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CANNED JUN 2 5 2013

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public Inspection

	nal Revenu	tne Treasury Je Service	► The organization may ha	ive to use a copy of this return to	o satisfy sta	te reporti	ing requir	ements	Inspection				
A	For the	2012 cale	ndar year, or tax year beginni	ng , ź	2012, and e	nding			, 20				
В	Check if a	applicable [.]	C Name of organization E500/	anza Internationa	1 Foun	dation	'n		er identification number				
	Address of	change	Doing Business As						1585511				
	Name cha	ange	Number and street (or P.O. box if	rnail is not delivered to street addres		m/suite		E Telephone number					
	Initial retu	ım		reet] 2	08		425-451-4359					
	Terminate	ed	City, town or post office, state, ar						2 24, 22.				
	Amended		Bellevue WA 98					G Gross re	ceipts \$ 2,241,991				
	Application	on pending	F Name and address of principal of	icer David Valle			H(a) Is this a	group return	for affiliates? 🔲 Yes 🔟 No				
			some as above			י		all affiliates included? LYes LNo					
<u></u>	Tax-exem	npt status) () ◀ (insert no) ☐ 4947(a))(1) or 52	27	If "No	"No," attach a list (see instructions)					
ī			w. esperanza. org		7	!			number ▶				
K		_		ciation ☐ Other ►	L Year of fo	rmation	1992	M State	of legal domicile (L)A				
Р	art I	Summ							 				
	1	Briefly de	scribe the organization's mis	ssion or most significant acti	vities: F	ree C	childre	an an	d their tomilies				
ø	l .	+cam	poverty through ,	nitiatives that a	nerate	unca	me, e	dicat	ion and				
anc		.healt	h; restoring Self-	worth and dignith	4.to.th	sse w	sho h	ove lo	st hope.				
Activities & Governance			J	······	· 				, 				
Š			-	n discontinued its operations		ed of m	ore than	1 1	its net assets.				
8	1		<u> </u>	verning body (Part VI, line 1a	-			3	9_				
es				ers of the governing body (P		1b) .		4	<u> </u>				
Ĭ				in calendar year 2012 (Part	V, line 2a)		· · ·	5					
Act	1		nber of volunteers (estimate					6	25				
-	4			n Part VIII, column (C), line 1:	2			7a	0				
	ь	Net unrel	ated business taxable incom	e from Form 990-T, line 34			<u></u>	7b					
	_						Prior Ye		Current Year				
ē	1		ions and grants (Part VIII, lin	· · · · · · · · · · · · · · · · · · ·		·	1,847	1,399	2,180,062				
Revenue	1	-	service revenue (Part VIII, lin	- -		-	ا و ا						
Ř	1		nt income (Part VIII, column			·	/ 0 =	135	46				
_				nes 5, 6d, 8c, 9c, 10c, and 1	•	: ├─	(23		(38,594)				
_				(must equal Part VIII, column		2)	<u>1,824</u>	,130	2,141,514				
٠				t IX, column (A), lines 1-3) .		·	<i>ماماک</i> ہا۔	.989	1,603,674				
			paid to or for members (Part			: ├─		20	277 001				
98-				e benefits (Part IX, column (A),	lines 5-10)	' ├──	100	914	213,83 <u>A</u>				
Expenses			nalyfundraising fees (Part IX,		• • • •	·		-0-1					
· 📆			draising expenses (Part IX, c						1.0.00				
1	17	Oiner ext	penses (Part IX, column (A), I	ines 11a-11d, 111-24e) .	· · · ·	·		,064	118,997				
ı	LiaG.	Povenie XP	enses. Add lines 13-17 (mus	st equal Part IX, column (A), i	ine 25)	·	1,597	967	1,996,505				
		<u> vézeure</u>	less expenses. Subtract line	To Iron line 12	· · · ·	Regin	ning of Cui	o, lle O	145,009 End of Year				
arts o	20	Total ass	ets (Part X, line 16)				428	102	404 003				
Assu	21		ilities (Part X. line 26)			·	21).478	2 1.79				
Net Assets or, Fund Balances	22		s or fund balances. Subtract	line 21 from line 20		·	40	776	107 314				
	rt II		ure Block			·	-10	1) [2.7]	-1-1 ₄ , J1 1				
				s return, including accompanying sc	hedules and s	statements	s. and to th	e best of m	nv knowledge and belief, it is				
tru	e, correct,	and comple	ete. Declaration of preparer (other th	an officer) is based on all information	of which pre	parer has	any knowle	dge	,,,				
	-	1/2	3u Vall					5-19	5-13				
Sig	ın ∤	Signa	ature of officer				Dat	е	<u> </u>				
He	re		avid Valle, For	under and CEO									
		Туре	or print name and title										
Pa	id	Print/Typ	oe preparer's name	Preparer's signature		Date		Check] If PTIN				
	.a eparer	•				<u></u>		self-emp					
	e Only	I	ame ►				Firm	's EIN ▶					
		Firm's ac					Phor	ne no					
May	v the IRS	S discuss	this return with the prepare	r shown above? (see instruct	tions)	-			□ Ves □ No				



Cat No 11282Y

For Paperwork Reduction Act Notice, see the separate instructions.

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Form **990** (2012)

Form 99	0 (2012)	Page 2
Part		
	Check if Schedule O contains a response to any question in this Part III	<u> D</u>
1	Briefly describe the organization's mission:	
	The mission of Esperanza International is to free children and their families from poverty thorough initiatives that generate in	
	education and health; restoring self-worth and dignity to those who have lost hope.	
	•	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	✓ No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	∠ No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as mea	ourod by
•	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 1,720,583 including grants of \$ 1,603,674) (Revenue \$	o)
	The main focus of Esperanza's program is microcredit, providing small loans to the very poor. Microcredit - a small loan aver	• '
	\$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. Esperant	
	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 c	
	of their own business and working to repay the loan by their own merit fosters dignity and self-worth. During 2012 Esperanza reached over 82,000 people through microcredit and provided almost 15,000 loans.	
	reacned over 82,000 people through microcredit and provided almost 15,000 loans.	

