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Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

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

- Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)  
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

OMB No 1545-1150

**2011****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

<b>A</b> For the 2011 calendar year, or tax year beginning <b>Mar 01, 2011</b> , and ending <b>Feb 28, 2012</b>	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>ECUADORIAN VOLUNTEERS ASSOCIATION (E V A)</b> Number and street (or P O box, if mail is not delivered to street address) Room/suite <b>1408 RIDGELY COURT</b> City or town, state or country, and ZIP + 4 <b>NAPERVILLE IL 60540</b>
<b>D</b> Employer identification number <b>31-1777253</b>	
<b>E</b> Telephone number <b>630-740-3039</b>	
<b>F</b> Group Exemption Number <b>►</b>	
<b>G</b> Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) <b>►</b>	
<b>H</b> Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
<b>I</b> Website: <b>►</b>	
<b>J</b> Tax-exempt status (check only one) - <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	

**K** Check ☐ if the organization is not a section 509(a)(3) supporting 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 **► \$ 54,670.**

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	15,384.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	2,300.
	4	Investment income	4	14.
	5 a	Gross amount from sale of assets other than inventory	5 a	
	b	Less cost or other basis and sales expenses	5 b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5 c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6 a	
	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 exceed \$15,000)	6 b	36,972.
c	Less direct expenses from gaming and fundraising events	6 c	11,883.	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6 d	25,089.	
Expenses	7 a	Gross sales of inventory, less returns and allowances	7 a	
	b	Less cost of goods sold	7 b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7 c	
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	42,787.
	10	Grants and similar amounts paid (list in Schedule O)	10	46,160.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
Net Assets	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	1,465.
	16	Other expenses (describe in Schedule O)	16	
	17	Total expenses. Add lines 10 through 16	17	47,625.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(4,838.)	
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	16,739.	
20	Other changes in net assets or fund balances (explain in Schedule O)	20		
21	Net assets or fund balances at end of year Combine lines 18 through 20	21	11,901.	

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2011)

BCA

US990EZ1

6

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05-2012

FRESNO, CA

500



**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions forPart V) Check if the organization used Schedule O to respond to any question in this Part V. ☐

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a</b> 0		
b Did the organization file Form 1120-POL for this year?		
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved <b>38b</b>		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 <b>39a</b>		
b Gross receipts, included on line 9, for public use of club facilities <b>39b</b>		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41 List the states with which a copy of this return is filed <b>IL</b>		
42a The organizations books are in care of <b>JOSE G FALCON</b> Telephone no <b>773-743-6232</b>		
Located at <b>2540 W ESTES AVE IL CHICAGO</b> ZIP + 4 <b>60645</b>		
b 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)?		X
If "Yes," enter the name of the foreign country		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year <b>43</b>		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		X

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

	Yes	No
47		X
48		X
49a		X
49b		

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?

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"

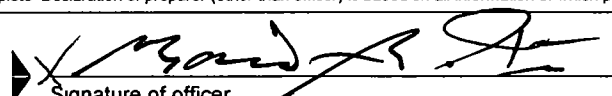
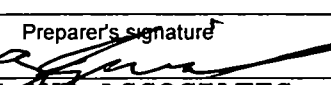
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

f 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			04/28/2012			
	Signature of officer MARCO PENA		Date			
	Type or print name and title SECRETARY					
Paid Preparer Use Only	Print/Type preparer's name GLADYS R WILSON CPA M		Preparer's signature 	Date 04/28/2012	Check <input type="checkbox"/> if self-employed	PTIN P00207571
	Firm's name GLADYS R WILSON AND ASSOCIATES			Firm's EIN 36-3708260		
	Firm's address 3439 N HARLEM AVE CHICAGO IL 60634-			Phone no 773-286-2135		

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section  
4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization

ECUADORIAN VOLUNTEERS ASSOCIATION

Employer identification number

31-1777253

**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)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s)

(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	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 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")	60064.	45158.	45658.	55921.	54656.	261457.
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	60064.	45158.	45658.	55921.	54656.	261457.
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)						261457.

