 990. ► See separate instructions.

20**11**

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Esperanza International Foundation

.

Employer identification number 91-1585511

Part	General Information Form 990, Part IV, line		es Outside t	the United States. Comp	olete if the organization answ	wered "Yes" to
1	For grantmakers. Does the assistance, the grantees' eli grants or assistance?	organization				☐Yes ☐No
2	For grantmakers. Describe assistance outside the Unite		he organizatio	on's procedures for monit	coring the use of its grants	s and other
3	Activities per Region. (The fo	llowing Part I	, line 3 table o	an be duplicated if addition	nal space is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)	·					
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Sub-total					
b	Total from continuation sheets to Part I					
С	Totals (add lines 3a and 3b)	1				

Page 2

Schedule F (Form 990) 2011

(1) (2) (3) (4)	section and EIN (if applicable)	grant	cash grant	casn disbursement	non-cash assistance	of non-cash assistance	(book, FMV, appraisal, other)
	Caribbean	General Support	1,361,989 EFT	EFT		N/A	N/A
	:						
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							

Page 3

Schedule F (Form 990) 2011

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance Part III Ξ (2) ල <u>4</u> <u>0</u> 9 <u>®</u> 6 (10) (11) (12) (13) (14) (12) E (16) Schedule F (Form 990) 2011

(17)

(18)

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

Part V	Supplemental Information Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No 1545-0047 2011

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection Employer identification number

Espe	anza International Foundation						·1585511
Par	Fundraising Activities Form 990-EZ filers are					form 990, Part IV,	line 17.
1	Indicate whether the organizati					heck all that apply.	
а	☐ Mail solicitations				ion of non-govern		
b	☐ Internet and email solicitation	one	f [ion of government		
	Phone solicitations	UIIS	<u>.</u>	_	_	-	
C	=		g L	_ Special	fundraising events		
d	☐ In-person solicitations						•
2a	Did the organization have a wr						
	or key employees listed in Form	•	-		•	-	
b	If "Yes," list the ten highest pa compensated at least \$5,000 b			draisers) p	ursuant to agreen	nents under which tr	ne fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No		·	
1							
2							-
3							
4							
5							
6	·						
7							
8							
9							
10							
Total 3	List all states in which the org registration or licensing.	anızation ıs regi	stered or lic	ensed to s	solicit contribution	s or has been notifi	ed it is exempt from
				· -			
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Pa	ırt II	Fundraising Events. Con than \$15,000 of fundraisin gross receipts greater tha	ng event contributions	on answered "Yes" to and gross income on	Form 990, Part IV, line Form 990-EZ, lines 1 a	18, or reported more and 6b. List events with
		3	(a) Event #1 Golf Tournament (event type)	(b) Event #2	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1	Gross receipts	84,069			84,069
æ	2	Less: Charitable contributions	35,964			35,964
	3	Gross income (line 1 minus line 2)	48,105			48,105
	4	Cash prizes	0			0
	5	Noncash prizes	44,984			44,984
enses	6	Rent/facility costs	16,925			16,925
Direct Expenses	7	Food and beverages	4,295			4,295
Dire	8	Entertainment	0			0
	9	Other direct expenses .	5,305			5,305
Pa	10 11 rit III	Direct expense summary. Ad Net income summary. Comb Gaming. Complete if the	oine line 3, column (d), a e organization answe	nd line 10		(71,509) -23,404 reported more
Revenue		than \$15,000 on Form 9	90-EZ, line 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other garning	(d) Total gaming (add col (a) through col (c))
<u> </u>	1	Gross revenue				_
enses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Dire	5	Rent/facility costs Other direct expenses .				-
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	☐ Yes%	
	7	Direct expense summary. Ac	dd lines 2 through 5 in c	olumn (d)		()
	8	Net gaming income summar	y. Combine line 1, colur	nn d, and line 7		
9	a Is	nter the state(s) in which the or the organization licensed to of "No," explain:	• • •	in each of these states		🗌 Yes 🗎 No
10		ere any of the organization's g "Yes," explain:	aming licenses revoked			? . Yes No