4b	(Code: \(\frac{1}{2}\)\(\frac{1}{2}\	
40	(Code:) (Expenses \$including grants of \$) (Revenue \$)

4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d	Other program services (Describe in Schedule O.)	
4e	(Expenses \$ including grants of \$) (Revenue \$)	
40	Total program service expenses ► 1,720,583	

Part	V Checklist of Required Schedules			<u></u>
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1		
	complete Schedule A	1	✓	
2	is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 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)		<u> </u>	
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	<u> </u>	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		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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		1
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		1
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.	, , ,		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
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		1
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		1
đ	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		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f	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.			,
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	11f	-	✓
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 and XII is optional.	12a		1
13	· · ·	12b		
14 a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-	1
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	14b		✓
16	organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i> . Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	15	✓	
17	to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		1
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
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	1	
	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	19		1
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		1

Part	Checklist of Required Schedules (continued)			•••
			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		1
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		✓
	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, highest 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	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	✓	√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u>·</u>
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		<u>·</u>
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		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		√
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		
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	-	1
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		✓
	19? Note. All Form 990 filers are required to complete Schedule O	38	√	<u> </u>

Form **990** (2012)

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
· are	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			<u> </u>
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
	reportable gaming (gambling) winnings to prize winners?	1c	<u> </u>	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	ļ	ŀ	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		<u> </u>	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	İ	1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	 -	
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			İ
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶			
_	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?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		Ť
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		<u> </u>	_
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	<u> </u>	<u> </u>	<u> </u>
	gifts were not tax deductible?	6b		
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	}		
	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		✓
đ	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	i	✓
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	i		
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>	
10	Section 501(c)(7) organizations. Enter:	ł		
a	Initiation fees and capital contributions included on Part VIII, line 12	Į		
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1	1	
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	1		
b	Gross income from other sources (Do not net amounts due or paid to other sources		ļ	1
10-	against amounts due or received from them.)	10-	l	1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a	 	1
12		1		1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	12-	<u> </u>	-
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	\vdash	
b	Enter the amount of reserves the organization is required to maintain by the states in which		1	ļ
~	the organization is licensed to issue qualified health plans			İ
С	Enter the amount of reserves on hand	1	l	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	\vdash	1
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h	\vdash	<u> </u>

Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
0	Check if Schedule O contains a response to any question in this Part VI	· :	•	. ⊻
Secti	on A. Governing Body and Management		Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year 1a 9		163	140
ıa	If there are material differences in voting rights among members of the governing body, or	1		
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
ь	Enter the number of voting members included in line 1a, above, who are independent . 1b 8		i	
2	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	1	
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		1
6 7a	Did the organization have members or stockholders?	6		✓
<i>1</i> a	one or more members of the governing body?	70		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7a		-
U	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	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
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	L.,	1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
40-	Did the expenientian have local charters branches as offlicted?	40-	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		-
J	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing 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	✓	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	>	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		<u> </u>
13	Did the organization have a written whistleblower policy?	13	√	
14 15	Did the organization have a written document retention and destruction policy?	14	✓	ļ
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		1
b	Other officers or key employees of the organization	15b		7
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			Ė
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		✓
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
Sacti	organization's exempt status with respect to such arrangements?	16b		<u>L</u>
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	501/	c)(3)s	onlv)
	available for public inspection. Indicate how you made these available. Check all that apply.	٠٠,	, ()	
	☑ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of	f inter	est p	olicy,
	and financial statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the)	
	organization: ► Sandra Stull, 13219 NE 20th Street, Ste. 208, Bellevue, WA 98005			

Form **990** (2012)

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 any related organization compensated any current officer, director, or trustee.

Check this box it heldrer the organization no	T Carry Totale	u o.g.		((C)		1130	ded any carren	lt omoer, director	, or uustee.
(A) Name and Title	(B) Average		ot ch	neck		e than o		(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (list any hours for related organizations below dotted line)	Individus or direct		a Officer		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) David Valle	28	1		1				90,000	0	o
(2) Victoria Valle	11			ļ						
Director	 	✓_		ļ	<u> </u>	 	_	0	0	0
(3) Stephen Brookshire	<u> </u> 1	,								
Director (4)	 	✓		-		ļ		0	0	0
(4) Joe Leininger	11	1						_		
Director (5) Carlos Pimentel	1	<u> </u>		 	 		-	0	0	0
Director		1							٥	o
(6) Peter Greer	1 1	-	\vdash	\vdash	┢┈	 	┢┈	<u> </u>		
Director	·†	1			ŀ			0	o	0
(7) Dan Devine	1						1			
Director	1	1			1	1		0	o	0
(8) Rick Logsdon	1									
Director		1		<u> </u>				0	0	0
(9) Nancy Cahill	11			ļ		}	İ	1		
Director		✓		L	L			0	0	0
(10)						<u>.</u>			;	
(11)	-			.						
(12)							-			
(13)										
(14)										
				<u> </u>	L	<u>L</u>	L	<u> </u>	L	

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mplo	yees	s, ar	nd H	lighe	st C	ompensated E	mployees (co	ntinue	ed)		
					-	C)								
	(A)	(B)	(do n	ot ch		ntion	than o	nne	(D)	(E)		((F)	
	Name and title	Average					is both		Reportable	Reportable			mated	
		hours per week (list any	office	ar and	dad	rect	or/trus	tee)	compensation	compensation from related	mı		unt of ther	
		hours for	유표	hrs	♀	<u>8</u>		잗	the	organizations	ł		ensation	1
		related	l ire	int i	Officer	Key employee	D beg	Former	organization	(W-2/1099-MIS	2)		n the	
		organizations below dotted	ğ	ona		탕	88		(W-2/1099-MISC)				nization related	
		line)	Individual trustee or director	ם		¥8	age						izations	,
			8	Institutional trustee			Highest compensated employee							
				w .			8							
(15)														
			<u> </u>		<u> </u>									-, -, ., -
(16)]					l						
											\perp			
(17)				1				ł						
														
