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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

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

2012

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2012 calendar year, or tax year beginning **Mar 01, 2012**, and ending **Feb 28, 2013**

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

C Name of organization
ECUADORIAN VOLUNTEERS ASSOCIATION (E V A)
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
1408 RIDGELY COURT
 City or town, state or country, and ZIP + 4
NAPERVILLE IL 60540

D Employer identification number
31-1777253

E Telephone number
630-740-3039

F Group Exemption Number
☐

G Accounting Method. ☒ Cash ☐ Accrual Other (specify) ☐

H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ☐

J Tax-exempt status (check only one) - ☒ 501(c)(3) ☐ 501(c)() (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 69,123.**

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 ☐

Line	Description	Amount
1	Contributions, gifts, grants, and similar amounts received	32,700.
2	Program service revenue including government fees and contracts	
3	Membership dues and assessments	1,600.
4	Investment income	5.
5a	Gross amount from sale of assets other than inventory	
5b	Less: cost or other basis and sales expenses	
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	
6	Gaming and fundraising events	
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	
6b	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)	
6c	Less: direct expenses from gaming and fundraising events	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	
7a	Gross sales of inventory, less returns and allowances	34,818.
7b	Less: cost of goods sold	12,371.
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	22,447.
8	Other revenue (describe in Schedule O)	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	56,752.
10	Grants and similar amounts paid (list in Schedule O)	49,973.
11	Benefits paid to or for members	
12	Salaries, other compensation, and employee benefits	
13	Professional fees and other payments to independent contractors	3,180.
14	Occupancy, rent, utilities, and maintenance	
15	Printing, publications, postage, and shipping	1,176.
16	Other expenses (describe in Schedule O)	
17	Total expenses. Add lines 10 through 16	54,329.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	2,423.
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)	11,900.
20	Other changes in net assets or fund balances (explain in Schedule O)	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	14,323.

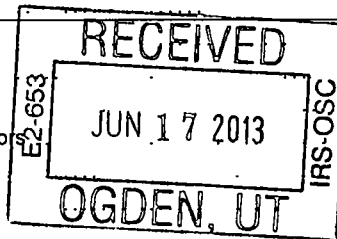
For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2012)

BCA

US990EZ1

SCANNED JUN 28 2013



9-7

3

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

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

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

Expenses

(Required for section 501(c)(3)
and 501(c)(4) organizations and
section 4947(a)(1) trusts,
optional for others)

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

BCA

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

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		X
48		X
49a		X
49b		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

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

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

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

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

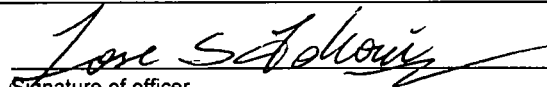
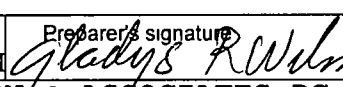
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

☒ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here			05/14/2013		
	Signature of officer JOSE FALCONI		Date		
Paid Preparer Use Only	Type or print name and title TREASURER				
	Print/Type preparer's name GLADYS R WILSON CPA M	Preparer's signature 	Date 05/14/2013	Check <input type="checkbox"/> if self-employed	PTIN P00207571
	Firm's name GLADYS R WILSON & ASSOCIATES PC			Firm's EIN 36-3708260	
	Firm's address 3439 N HARLEM AVE CHICAGO IL 60634-			Phone no 773-286-2135	

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

☒ Yes ☐ No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

ECUADORIAN VOLUNTEERS ASSOCIATION

Employer identification number

31-1777253

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

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

- 1 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state.
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 ☒ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Non-functionally integrated
- 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?
- h Provide the following information about the supported organization(s).

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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) 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")	45158.	45658.	55921.	54656.	69118.	270511.
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	45158.	45658.	55921.	54656.	69118.	270511.
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)						270511.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	45158.	45658.	55921.	54656.	69118.	270511.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	143.	19.	9.	14.	5.	190.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	143.	19.	9.	14.	5.	190.
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)	45301.	45677.	55930.	54670.	69123.	270701.