Schedu	le G (Form 990 or 990-EZ) 2011			Page 3
11 12	Does the organization operate gaming activities with nonmembers?			☐ No
	formed to administer charitable gaming?		☐ Yes	☐ No
13	Indicate the percentage of gaming activity operated in:			
а	The organization's facility	13a	_	<u>%</u>
b	An outside facility	13b		<u></u>
14	Enter the name and address of the person who prepares the organization's gaming/special events book records:	is and		
	Name ▶			
	Address►			·
15a	Does the organization have a contract with a third party from whom the organization receives g revenue?		☐ Yes	□ No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the	ne		
	amount of gaming revenue retained by the third party ▶ \$			
С	If "Yes," enter name and address of the third party:			
	Name ►			
	Address►			
16	Gaming manager information:			
	Name ►	·		
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceed			
_	retain the state gaming license?		☐ Yes	☐ No
	Enter the amount of distributions required under state law to be distributed to other exempt organization spent in the organization's own exempt activities during the tax year ▶ \$			
Part	Supplemental Information. Complete this part to provide the explanations required by columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. A	⊃art I, Iso co	line 2b, mplete th	nis
	part to provide any additional information (see instructions).			
		•		
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

20**11**

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990. Part IV. lines 29 or 30. Attach to Form 990.

Name of the organization **Esperanza International Foundation** Employer identification number 91-1585511

Part I Types of Property (c) (a) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art-Works of art 2 Art - Historical treasures . . 3 Art - Fractional interests . . Books and publications . . . 5 Clothing and household goods 43,531 retail 6 Cars and other vehicles . . . Boats and planes 7 8 Intellectual property a Securities-Publicly traded . . 10 Securties—Closely held stock . 11 Securities-Partnership, LLC, or trust interests 12 Securities-Miscellaneous . . 13 Qualified conservation contribution-Historic structures 14 Qualified conservation contribution-Other . . . 15 Real estate-Residential . . . Real estate-Commercial . . 16 Real estate-Other 17 18 Collectibles 19 Food inventory 1,453 retail & cost 20 Drugs and medical supplies . . 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts . . . Other► (25 Other ► (26 27 28 Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be 30a **b** If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any non-standard 31 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a If "Yes," describe in Part II. 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

describe in Part II.

Schedule M (F	Form 990) (2011)	Page 2
Part II	Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information	32b,
		
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••••		
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••••••		
		•••••
- 		

SCHEDULE O '(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2011

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization 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.

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OMB No 1545-0047

Esperanza international Foundation	91-1585511
Form 990, Part VI, line 2; there is a family relationship between the founders of the organization.	
Form 990, Part VI, line 11a; a copy of the 990 was emailed to each board member to review.	
Form 990, Part VI, line 12c; an interested person must disclose the existence of the financial interest a	nd be given the opportunity to
disclose all material facts to the directors considering the proposed transaction or arrangement. This	s policy is reviewed and discussed
at each board meeting.	
Form 990, Part VI, line 15a; the compensation review of the CEO was conducted by two members of the	e board using comparability data
and discussions with board members of comparable size organizations.	
Form 990, Part VI, line 15b; the CEO is the only paid officer, there are no key employees.	
Form 990, Part VI, line 19; copies are available in the office for review.	
Form 990, Part VII, line 1a, #8; Carlos Pimentel was promoted to President of Esperanza International I	Foundation on December 3, 2010.
Carlos oversees the program in the Dominican Republic and Haiti.	
Form 990, Part XI, line 5; donated office space is not included in Part VIII revenue calculations.	
Form 990, Part XII, line 2 a-c; Esperanza's financial statements for 2011 were not reviewed or audited p	orior to completing this return. It is
our intention to have an audit by September 2012.	······································