(18)	***********************													
			L					L						
(19)						İ					- }			
					ļ	<u> </u>	ļ <u>.</u>		<u> </u>					
(20)														
					<u> </u>			<u> </u>						
(21)	***************************************	<u> </u>			İ			1						
								<u> </u>						
(22)						1					1			
					<u></u>	L		L						
(23)				1	İ									
			ļ			<u> </u>	ļ		<u> </u>					
(24)						İ								
			ļ		L	<u> </u>	ļ	<u> </u>	ļ					
(25)		ļ						ł						
		L	İ	<u>L</u> .	<u></u>	<u> </u>	l	<u>Ļ</u>	ļ					
1b	Sub-total		٠	•	•		•		90,000		0			0
C	Total from continuation sheets to Part	•		•	•		•		0		0			0
d		· · · · · · · · · · · · · · · · · · ·				<u> </u>	•	<u> </u>	90,000		0			0
2	Total number of individuals (including bu		to th	ose	list	ted :	above	e) w	tho received m	ore than \$100	,000 (of		
	reportable compensation from the organ	zation >							 				7	<u> </u>
3	Did the examination list any fermous of	ficer direc	.				lease e		alawaa ar biab				Yes	No
3	Did the organization list any former of employee on line 1a? If "Yes," complete							-		=				,
4	For any individual listed on line 1a, is the							-			-	3		<u> </u>
4	organization and related organizations													
	individual									edule o loi .	Jucii	4		✓
5	Did any person listed on line 1a receive of									ation or indivi	dual	-		<u> </u>
•	for services rendered to the organization											5		
Section	on B. Independent Contractors													
1	Complete this table for your five highest	compensate	ed inc	dene	end	ent	contr	act	ors that receive	ed more than 9	£100	000 of		
-	compensation from the organization. Rep													X
	year.								, .		3-			
	(A)							Τ	(B)		-	(C)		
	Name and business add	Iress							Description of s	ervices	С	ompens	ation	
N/A				······										
														
								Γ						
2	Total number of independent contractor							th	nose listed abo	ove) who				
	received more than \$100,000 of compens	sation from	the o	rgar	niza	tion	>			l				

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Part	VIII	Statement of Reve							
		Check if Schedule O	contains a	respo	nse to any quest	tion in this Part VI	И	<u></u>	<u>, , , ,</u>
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
र्घ द	1a	Federated campaigns	3	1a	75				
	b	Membership dues .		1b	0				
S, G	С	Fundraising events .		1c	115,858				
Sift ar	đ	Related organizations	S	1d	0	ł			
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (cor	tributions)	1e	0				
tion or S	f	All other contributions, g				1			
the light		and similar amounts not in	cluded above	1f	2,064,129	1			
50	g	Noncash contributions include	ded in lines 1a	-1f: \$	84,319	İ			
ပ္ပိုင္ဆို	h	Total. Add lines 1a-1	f <u>.</u>		▶	2,180,062			
9				-	Business Code				
Ven	2a								
2	b	*							
<u>Ş</u>	С								
2	d								
Program Service Revenue	е								
	f	All other program ser							
F	g	Total. Add lines 2a-2				0			
	3	Investment income		divid	ends, interest,				
	•	and other similar amo	•			46	0	0	46
	4	Income from investmen	t of tax-exer	npt b	ond proceeds ►	0	0	0	0
	5	Royalties	<u> </u>		🕨	0	0	0	0
			(i) Real		(ii) Personal				
	6a	Gross rents				1			
	b	Less: rental expenses							
	С	Rental income or (loss)				_			
	d	Net rental income or			▶	0	0	0	0
	7a	Gross amount from sales of	(i) Securit	ies	(ii) Other				
		assets other than inventory		····					
	b	Less: cost or other basis and sales expenses .							
	С	Gain or (loss)	L			!			
_	d	Net gain or (loss) .			▶	0	0	0	0
Other Revenue	8a	Gross income from fu events (not including \$ of contributions reported	115,8						
Ē	l	See Part IV, line 18			61,883				
휷	h	Less: direct expenses		_	0.,000				
0		Net income or (loss) f				(38,594)		o	(38.594)
		Gross income from ga See Part IV, line 19	aming activi	ties.		(30,334)		<u>~</u>	(55,554)
	h	Less: direct expenses							
		Net income or (loss) f				0	0	o	0
	_	Gross sales of in	•	_					
		returns and allowance							
	ь	Less: cost of goods s							
		Net income or (loss) f				o	0	0	0
		Miscellaneous F			Business Code				
	11a								
	b	J					-		
	c								
	d	All other revenue .							
	ө	Total. Add lines 11a-	11d		▶	0			
	12	Total revenue. See in	nstructions		🕨	2.141.514	0	0	(38.548)

