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# SCANNET JUN 1 0 2014

Form **990** 

Department of the Treasury

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

OMB No. 1545-0047

2012

benefit trust or private foundation)

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

Open to Public

_	mai Revenue			rung requii	-	llispec	
<u>A</u> _	For the 2	012 calendar year, or tax year beginning October 1, 2012, and			nber 30	, 20 <sub>13</sub>	
В	Check if a	oplicable C Name of organization Centro Binacional Para El Desarrollo Indigena (	<u>Oaxaquen</u>		D Employ	er identification n	umber
	Address cl	nange Doing Business As				77-0337939	
	Name cha	nge Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		E Telepho	ne number	
	Initial retur	n 744 N ABBY STREET				(559) 499-1178	
	Terminated	Crty, town or post office, state, and ZIP code					
	Amended	return FRESNO, CA 93701		ŀ	<b>G</b> Gross re	eceipts \$	
	Application	pending F Name and address of principal officer: LEONCIO VASQUEZ SANTOS		H(a) is this a	group return	for affiliates?  Yes	☑ No
		744 N ABBY STREET, FRESNO, CA 93701			•	ncluded? Yes	
$\overline{}$	Tax-exem		527			list. (see instruction	
<u>:</u>	Website:		3 021	H(c) Group	exemption	number ►	
<u>K</u>			of formation			of legal domicile	
P	art I	Summary		1993		5. 1090. 00	CA
	_	Briefly describe the organization's mission or most significant activities:	To foster	and stren	othen the	civic narticinal	ion
		conomic, social and cultural development, as well as the resistance of the in				participat	
9		condition, social and cultural development, as wen as the resistance of the m					·
Пa							
Activities & Governance	1 2 7	Check this box ▶☐ if the organization discontinued its operations or disp			050/ -4		
ģ	1				1 - 1	ns net assets.	9
9					3		9
ijes		lumber of independent voting members of the governing body (Part VI, li			4	<u> </u>	
Ęį	l l	otal number of individuals employed in calendar year 2012 (Part V, line 2	(a)		5		14
Ac		otal number of volunteers (estimate if necessary)			6		30
		otal unrelated business revenue from Part VIII, column (C), line 12			7a		0
	b N	let ur related business taxable income from Form 990-T, line 34	<del></del>		7b		
				Pnor Ye		Current Ye	
Ф		Contributions and grants (Part VIII, line 1h)	· •		733,888		741,816
ē		rogram service revenue (Part VIII, line 2g)	· - <u> </u>		6,125		23,039
Revenue		ovestment income (Part VIII, column (A), lines 3, 4, and 7d)	<del></del>		0		0
_		other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0		21,458
		otal revenue-add lines 8 through 11 (must equal Part VIII, column (A), line			740,013		786,313
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	· • <u> </u>		0		0
	14 E	enefits paid to or for members (Part IX, column (A), line 4)			0		0
S	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-	-10)		343,188		349,879
Expenses	16a P	rofessional fundraising fees (Part IX, column (A), line 11e)			0		0
ğ	b T	otal fundraising expenses (Part IX, column (D), line-25)	379				
ш	17 C	other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	ヒリ	1	375,075		416,992
	18 T	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		7	718,263		766,871
	19 F	levenue less expenses. Subtract line 18 from line 12	4	51	21,750		24,821
e s		8 MAT 1 0 Z	Beg	inning of Cu	rrent Year	End of Ye	ar
sets or	20 T	otal assets (Part X, line 16)	!	<u> </u>	442,710		543,361
Net Asse Fund Bala	21 T	otal liabilities (Part X, line 26)	1.1		320,671		396,501
훒	22 N	let assets or fund balances. Subtract line 21 from line 20			122,039		146,860
	art II	Signature Block	· · ·				
Un	der penaltie	s of perjury declare that I have exampled this return, including accompanying schedules at	nd statemen	its, and to th	e best of n	ny knowledge and	belief, it is
tru	e, correct, a	and complete Declaration of preparer other than officer) is based on all information of which	preparer has	s any knowle	edge.	1-01.	1
		JEANINA ! LANGUES!			115	109/16	/
Sig	jn	Signature of officer		- Dat	e (Y		
Here		Leonain Vascoller Cattos F	ropri	live		reclas	
		ype or print name and title	166.47	<u> </u>	سرر	1210	
<u> </u>		Print/Type preparer's name Preparer's signature	Date		ا ما ت	PTIN	
Pa					Check [ self-emp		
	eparer	Firm's name		Firm	's EIN ▶	<u> </u>	
US	e Only	Firm's address >					
Ma	v the IRS	discuss this return with the preparer shown above? (see instructions) .		Pnoi	ne no.		No
_	·	rk Reduction Act Notice, see the separate instructions.	Cat. No. 1	1282Y			90 (2012)
. ••			val. NO. I	. = = 1			~ ~ (~~ '~)





) (Revenue \$

725.067

Other program services (Describe in Schedule O.)