**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	60064.	45158.	45658.	55921.	54656.	261457.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	65.	143.	19.	9.	14.	250.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	65.	143.	19.	9.	14.	250.
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)	60129.	45301.	45677.	55930.	54670.	261707.

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	99.90	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	99.89	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	0.10	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	0.11	%

- 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 G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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**

**Open to Public  
Inspection**

Name of the organization

ECUADORIAN VOLUNTEERS ASSOCIATION

Employer identification number

31-1777253

**Part I**

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17

Form 990-EZ filers are not required to complete this part

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

**a** ☐ Mail solicitations

**b** ☐ Internet and email solicitations

**c** ☐ Phone solicitations

**d** ☐ In-person solicitations

**e** ☐ Solicitation of non-government grants

**f** ☐ Solicitation of government grants

**g** ☐ Special fundraising events

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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						
<b>Total</b>						

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing



**Part II**

**Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		ANNUAL BANQ (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	36,972.			36,972.
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	36,972.			36,972.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	11,883.			11,883.
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d)				11,883.
	11 Net income summary Combine line 3, column (d), and line 10				25,089.

**Part III**

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes <u>0.0%</u> No	Yes <u>0.0%</u> No	Yes <u>0.0%</u> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				
	8 Net gaming income summary Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? . . . . . ☐ Yes ☐ No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . . ☐ Yes ☐ No

b If "Yes," explain: \_\_\_\_\_



Department of the Treasury  
Internal Revenue Service

**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

ECUADORIAN VOLUNTEERS ASSOCIATION

Employer identification number

31-1777253

SEE ATTACHED LIST OF OTHER PROGRAM SERVICE ACCOMPLISHMENTS

**ECUADORIAN VOLUNTEERS ASSOCIATION (E.V.A.) 2011  
ATTACHMENT TO FORM 990-EZ AD: 31-1777253  
STATEMENT OF OTHER PROGRAM SERVICE ACCOMPLISHMENTS  
Fiscal Year 3/1/2011 To 2/29/2012**

**INSTITUTO JOSE MARTI**

Especial Education to mainstream children with  
Minor disabilities into regular education  
Sector Ichimbia

Calle Manuel Lopera sin numero

**Grant \$2,500.00**

Quito Ecuador

Dra. Nelly Ramos, Directora

Lucia Alvear, Vicerectora

2571-345

**ESCUELA JOSE AMADEO JACOME**

Scholarships for elementary and after school programs

Mañosca 251 y 10 de Agosto

**Grant \$2,500.00**

Quito, Ecuador

Sor Bertha Buenazo Basantes

Sor Maria Celina Andrade

2450-962

**COLEGIO MARIA AUXILIADORA**

College Scholarships for gifted studets with

Demonstrated financial need.

**Grant \$2,500.00**

El Dorado Lopez Yaguachi, Sloano y Jorge Barba # 184

Quito, Ecuador.

Sor Digna Lopez, Asesora de las Exlumnas

Mauxiliadora @uemaq.edu.ec

255-4002

Diana Cordova 084-549-777 leyes

**FUNDACION KENTENICH**

Scholarships

Ave. Mariscal SucreS/N y calle Jose Berrutieta

Quito, Ecuador

**Grant \$2,500.00**

Ing. Mauricio Lopez Chiriboga, Direcytor

2320-0165, 2320-1829

[fundpjk@andinanet.net](mailto:fundpjk@andinanet.net)

**FUNDACION TIERRA NUEVA**

Providing funds for dental care

Ave Cardenal de la Torre y Ajavi

Quito Ecuador

**Grant \$2,500.00**

Margarita Carranco, Directora Ejecutiva

[direccionej@fundaciontierranueva.org.ec](mailto:direccionej@fundaciontierranueva.org.ec)