Part IX	Statement of	Functional Exp	enses	 	 		

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response to any question in this Part IX . . . (D) Fundraising (B) Program service Do not include amounts reported on lines 6b. 7b. (A) Total expenses Management and general expenses 8b. 9b. and 10b of Part VIII. expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 2 Grants and other assistance to individuals in the United States, See Part IV, line 22 . . . 0 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 . . . 1,603,674 1,603,674 Benefits paid to or for members 0 Compensation of current officers, directors, 5 trustees, and key employees 36,000 90,000 36,000 18,000 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . 0 Other salaries and wages 8.025 74,121 141,521 59,375 Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) 0 0 Other employee benefits 5,892 9 24,288 9,198 9,198 10 18,025 7,309 3,660 7,056 Fees for services (non-employees): 11 0 O 0 0 h Legal 0 0 O Accounting 20,695 0 20,695 0 d 0 0 0 0 Professional fundraising services. See Part IV, line 17 0 0 Investment management fees 300 300 0 n Other. (If line 11g amount exceeds 10% of line 25, column g (A) amount, list line 11g expenses on Schedule O.) . . 0 Advertising and promotion 12 25,000 0 0 25,000 Office expenses 13 0 5,724 16,010 21,734 14 Information technology . 0 0 0 Royalties 15 0 0 0 0 16 Occupancy 13,858 0 4,320 9,538 17 30,878 4.020 3.068 23,790 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 0 0 19 Conferences, conventions, and meetings . 80 0 80 0 20 0 0 0 0 21 Payments to affiliates 0 0 0 0 22 Depreciation, depletion, and amortization . 276 1,098 741 81 23 1,130 0 1,100 30 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.) State renewals 50 50 0 0 Office equipment 1,174 731 0 443 Staff Development 3,000 0 0 C 3,000 d All other expenses Total functional expenses. Add lines 1 through 24e 25 1,996,505 1,720,583 92,961 182,961 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 ► ☐ if following SOP 98-2 (ASC 958-720)

Р	art X	Balance Sneet					
		Check if Schedule O contains a response to	any	question in this Part X	<u> </u>		<u> </u>
-					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			295,682	1	219,328
	2	Savings and temporary cash investments		[42,312	2	166,068
	3	Pledges and grants receivable, net			67,024	3	95,611
	4	Accounts receivable, net		[12,000	4	2,000
	5	Loans and other receivables from current and	forme	r officers, directors,			
		trustees, key employees, and highest co Complete Part II of Schedule L			0	5	o
S	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B), ar sponsoring organizations of section 501(c)(9) volur organizations (see instructions). Complete Part II of Sche	nd cont	mbuting employers and mployees' beneficiary	0	6	0
Assets	7	Notes and loans receivable, net			0	7	0
As	8	Inventories for sale or use			0	8	0
	9	Prepaid expenses and deferred charges			5,424	9	5,856
	10a	Land, buildings, and equipment: cost or	1				
		other basis. Complete Part VI of Schedule D	10a	19,096			
	ь	Less: accumulated depreciation	10b		688	10c	1,066
	11	•				11	0
	12	Investments—other securities. See Part IV, line		 	0		0
	13	Investments—program-related. See Part IV, line		<u> -</u>		13	0
	14	Intangible assets		5,063		5,063	
	15	Other assets. See Part IV, line 11		P-		15	0,000
	16	Total assets. Add lines 1 through 15 (must equal		} ~	428,193		494,993
	17	Accounts payable and accrued expenses				17	2,679
	18	Grants payable	18,978	18	0		
	19	Deferred revenue				19	0
	20	Tax-exempt bond liabilities			0	20	0
	21	Escrow or custodial account liability. Complete	Part I	of Schedule D .	0	21	0
໘	22	Loans and other payables to current and for	ormer	officers, directors,			
Liabilities		trustees, key employees, highest comper	nsated	employees, and		ĺ	
ap.		disqualified persons. Complete Part II of Schedu	ule L		0	22	0
Ĭ	23	Secured mortgages and notes payable to unrela	ated th	ird parties	0	23	0
	24	Unsecured notes and loans payable to unrelated	d third	parties	1,500	24	0
	25	Other liabilities (including federal income tax,	payat	oles to related third			
		parties, and other liabilities not included on lines					
		of Schedule D		L	0	25	0
	26	Total liabilities. Add lines 17 through 25			20,478	26	2,679
S82		Organizations that follow SFAS 117 (ASC 958 complete lines 27 through 29, and lines 33 and		ck here ► 🕢 and			
an	27	Unrestricted net assets			407,715	27	492,314
Bal	28	Temporarily restricted net assets		[0	28	0
פַ	29	Permanently restricted net assets			0	29	0
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 9) complete lines 30 through 34.	58), ch	eck here ► ☐ and			
ts (30	Capital stock or trust principal, or current funds			,	30	
Se	31	Paid-in or capital surplus, or land, building, or ed		<u> </u>		31	
À	32	Retained earnings, endowment, accumulated in	come	or other funds .		32	
Ne l	33	Total net assets or fund balances			407,715	33	492,314
	34	Total liabilities and net assets/fund balances .	<u> </u>	<u> </u>	428,193	34	494,993
							Form 990 (2012)

_	4	•
Pane	1	-

						
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI		<u> </u>			<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1			2,14	1,514
2	Total expenses (must equal Part IX, column (A), line 25)	2			1,99	6,505
3	Revenue less expenses. Subtract line 2 from line 1	3			14	5,009
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			40	7,715
5	Net unrealized gains (losses) on investments	5				0
6	Donated services and use of facilities	6			8	4,319
7	Investment expenses	7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain in Schedule O)	9				280
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10			49	2,314
Part	XII Financial Statements and Reporting	-				
	Check if Schedule O contains a response to any question in this Part XII					V
					Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☐ Accrual ☐ Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın	ın	1		
	Schedule O.			1		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		_	2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or	-		
	reviewed on a separate basis, consolidated basis, or both:			ł		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			ŀ		
b	Were the organization's financial statements audited by an independent accountant?			2b		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on	а			
	separate basis, consolidated basis, or both:					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o					
	of the audit, review, or compilation of its financial statements and selection of an independent account			2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	in	l		
	Schedule O.		1			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	- 1			
	the Single Audit Act and OMB Circular A-133?		L	3a		✓
b	If-"Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits		3b		
				Form	990	(2012)

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.