Total program service expenses ▶

268,320 including grants of \$

(Expenses \$

Form 99				Page (
Part	Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	,	-
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	<u> </u>	~
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		~
4	<b>Section 501(c)(3) organizations.</b> 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	4		~
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		,
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		_
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		,
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		,
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		,
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		,
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		34	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	V	<u>\$0,000</u>
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		,
	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		,
	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		,
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11f		~
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	•	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		,
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV.	15		~
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		~
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		,
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	7	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		,
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		V
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 99	30 (2012)			Page 4
Part	Checklist of Required Schedules (continued)			
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	Yes	No
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		~
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		-
С	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		V
	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		v
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		v
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	30		~
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		,
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		~
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	_	~
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		~
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	35b 36		~
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
38	Part VI	37	v	

Part				
	Check if Schedule O contains a response to any question in this Part V	<u></u>	 Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   43		res	NO
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	- 1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		ļ
	reportable gaming (gambling) winnings to prize winners?	1c	~	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		Ť	
	Statements, filed for the calendar year ending with or within the year covered by this return   2a   14			ŀ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	,		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		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			
	account)?	4a		•
Ь	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? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		7
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<b>'</b>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	۰	,	
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		~
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	required to file Form 8282?	7c		-
d e	If "Yes," indicate the number of Forms 8282 filed during the year	70		V
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7e 7f		V
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
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		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	ł /		
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .   Section 501(c)(12) organizations. Enter:			
''a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
Ð	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		1

Part							
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Schedule O contains a response to any question in this Part VI			ions. . 🗹			
Sect	on A. Governing Body and Management		•	. ت			
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	4					
	of the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent . 1b						
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	-				
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		~			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		~			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	<u> </u>	<b>'</b>			
6 7a	Did the organization have members or stockholders?	6		~			
one or more members of the governing body?							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		~			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			2			
а	The governing body?	8a	~				
р	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		~			
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	Ode.) Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a	res	V			
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 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	V				
þ	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	7				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	,				
13	Did the organization have a written whistleblower policy?	13	•				
14 15	Did the organization have a written document retention and destruction policy?	14	~				
а	The organization's CEO, Executive Director, or top management official	15a	-				
b	Other officers or key employees of the organization	15b					
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		<u></u>			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	104		-			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		- '			
	on C. Disclosure						
17 18	List the states with which a copy of this Form 990 is required to be filed CALIFORNIA  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	າ 501(	c)(3)s	only)			
19	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict or and financial statements available to the public during the tax year.	f inte	rest p	olicy,			
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: Virginia Meza, 744 N. ABBY STREET, FRESNO, CA, 93701	of the	•				

	<del></del>	_
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, a	nc
	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.

Officer and box if ficially the organization in		J 9	(C)							,
(A)	(B)			Pos	ition			(D)	(E)	(F)
Name and Title	Average					than one south		Reportable	Reportable	Estimated
	hours per week (list any	office	er and	dad	lirect	or/trust	ee)	compensation from	compensation from related	amount of other
	hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the	organizations	compensation
	related organizations	Tect.	햛	ĕ	emp	lest i	ner	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	약출	nal		Joy	eom				and related
	line)	stee	rust		ď	bens				organizations
			8			ated				
										•
(1) GILDA ZARATE-GONZALEZ	25	-		١.						
PRESIDENT				~			<u> </u>			
(2) MARGARITA CORDOVA	1	-					l			
VICE-PRESIDENT	1		<u> </u>	~	-	<u> </u>			<u>'</u>	
(3) ANTONINO MATEO TREASURER	3			,						
(4) SAUL SARABIA	1									
SECRETARY		1		~						
(5) EULALIO RUIZ	1					-				
DIRECTOR		<b>'</b>								
(6) EULOGIO DONATO SOLANO DIRECTOR	1	,								
(7) FRANCISCO LOZANO CHAVEZ	1	-								
DIRECTOR		1								
(8) BRENDA NICOLAS	1 1	<del>                                     </del>	-	├						<u> </u>
DIRECTOR		1		İ						
(9) GASPAR RIVERA SALGADO	1				<u> </u>					<del></del>
DIRECTOR	1	1								
(10)		<b> </b>								
					ļ		L_			
(11)LEONCIO VASQUEZ SANTOS	40	ļ			i					
EXECUTIVE DIRECTOR		L			~			43,500		
(12)VIRGINIA MEZA	40									
FISCAL OFFICER			Щ		~			38,628		
(13)WALTER RAMIREZ	40									
ASSISTANT EXECUTIVE DIRECTOR	<b></b>	<u> </u>			~			29,815		
(14)										
		l l	1	I	I	l	1	· ·	1	

