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Short Form
Return of Organization Exempt From Income Tax

2011

Open to Public
InspectionDepartment 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)

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000
at the end of the year may use this form

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

A For the 2011 calendar year, or tax year beginning

Mar 01, 2011, and ending

Feb 28, 2012

B Check if applicable	C Name of organization			D Employer identification number
Address change	ECUADORIAN VOLUNTEERS ASSOCIATION			31-1777253
Name change	(E V A)			E Telephone number
Initial return	1408 RIDGELY COURT			630-740-3039
Terminated				F Group Exemption Number ►
Amended return	City or town, state or country, and ZIP + 4			
Application pending	NAPERVILLE IL 60540			

G Accounting Method Cash Accrual Other (specify) ►

H Check ► if the organization is not required to attach Schedule B

(Form 990, 990-EZ, or 990-PF)

I Website: ►**J Tax-exempt status** (check only one) - 501(c)(3) 501(c)() (insert no) 4947(a)(1) or 527**K Check** ► if the organization is not a section 509(a)(3) supporting organization 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

RECEIVED JUN 20 2012 SCANNED 500 05 Net Assets 2012	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	5a
	b Less cost or other basis and sales expenses	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
	6 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000)	6b 36,972 .
	c Less direct expenses from gaming and fundraising events	6c 11,883 .
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 25,089 .
	7 a Gross sales of inventory, less returns and allowances	7a
	b Less cost of goods sold	7b
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
	8 Other revenue (describe in Schedule O)	8
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 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
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.

FRESNO, CA

BCA

US990EZ1

Part II Balance Sheets. (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments	16,739	22	11,900
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	16,739	25	11,900
26 Total liabilities (describe in Schedule O)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	16,739	27	11,900

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III What is the organization's primary exempt purpose? **SEE STATEMENT 1**

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

28 FUNDACION ALDEC SPECIAL EDUCATION FOR STREET AND WORKING CHILDREN	(Grants \$ 8,810.) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	8,810.
29 INSTITUTO JOSE MARTI ESPECIAL EDUCATION TO MAINSTREAM CHILDREN WITH MINOR DISABILITIES INTO REGULAR EDUCATION	(Grants \$ 2,500.) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	2,500.
30 COLEGIO MARIA AUXILIADORA, SCHOLARSHIPS COLLEGE SCHOLARSHIPS FOR GIFTED STUDENTS WITH DEMONSTRATED FINANCIAL NEED	(Grants \$ 2,500.) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	2,500.
31 Other program services (describe in Schedule O)	(Grants \$ 32,350.) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	32,350.
32 Total program service expenses (add lines 28a through 31a)		32	46,160.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Average hours per week devoted to position	(c) Reportable compensation (For, W-2/1099-MISC) (If not paid, enter-0-)	(d) Contributions to employee benefit plans & deferred comp	(e) Estimated amount of other compensation
MARIANA BARRIGA 668 WHITE FOREST PAR IL 60130	PRESIDENT 5	0		
CLEMENCIA PENA 1408 RIDGE NAPERVILLE IL 60540	VICE-PRESI 2	0		
JOSE FALCONI 2540 W EST CHICAGO IL 60645	TREASURER 5	0		
MARCO A PENA 1408 RIDGE NAPERVILLE IL 60540	SECRETARY 5	0		
JUAN CHEDIAK MD 1506 LATHR RIVER FORE IL 60305	DIRECTOR 1	0		
BYRON SIGDRO 6147 KNOLL BURR RIDGE IL 60527	DIRECTOR 1	0		
NORA CARRANZA 3870 BERNA HOFFMAN ES IL 60195	DIRECTOR 1	0		

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

	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	33	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)	34	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)?	35a	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	35b	
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	35c	
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	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0	37a	0
b Did the organization file Form 1120-POL for this year?	37b	
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?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter	39a	
a Initiation fees and capital contributions included on line 9	39b	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► , section 4912 ► , section 4955 ►	40a	
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	40b	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 ►	40c	
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ►	40d	
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	40e	X
41 List the states with which a copy of this return is filed ► IL	41	
42a The organization's books are in care of ► JOSE G FALCON Telephone no ► 773-743-6232 Located at ► 2540 W ESTES AVE IL CHICAGO ZIP + 4 ► 60645	42a	
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)? 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.	42b	X
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 ►	42c	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 ► 43	43	
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	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	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	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	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	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)	45b	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

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"

	Yes	No
47		X
48		X
49a		X
49b		

(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"

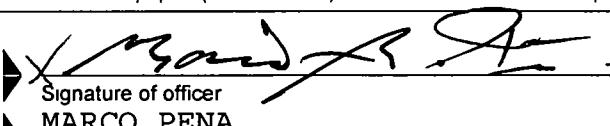
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

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
	SECRETARY		
	Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	GLADYS R WILSON CPA M		04/28/2012
	Firm's name ► GLADYS R WILSON AND ASSOCIATES		Firm's EIN ► 36-3708260
Firm's address ► 3439 N HARLEM AVE		Phone no 773-286-2135	
CHICAGO IL 60634 -			

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

2011Open 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 (ii) 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**

OMB No. 1545-0047

2011

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.

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 <input type="checkbox"/>	Mail solicitations	e <input type="checkbox"/>	Solicitation of non-government grants
b <input type="checkbox"/>	Internet and email solicitations	f <input type="checkbox"/>	Solicitation of government grants
c <input type="checkbox"/>	Phone solicitations	g <input type="checkbox"/>	Special fundraising events
d <input type="checkbox"/>	In-person solicitations		

2a 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
1		Yes	No		
2					
3					
4					
5					
6					
7					
8					
9					
10					
Total					

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 ANNUAL BANQ (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts 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 8 Entertainment 9 Other direct expenses	11,883.		11,883.
	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 0.0% No	Yes 0.0% No	Yes 0.0% 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 _____

11 Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	0.00 %
b An outside facility	13b	0.00 %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c 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

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (ii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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.

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

Page 1

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, Vicerrectora

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
fundpj@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
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

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

2262-747 2264-645

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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 Ingnacio 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

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