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

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

Espe Par		International		rity Status (All orga	nization	nuet e	omploto	this par	t \ Soo i		85511		
	_						<u> </u>			115ti uctio	<i>J</i> 113.		
_	_		•	tion because it is: (Fo		-		-	-	•			
1		•		nes, or association of			ea in sec	uon 170	(D)(T)(A)(I)-			
2				170(b)(1)(A)(ii). (Attac					/A\/:::D				
3		•	•	spital service organiza						N/L\/4\/A\	(iii) Ento	r tha	
4	_ r	nospital's nam	ie, city, and state										
5			on operated for t)(1)(A)(iv). (Com	the benefit of a collect plete Part II.)	ge or uni	versity o	wned or	operated	by a go	vernmen	tal unit d	escrib	ed in
6				nment or government									
7		-	-	receives a substantia (A)(vi). (Complete Par		its suppo	ort from a	a governr	mental ur	nit or fror	n the ge	neral p	oublic
8		A community 1	trust described in	n section 170(b)(1)(A)	(vi). (Con	nplete Pa	ut II.)						
9		An organizatio	n that normally	receives: (1) more tha	an 331/3%	of its su	apport fro	om contri	butions,	members	ship fees	, and	gross
				to its exempt funct									
				nt income and unrel									
	a	acquired by th	e organization a	fter June 30, 1975. Se	ee sectio	n 509(a)(2). (Com	plete Pari	t III.)				
10		An organizatio	n organized and	operated exclusively	to test fo	r public s	safety. Se	e sectio	n 509(a)(4).			
11		-	_	d operated exclusive			-				or to ca	mv or	t the
	Ç	ourposes of o	ne or more pub	licly supported organ describes the type of	nizations	described	d in sect	ion 509(a	1)(1) or se	ection 50	9(a)(2). S		
		Type I	b Type	·						Non-funct	_	toarat	~d
_				that the organization		-	-		• .		•	•	
•			•	rs and other than one			•				-	-	
		or section 509	_	ro and other than one	5 01 111010	Publicity	oupport	od organi	2410110	100011000	3000	JII 000	/(<u>u</u>)(·)
f				wntten determination	n from t	he IRS t	that it is	a Type	I Type I	ll or Tvr	ne III sur	portir	ın
•		_	check this box .						., .ypc .				"
g		•		ne organization accer	nted anv	gift or co	ontributio	n from a	ny of the	,			ш
9		ollowing pers		io organization accop	olou uliy	9 0. 0.			, 01	•			
				ndirectly controls, eith	her alone	or toget	her with	nersons	describe	d in (ii) a	nd	Yes	No
	,			ody of the supported of							11g(i	+	
	,		-	on described in (i) abo	_						11g(ii	1 -	
		•	-	a person described in							11g(iii	-	
h				on about the supporte							[11g(n	7	
					<u>-</u> -						l		
(1)		of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) is the o			ou notify		s the	(vii) Amou	nt of mo ipport	
	·	i		above or IRC section	governing	document?			1 Oryanizan	tion in col	1 51		netary
						document:	col. (ī)	of your	(i) organi	zed in the	, st		netary
				(see instructions))	Voc		col. (i) supp	ort?	(i) organi U.	zed in the S.?	, sa		netary
				(see instructions))	Yes	No	col. (ī)	of your port? No	(i) organi	zed in the	S		netary
(A)		· · · · · · · · · · · · · · · · · · ·	,	(see instructions))	Yes		col. (i) supp	ort?	(i) organi U.	zed in the S.?	St		netary
				(see instructions))	Yes		col. (i) supp	ort?	(i) organi U.	zed in the S.?	S		netary
(A) (B)				(see instructions))	Yes		col. (i) supp	ort?	(i) organi U.	zed in the S.?	S		netary
(B)				(see instructions))	Yes		col. (i) supp	ort?	(i) organi U.	zed in the S.?	S		netary
				(see instructions))	Yes		col. (i) supp	ort?	(i) organi U.	zed in the S.?	S		netary
(B)				(see instructions))	Yes		col. (i) supp	ort?	(i) organi U.	zed in the S.?	S		netary
(B) (C)				(see instructions))	Yes		col. (i) supp	ort?	(i) organi U.	zed in the S.?	S		netary
(B) (C)				(see instructions))	Yes		col. (i) supp	ort?	(i) organi U.	zed in the S.?	S		netary

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,778,916	1,004,817	1,768,816	1,847,399	2,180,062	8,580,010
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	o	0	0	0	0	0
4	Total. Add lines 1 through 3	1,778,916	1,004,817	1,768,816	1,847,399	2,180,062	8,580,010
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)						1,061,073
6	Public support. Subtract line 5 from line 4.						7,518,937
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	1,778,916	1,004,817	1,768,816	1,847,399	2,180,062	8,580,010
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on	568	1,424	147	135	46	2,320
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	21,768	234	(23,404)	(38,594)	(39,996)
11	Total support. Add lines 7 through 10						8,542,334
12	Gross receipts from related activities, etc.	(see instruction	ns)			12	
13	First five years. If the Form 990 is for the		's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop her						▶ 🗀
	on C. Computation of Public Suppor	<u> </u>					
14	Public support percentage for 2012 (line 6					14	88.02 %
15	Public support percentage from 2011 Sch					15	91.74 %
16a	331/3% support test—2012. If the organization qual			•		•	
b	331/x3% support test—2011. If the organicheck this box and stop here. The organi	ization did no	t check a box	on line 13 or	16a, and line		-
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization med Part IV how the organization meets the "forganization	ets the "facts-a acts-and-circu	and-circumsta mstances" tes	nces" test, che st. The organiza	eck this box ar ation qualifies	id stop here. E as a publicly si	explain in supported
	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part IV how the organization m supported organization	on meets the eets the "facts	"facts-and-cir- -and-circumst	rcumstances" tances" test. Ti	test, check the he organizatio	nis box and st on n qualifies as a	op here. a publicly b
18	Private foundation. If the organization did instructions						
			<u>·</u>		<u> </u>		

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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				1		
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						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	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 he					ear as a section	
Secti	on C. Computation of Public Suppor	t Percentag	je			-	
15	Public support percentage for 2012 (line 8			3, column (f))		15	%
16	Public support percentage from 2011 Sch	nedule A, Part	III, line 15 .	· · · · · · · · · · · · · · · · · · ·	<u></u>	16	%
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2012 (• • •	-			%
18 19a	Investment income percentage from 2011 331/a% support tests—2012. If the organ 17 is not more than 331/a%, check this box	zation did not	check the bo	k on line 14, a	nd line 15 is m	nore than 331/39	
b	331/3% support tests-2011. If the organiz		-			_	_
	line 18 is not more than 331/3%, check this I	box and stop h	nere. The organ	ization qualifies	as a publicly s	supported organ	nzation 🕨 🗀
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, o	check this box	and see instru	ctions ► □

1	Page	4

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
Part II, line1	10; other income is the net income/loss from our awareness/fundraising efforts (detailed on Form 990, Part VIII, line 8).
•••••	

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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

➤ 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.