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 2012 (line 8, column (f) divided by line 13, column (f))	15	99.93	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	99.89	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	0.07	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	0.10	%

19a **33 1/3 % support tests - 2012.** 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 - 2011.** 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 ▶ ☐

Page 1

ECUADORIAN VOLUNTEERS ASSOCIATION (E.V.A.) 2012
ATTACHMENT TO FORM 990-EZ AD: 31-1777253
STATEMENT OF OTHER PROGRAM SERVICE ACCOMPLISHMENTS
Fiscal Year 3/1/2012 To 2/28/2013

✓ **INSTITUTO JOSE MARTI**

Especial Education to mainstream children with
Minor disabilities into regular education

Sector Ichimbia

Calle Manuel Lopera sin numero

Grant \$2,100.00

Quito Ecuador

Dra. Nelly Ramos, Directora

Lucia Alvear, Vicerectora

2571-345

✓ **ESCUELA JOSE AMADEO JACOME**

Scholarships for elementary and after school programs

Mañosca 251 y 10 de Agosto

Grant \$2,050.00

Quito, Ecuador

Sor Bertha Buenazo Basantes

Sor Maria Celina Andrade

2450-962

✓ **COLEGIO MARIA AUXILIADORA**

College Scholarships for gifted students with

Demonstrated financial need.

Grant \$2,000.00

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

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FUNDACION KENTENICH

Scholarships

Ave. Mariscal SucreS/N y calle Jose Berrutieta

Quito, Ecuador

Grant \$3,828.00

Ing. Mauricio Lopez Chiriboga, Direcytor

2320-0165, 2320-1829

fundpjk@andinanet.net

FUNDACION TIERRA NUEVA

Providing funds for dental care

Ave Cardenal de la Torre y Ajavi

Quito Ecuador

Grant \$2,785.00

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 \$2,000.00

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 \$2,300.00

Gladys Almeida de Franco, Presidenta

fundabei@interactive.Net.ec

2262-747 2264-645

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CASA HOGAR MADRE RAFAELA DE LA PASION VEINTIMILLA

Orphanage for approximately 20 girls

Ave. de los olivos y Madre Rafaela Veintimilla #234

Barrio Buenos Aires, San Isidro del Inca

Grant \$3,100.00

Quito Ecuador

Sor Ana Maria Otiniano Directora

240-5345

FUNDACION SAN PEDRO CLAVER

Senior citizens dining room for senior of very low income

Solanda, Sector 1 Manuel Alvarado S/N

Grant \$4,500.00

Quito, Ecuador

Elena de Castellanos, Directora

099-8233-299

FUNDACION SOCIAL BRAZOS ABIERTOS

Community services and child care for working mothers

Ave Maria de Jasus S/N

Grant \$2,000.00

San Rafael- Rumiñahui

Quito, Ecuador

Monseñor Luciano Iturralde, Presidente

2865-563

ORATORIO SAN JUAN BOSCO

Weekend Children's Center

Los Rosales, Cumbaya

Grant \$1,000.00

Quito Ecuador

Sor Blanca Cordova, Directora

2895-850

Sociedad Madres Salecianas Casa Provincial

Calle Yaguacchi E8-115

Quito, Ecuador

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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 \$2,050.00**

Sangolqui Ecuador

Ing Jose Ignacio Zuñiga Espinosa, Presidente

233-2502 286-4188

FUNDACION AL SERVICIO DEL ENFERMO DE CANCER

(FASEC)

Temporary assistance and lodging for cancer patients

Ave, 10 de Agosto y Agustin Landivar **Grant \$2,000.00**

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 \$9,110.00**

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 \$4,000.00**

Apartado 13-01-0024

Portoviejo, Manabi

Antonio Jose Garcia Fernandez (Director Ejecutivo

0914-00030

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BRASS BAND DEL ECUADOR

Music education for underprivileged children

Ave Naciones Unidas oc3-164

Grant \$2,000.00

Quito, Ecuador

Licenciado Jorge Pachacama, Director

Dra. Patricia Anaguano

099926542 2273-043

COMMUNITY HEALTH

GRANT \$700.00

COMMUNITY CRISIS CENTER ELGI

GRANT \$700.00

BARRINGTON HIGH SCHOOL LATIN AMERICAN

DANCE GRUP

GRANT \$700.00

DOROTHY STANG

GRANT \$700.00

CARMEN & GABRIEL CEVALLOS SCHOLARSHIP

FUNDATION

GRANT \$350.00

TOTAL GRANTS PAID.....\$49,973.00 ✓