263-6925 263-6662

**FUNDACION SAN JOSE, CIUDAD DE LA ALEGRIA**

Senior Citizen Care

Calle Cuenca Y Calle C Ciudadela Biloxi

**Grant \$2,800.00**

Quito, Ecuador

Cecilia de Paz, Presidenta

2540-506 2549-733 [cecipaz@uio.sarnet.net](mailto:cecipaz@uio.sarnet.net)

**FUNDACION A.B.E.I.**

Provide funds to care for terminally ill patients in the homes

Pasaje Monaco E6065 y Japon

Quito, Ecuador

**Grant \$2,500.00**

Gladys Almeida de Franco, Presidenta

[fundabei@interactive.Net.ec](mailto:fundabei@interactive.Net.ec)

2262-747 2264-645

**CASA HOGAR MADRE RAFAELA DE LA PASION VEINTIMILLA**

Orphanage for approximately 20 girls

Ave. de los olivos y Madre Rafaela Veintimilla #234

Barrio Buenos Aires, San Isidro del Inca

**Grant \$2,500.00**

Quito Ecuador

Hna Irma Berru Directora

240-5345

**FUNDACION SAN PEDRO CLAVER**

Senior citizens dining room for senior of very low income

Solanda, Sector 1 Manuel Alvarado S/N

**Grant \$2,500.00**

Quito, Ecuador

Elena de Castellanos, Directora

099-8233-299

**FUNDACION SOCIAL BRAZOS ABIERTOS**

Community services and child care for working mothers

Ave Maria de Jasus S/N

**Grant \$3,000.00**

San Rafael- Rumiñahui

Quito, Ecuador

Monseñor Luciano Iturralde, Presidente

2865-563

**ORATORIO SAN JUAN BOSCO**

Weekend Children's Center

Los Rosales, Cumbaya

**Grant \$1,000.00**

Quito Ecuador

Sor Blanca Cordova, Directora

2895-850

Sociedad Madres Salecianas Casa Provincial

Calle Yaguacchi E8-115

Quito, Ecuador

**CORPORACION ACCION COMUNITARIA Y SOCIAL DE RUMINIAHUI**

Senior Citizens Care

Barrio Cashapamba, Calle Gualaceo S/N

Via Pinta Km. 1 Entrada al colegio del Valle **Grant \$2,550.00**

Sangolqui Ecuador

Ing Jose Ignacio Zuñiga Espinosa, Presidente

233-2502 286-4188

**FUNDACION AL SERVICIO DEL ENFERMO DE CANCER**

**(FASEC)**

Temporary assistance and lodging for cancer patients

Ave, 10 de Agosto y Agustin Landivar **Grant \$2,500.00**

Cuenca, Ecuador

Wilma Granda de Toral, Presidenta

7811-989 7884-743

fasec@easynet.net.ec

**FUNDACION A.L.D.E.C.**

Street & Working Children ( Special Education)

Vargas # 9-69 y Oriente **Grant \$8,810.00**

Quito, Ecuador

Helena Najas de Coronel, Presidenta

Albergue 2287-468

galdec@interactive.net.ec

**FUNDACION CASA HOGAR DE BELEN**

Family crisis and intervention center

Ave. Universitaria y Alajuela **Grant \$2,500.00**

Apartado 13-01-0024

Portoviejo, Manabi

Antonio Jose Garcia Fernandez (Director Ejecutivo)

0914-00030

**BRASS BAND DEL ECUADOR**

Music education for underprivileged children

Ave Naciones Unidas oc3-164

**Grant\$2,500.00**

Quito, Ecuador

Licenciado Jorge Pachacama, Director

Dra. Patricia Anaguano

099926542 2273-043

**COMMUNITY HEALTH**

**GRANT \$500.00**

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**TOTAL GRANTS PAID.....\$46,160.00**