Open to Public ► Attach to Form 990. ► See separate instructions. Inspection Employer identification number

	nza International Foundation		91-1585511
Pari		or Advised Funds or Other Similar Fu	unds or Accounts. Complete if the
	organization answered "Yes" to F	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) Donor advised funcs	(b) I dies and other accounts
	Aggregate contributions to (during year) .		
	Aggregate grants from (during year)		
	Aggregate value at end of year		<u> </u>
5	Did the organization inform all donors and	donor advisors in writing that the assets	held in donor advised
	funds are the organization's property, subje	ct to the organization's exclusive legal con-	trol? Yes 🗌 No
6	Did the organization inform all grantees, do		
	only for charitable purposes and not for th		
-	conferring impermissible private benefit?		
Part		plete if the organization answered "Yes	s" to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held Preservation of land for public use (e.g.,		of an historically important land area
	Protection of natural habitat		of a certified historic structure
	Preservation of open space		, a soranos motorio directaro
2	Complete lines 2a through 2d if the organiz	ation held a qualified conservation contribu	ition in the form of a conservation
	easement on the last day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation ea		
C	Number of conservation easements on a ce	• •	
đ	Number of conservation easements include historic structure listed in the National Regis		· · 2d
3	Number of conservation easements modifie		
_	tax year ▶	,,,	
4	Number of states where property subject to	conservation easement is located >	
5	Does the organization have a written po		nspection, handling of
	violations, and enforcement of the conserva		· · · · · · · 🗋 Yes 🗌 No
6	Staff and volunteer hours devoted to monito	oring, inspecting, and enforcing conservation	on easements during the year
7	 Amount of expenses incurred in monitoring 	unanceting, and enforcing concentration of	nomente during the year
•	►\$, inspecting, and emorcing conservation ea	isements during the year
8	Does each conservation easement reported	on line 2(d) above satisfy the requirements	s of section 170(h)(4)(B)
	(i) and section 170(h)(4)(B)(ii)?		· · · · · ·
9	In Part XIII, describe how the organization re		
	balance sheet, and include, if applicable, th	_	financial statements that describes the
Part	organization's accounting for conservation	easements. ections of Art, Historical Treasures, (or Other Similar Assets
ran		wered "Yes" to Form 990, Part IV, line 8	
1a	If the organization elected, as permitted un		······································
	works of art, historical treasures, or other		
	public service, provide, in Part XIII, the text	of the footnote to its financial statements the	hat describes these items.
b	If the organization elected, as permitted u		
	works of art, historical treasures, or other		education, or research in furtherance of
	public service, provide the following amount	-	~
	(i) Revenues included in Form 990, Part VII(ii) Assets included in Form 990, Part X .	i, iine I	
2	If the organization received or held works		
_	following amounts required to be reported a		
а	Revenues included in Form 990, Part VIII, li	ne 1	▶ \$_

_	•
Page	2

Part										
3	Using the organization's acquisition, collection items (check all that apply):		ther reco	rds, chec	k any of th	e follov	ving that are a	significa	nt use	of its
а	☐ Public exhibition		d		or exchang					
b	☐ Scholarly research		е	☐ Other	r <u></u>					
С	☐ Preservation for future generations									
4	Provide a description of the organiza	tion's collections	and expla	ain how t	hey further	the org	janization's exe	mpt pur	pose i	n Part
	XIII.									
5	During the year, did the organization								_	
	assets to be sold to raise funds rather								Yes [
Part		_	•	_	ganization	answe	red "Yes" to F	orm 99	J, Par	t IV,
	line 9, or reported an amour									
1a	Is the organization an agent, trustee included on Form 990, Part X?									٦
	•							LJ,	Yes [_ No
b	If "Yes," explain the arrangement in P	art XIII and comp	lete the to	ollowing to	able:			Amount		
_	Parinning balance					-		- TIOUITE		
C	Beginning balance					1c				
d	3					1e				
e f	Distributions during the year					1f				
2a	Ending balance								Yes [¬ No
	If "Yes," explain the arrangement in P								_	NO
Par									·	
		(a) Current year		or year	(c) Two year		(d) Three years ba		ur years	back
1a	Beginning of year balance							+		
b	Contributions		<u>† </u>					 		
C	Net investment earnings, gains, and		<u> </u>		ļ · · · · · ·	-				
	losses									
d	Grants or scholarships				<u> </u>			- 		
е	Other expenditures for facilities and		1							
	programs							- [
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of t	the current year e	nd baland	e (line 1g	j, column (a)) held :	as:			
а	Board designated or quasi-endowmer	nt ▶	%							
b	Permanent endowment >	<u></u> %								
С	Temporarily restricted endowment ▶									
_	The percentages in lines 2a, 2b, and 2									
3a	Are there endowment funds not in the	e possession of t	he organi	zation tha	at are held	and ad	ministered for t	he		T
	organization by:							<u> </u>	Yes	No
	(i) unrelated organizations							3a(i	_	—
ь	(ii) related organizations							3a(ii		
4	Describe in Part XIII the intended uses							3b		<u> </u>
Part							·····			—
	Description of property	(a) Cost or o		T -	or other basis	(c)	Accumulated	(d) Bo	ook valu	е
	-	(investr			ther)		epreciation	(4, 5,		_
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment	-			19,096		18,030			1,066
е	Other	•								
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90, Part	X, column	n (B), line 10)(c).)	▶			1,066

Part VII	Investments - Other Securities	s. See Form 990, Part X	, line 12.	
(E	Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	
(1) Financia	I derivatives			
(2) Closely-	held equity interests			
(3) Other				
(A)		· »		
(B)				
(C)				
(D)				···
(E)				
(F)				J. 1941-1-1-1
(G)				
(H)		<u> </u>		
(i)	(h) must a must Form 000 Part V and (P) line 12)			
Part VIII	(b) must equal Form 990, Part X, col. (B) line 12.) ► Investments — Program Relate	d See Form 990 Part	V line 13	
	(a) Description of investment type	(b) Book value	(c) Method of value	ention
	(a) Description of investment type	(b) Book value	Cost or end-of-year ma	
(1)		 		
(2)				
(3)	, , , ,			
(4)		 		
(5)				
(6)				
(7)		·		
(8)				
<u>(9)</u> (10)	-,	<u> </u>		
	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. See Form 990, P	art X. line 15.		
		(a) Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
_(7)		**************************************		·····
(8)				
(9)		·		
(10)	A) (Co. D. d. V.	at (D) the 45)		
	mn (b) must equal Form 990, Part X, o		<u> </u>	<u> </u>
Part X	Other Liabilities. See Form 990 (a) Description of liability	, Part X, IIne 25. (b) Book value		
	income taxes	(D) BOOK VAIUE	\dashv	
(2)	income taxes			
(3)				
(4)	•		-	
(5)		 		
(6)			7	
(7)	· · · · · · · · · · · · · · · · · · ·			
(8)			7	
(9)			7	
(10)			7	
(11)			7	
	(b) must equal Form 990, Part X, col. (B) line 25.)	<u> </u>		
2. FIN 48 (AS	SC 740) Footnote. In Part XIII, provide the			
liability for un	ncertain tax positions under FIN 48 (ASC	740). Check here if the text	of the footnote has been provided in Pa	art XIII

Page	4
raye	•

Par	XI Reconciliation of Revenue per Audited Financial Statem	ents V	Vith Revenue per	Return)
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b		1	
C	Recoveries of prior year grants	2c		1	
d	Other (Describe in Part XIII.)	2d	···	1	
e				2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b		1	
C	Add lines 4a and 4b			1 4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	
Part	XII Reconciliation of Expenses per Audited Financial Stater			r Retu	im
1				1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a		1	
b	Prior year adjustments	2b		1	
С	Other losses	2c		1	
d	Other (Describe in Part XIII.)	2d		1	
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)			1	
C	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 18.)		5	
Part	XIII Supplemental Information				
Comp	lete this part to provide the descriptions required for Part II, lines 3, 5, and	9; Par	t III, lines 1a and 4; P	art IV, li	ines 1b and 2b;
	, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4	b. Also	complete this part to	provid	e any additional
inform	ation.				

Schedule D (Fo	m 990) 2012	Page 5
Part XIII	Supplemental Information (continued)	

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.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection Employer identification number

	anza International Foundation					91	-1585511
Par	General Information Form 990, Part IV, line		ies Outside 1	the United States. Comp	olete if the organi	zation ansv	vered "Yes" to
1	For grantmakers. Does the assistance, the grantees' el						
	grants or assistance?						∐Yes □No
2	For grantmakers. Describe assistance outside the Unite		the organization	on's procedures for monit	toring the use o	f its grants	s and other
3	Activities per Region. (The for	ollowing Part	I, line 3 table o	an be duplicated if addition	nal space is need	ed.)	
	(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 liste a program se describe specific service(s) in r	rvice, c type of	(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)				L		

Schadula	F	Æ~m	aam	2012

				received more than	T				(i) Morthand and
	a) Name of rganization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grent	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			Caribbean	General Support	1,603,674	EFT		O N/A	N/A
,									
,									
									
				· · · · · · · · · · · · · · · · · · ·			1		
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				sted above that are rec has provided a section			-	s tax-exempt	1
	•	_	rganizations or en	•					· \

Part III

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.

Part III can be duplica						Υ	D) Method of
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grent	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)			· · · · · · · · · · · · · · · · · · ·				
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Page	4

Part	IV 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)		☑ 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)		☑ 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)		☑ 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)		☑ 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)		☑ 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).							
*								
•								

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 Open to Public Inspection

Name of the organization

Employer identification number

Esper	anza International Foundation						1585511
Par	Fundraising Activities.	•	-		vered "Yes" to F	orm 990, Part IV,	line 17.
	Form 990-EZ filers are r						
1	Indicate whether the organization	on raised funds			_		
a	Mail solicitations		e L		ion of non-govern on of governmen		
b	Internet and email solicitation	ons	- T		•	•	
C	Phone solicitations		g L	_ Special i	fundraising events	5	
d	In-person solicitations Did the organization have a wri	tton or oral agr	nomont with	any indivi	dual (including of	ficere directore true	toce
2a	or key employees listed in Form						
b	If "Yes," list the ten highest paid	-	-		-	_	
U	compensated at least \$5,000 by			uraisers, p	ursuant to agreen	icits under willer ti	ie iunalaisel is to be
		, o. g					
			63 D.46		· · · · ·	(v) Amount paid to	4.7.4
	(i) Name and address of individual	(ii) Activity	custody o	ndraiser have or control of	(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(vi) Amount paid to (or retained by)
	or entity (fundraiser)		contri	butions?	I Com activity	col (i)	organization
	· · · · · · · · · · · · · · · · · · ·	†	Yes	No		· · · · · · · · · · · · · · · · · · ·	
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10							
			<u> </u>	<u></u>			
<u>Total</u>				<u> Þ</u>	<u> </u>		<u> </u>
3	List all states in which the orga	anization is regis	stered or lic	ensed to s	olicit contribution	is or has been notific	ed it is exempt from
	registration or licensing.						
				*************	************		

Pa	art II	Fundraising Events. Com than \$15,000 of fundraisin gross receipts greater tha	g event contributions	on answered "Yes" to and gross income on	Form 990, Part IV, line Form 990-EZ, lines 1	e 18, or reported more and 6b. List events with				
		3	(a) Event #1 Golf Tournament	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col. (c))				
Ф			(event type)	(event type)	(total number)	(c), (c))				
Revenue	1	Gross receipts	177,741			177,741				
ш	2	Less: Contributions Gross income (line 1 minus	115,858			115,858				
		line 2)	61,883			61,883				
	4	Cash prizes	0			0				
	5	Noncash prizes	71,211	·		71,211				
sesue	6	Rent/facility costs	350			350				
Direct Expenses	7	Food and beverages	4,205			4,205				
Direct	8	Entertainment	17,545		<u> </u>	17,545				
	9	Other direct expenses .	7,166	····		7,166				
	10 11	Direct expense summary. Ad Net income summary. Comb				100,477)				
Pa	rt III	Gaming. Complete if the	organization answer							
		than \$15,000 on Form 99	90-EZ, line 6a.							
Revenue	 		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col (c))				
-Re	1_	Gross revenue								
ses	2	Cash prizes								
Exper	3	Noncash prizes								
Direct Expenses	4	Rent/facility costs								
_	5	Other direct expenses .								
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	☐ Yes% ☐ No					
	7	Direct expense summary. Ac	ld lines 2 through 5 in c	olumn (d)		()				
	8	Net gaming income summar	y. Combine line 1, colur	nn d, and line 7	<u>.</u>					
	. En	nter the state(s) in which the or	ranization operates dat	mina activities:						
(a is	the organization licensed to o	perate gaming activities	in each of these states		🗌 Yes 🗌 No				
10		Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes . No If "Yes," explain:								

Schedu	lle G (Form 990 or 990-EZ) 2012		F	age 3
11	Does the organization operate gaming activities with nonmembers?	□ '	res 🗌	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?		 ∕es □	No
13	Indicate the percentage of gaming activity operated in:			
a	The organization's facility			%
b	An outside facility	I		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ►			
	Address ▶			
15a	· · · · · · · · · · · · · · · · · · ·		. —	٠
	revenue?	Ц,	res ∟	No
	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$			
С	,,,,,,,,			
	Name ►			
	Address ▶			
16	Gaming manager information:			
	Name ►			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	□ Director/officer □ Employee □ Independent contractor			
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		∕es □	l 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	Supplemental Information. Complete this part to provide the explanations required by Part I, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also copart to provide any additional information (see instructions).			;
	part to provide any additional information (see instructions).			

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

Open To Public
Inspection
Employer identification number

Espera	anza International Foundation					91	<u>-15855</u>	11		
Part	Types of Property									
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash cont amounts repo Form 990, Part V	rted on		lethod o			
1	Art-Works of art									
2	Art—Historical treasures									
3	Art—Fractional interests						•			
4	Books and publications						•			
5	Clothing and household									
	goods	✓			71,211	Retail				
6	Cars and other vehicles				······································					
7	Boats and planes									
8	Intellectual property									
9	Securities-Publicly traded			·						
10	Securities—Closely held stock .									
11	Securities—Partnership, LLC,									
	or trust interests									
12	Securities-Miscellaneous									
13	Qualified conservation									
	contribution—Historic									
	structures					<u> </u>				
14	Qualified conservation contribution—Other					:				
15	Real estate-Residential									
16	Real estate—Commercial									
17	Real estate—Other									
18	Collectibles									
19	Food inventory	✓			1,783	Retail	and co	st		
20	Drugs and medical supplies									
21	Taxidermy			· · · · · · · · · · · · · · · · · · ·						
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other ► ()									
26	Other ► (
27	Other ► ()					_				
28	Other ()	hu tha an								
29	Number of Forms 8283 received which the organization completed					_				
	Which the organization completed	1 01111 0200	, I alt IV, Dollee Ackilowick	agement		29		0	Voc	No
30a	During the year, did the organizat	ion rocchia	hy contribution and near	urbs romantant in I	Dort Librar	. 1 00	* ho*		. 62	140
Jua	it must hold for at least three yea									
	used for exempt purposes for the				•		O DC	30a		,
ь	If "Yes," describe the arrangement					• •	•	JUB		✓
31	Does the organization have a		tance policy that require	s the review o	of any no	n-stan	dard			
<i>-•</i>		-						31		1
32a	Does the organization hire or use				ess. or se	ll non	cash			
	- _	•		• •	•			32a		1
b	If "Yes," describe in Part II.			-		·			-	<u> </u>
33	If the organization did not report ar describe in Part II.	amount in	column (c) for a type of pro	perty for which o	column (a) i	s ched	cked,			

chedule M (Form 990) (2012) Page 2							
Part II	Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32 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						

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Open to Public Inspection

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.

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.						
Form 990, Part VI, line 12c; an interested person must disclose the existence of the financial interest and be given the opportunity to						
disclose all material facts to the directors considering the proposed transaction or arrangement. Thi	disclose all material facts to the directors considering the proposed transaction or arrangement. This 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 th	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; copiesare available in the office for review.						
Form 990, Part VII, line 1a, #5; Carlos Pimentel was promoted to President of Esperanza International F	Foundation on December 3, 2010.					
Carlos oversees the program in the Dominican Republic and Haiti.						
Form 990, Part XII, line 2 a-c; Esperanza's financial statements for 2012 were not reviewed or audited p	rior to completing this return. The					
audit will be completed in September 2013.						