	(A) Name and title	(B)  Average hours per week (list any hours for related	box, office	ot ch unles er and	s pe	more rson rect	than of the state	an	(D)  Reportable compensation from the organization	(E) Reportal compensatio related organizati (W-2/1099-i	on from d ons	Esti amo o comp	(F) mated ount of ther ensation in the	'n
		organizations below dotted line)		Institutional trustee	ji .	Key employee	Highest compensated employee	er	(W-2/1099-MISC)			orga: and	nization related izations	
(15)													-	
(16)														
(17)														
(18)						_								
(19)								_						
(20)														
(21)														
(22)		_												
(23)														
(24)														
(25)														
	Sub-total	 VII, Sectio	 n A					<b>▶</b>	111,943					
<u>d</u>	Total (add lines 1b and 1c)							<u> </u>	111,943					
2	Total number of individuals (including but reportable compensation from the organi		to th	ose	list	ed a	above	e) w	ho received me	ore than \$1	00,000	of 		
3	Did the organization list any former of employee on line 1a? If "Yes," complete s							mp	oloyee, or high	est compe	ensated	3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations	sum of rep	oortat	ole d	om	per	satio							
5	individual											5		<u> </u>
Section	on B. Independent Contractors								,		· · · · ·	1 3 1		
1	Complete this table for your five highest of compensation from the organization. Repyear.												n's ta	ix
	(A) Name and business address						(B) Description of services			C	(C) compens	ation		
					_									
	<del></del>													
	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who				

Par	t VIII	Statement of Revenue											
		Check if Schedule O contains a resp	onse to any quest	tion in this Part V	III	<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						
nts nts	1a	Federated campaigns 1a											
Gra	b	Membership dues 1b											
Łs, (	С	Fundraising events 10											
ig ig	d	Related organizations 1d											
ns,	e	Government grants (contributions) 1e	<u> </u>										
atio er S	f	All other contributions, gifts, grants,											
ě ŧ		and similar amounts not included above 11											
Contributions, Gifts, Grants and Other Similar Amounts	9	Noncash contributions included in lines 1a-1f: \$		741.01/									
	h	Total. Add lines 1a–1f	Business Code	741,816									
Ž	2a	Enrollments & translations	624000	23,039		<del> </del>							
ě	b			23,037	<del></del>								
9	C		1 1	+	***								
ΘŽ	d												
Program Service Revenue	e					1							
gg	f	All other program service revenue.											
F	g	Total. Add lines 2a-2f	•	23,039									
	3	Investment income (including divi-	dends, interest,	Ī									
		•	▶	0									
	4	Income from investment of tax-exempt I		0		<u> </u>							
	5	Royalties	▶	0			e						
	Ì		(ii) Personal	1									
	6a	Gross rents	<u> </u>				*						
	b	Less: rental expenses											
	C	Rental income or (loss)	<u> </u>										
	d   7a	Net rental income or (loss)  Gross amount from sales of (i) Securities	▶	0		<u> </u>							
	'a	assets other than inventory	(ii) Other										
	ь	Less. cost or other basis		1									
	-	and sales expenses .		1									
	c	Gain or (loss)	<del> </del>										
	d	Net gain or (loss)	· <b>&gt;</b>	o									
_	i	<b>5</b>											
venue	8a	Gross income from fundraising											
		events (not including \$ 9,467											
Other Re		of contributions reported on line 1c).											
Ъeг		See Part IV, line 18				:							
ᅙ	l		b 5,379										
	C	Net income or (loss) from fundraising		21,458									
	ya	Gross income from gaming activities. See Part IV, line 19	· .										
		· · · · · · · · · · · · · · · · · · ·	a										
		Net income or (loss) from gaming ac	btivities ▶	ا			/						
		Gross sales of inventory, less											
		returns and allowances ;											
	ь		6				'						
		Net income or (loss) from sales of in		o									
	Ť	Miscellaneous Revenue	Business Code	1									
	11a		1	į	==	<u></u>							
	ь												
	C												
	d	All other revenue											
	е	Total. Add lines 11a-11d		0									
	12	Total revenue. See instructions	🕨 🛚	786,313		1							

Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a respon			<u> </u>	
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	0	0		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0	0		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	o	0		•
4 5	Benefits paid to or for members	0	0		
6	trustees, and key employees	111,943	111,943	0	
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 8	Other salaries and wages	183,488	183,488	0	0
^		0 14,921	14,921	0 0	0
9 10	Other employee benefits	39,527	39,527	0	0
11	Fees for services (non-employees):	37,327	37,327		
а	Management	0	0	0	. 0
b	Legal	0	0	0	0
C	Accounting	7,445	0	7,445	0
đ	Lobbying	0	0	0	0
е	Professional fundraising services. See Part IV, line 17	0			0
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column	0	0	0	0
	(A) amount, list line 11g expenses on Schedule O.)	0	o	0	0
12	Advertising and promotion	1,540	40		1,500
13	Office expenses	139,893	137,999	1,894	0
14	Information technology	0	0	0	0
15	Royalties	0	0	0	0
16	Occupancy	56,952	53,297	3,655	0
17	Travel	39,869	34,809	5,060	0
18	for any federal, state, or local public officials	o	o	0	
19	Conferences, conventions, and meetings .	4,366	1,776	2,590	0
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	
22	Depreciation, depletion, and amortization .	2,400	0	2,400	0
23	Insurance	6,727	6,727	<u> </u>	0
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.)		<u> </u>		
а	Fundraising Expenses	3,879	0	0	3,879
b	Miscellaneous	18,441	6,060	12,381	0
C	Program Supplies	88,431	88,431	0	0
d	Food/ Snack Supplies	18,452	18,452	0	0
е	All other expenses Incentives	28,597	27,597	1,000	0
25	Total functional expenses. Add lines 1 through 24e	766,871	725,067	36,425	5,379
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here   ☐ if following SOP 98-2 (ASC 958-720)				

Form 990 (2012) Page **11** Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X . . (A) (B) End of year Beginning of year 371,466 1 473,974 2 2 0 3 49,967 41,432 3 4 ol 4 0 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 0 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. . . . . . . . . 0 6 0 Assets 7 0 7 0 8 0 8 Prepaid expenses and deferred charges . . 7.568 10.665 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 51,534 37,825 17,290 Less: accumulated depreciation . . . . 10b 13,709 10c Investments—publicly traded securities . . . . 11 0 11 0 0 12 Investments-other securities. See Part IV, line 11 . 0 12 0 ō 13 Investments—program-related. See Part IV, line 11 . . . 13 14 0 14 0 15 Other assets. See Part IV, line 11 . . . . . . . . . 0 15 0 442,710 16 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 543,361 21,676 17 17 Accounts payable and accrued expenses . . . . . . . . . 37,377 18 ol 18 0 19 298,995 19 359.124 20 ol 20 0 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Λ 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . . . . 0 22 0 0 23 0 23 Secured mortgages and notes payable to unrelated third parties . . . 0 24 0 24 Unsecured notes and loans payable to unrelated third parties . . . Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 0 0 25 Total riabilities. Add lines 17 through 25 . . 320,671 26 26 396,501 Organizations that follow SFAS 117 (ASC 958), check here ▶ 🕡 and or Fund Balances complete lines 27 through 29, and lines 33 and 34. 122,039 27 146,860 27 28 0 28 0 29 0 29 0 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and

complete lines 30 through 34.

Capital stock or trust principal, or current funds . . . . . . . . .

Paid-in or capital surplus, or land, building, or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds .

Total net assets or fund balances . . . . . . . . . . . . . . . . .

30

31

32

33

34

Net Assets

0

0

0

146,860

543,361

0 30

0 31

0

122,039 33

442,710 34

32

om 9	90 (2012)				Pa	age <b>12</b>
Par	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			79	1,692
2	Total expenses (must equal Part IX, column (A), line 25)	2	_		76	6,871
3	Revenue less expenses. Subtract line 2 from line 1	3		4,821		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		122,0		
5	Net unrealized gains (losses) on investments	5				0
6	Donated services and use of facilities	6				0
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				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10			14	6,860
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII		<u> </u>	<u></u>	<u></u>	
					Yes	No
1	Accounting method used to prepare the Form 990:  Cash  Accrual  Other		_ [			
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain i	n			
	Schedule O.		L			<u> </u>
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	oiled o	or			
	reviewed on a separate basis, consolidated basis, or both.			2	,	-
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			, pag .	*	
b			_	2b	~	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on	a		, -	
	separate basis, consolidated basis, or both					, ,
	Separate basis Consolidated basis Both consolidated and separate basis		_ [_	.,	J	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or					
	of the audit, review, or compilation of its financial statements and selection of an independent accou		L.	2c	~	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain i	n [		٠.	
	Schedule O.			.0		
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth i	n			
	the Single Audit Act and OMB Circular A-133?			3a		~
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under		е Г			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits	1	3b		

Form **990** (2012)

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

# **Public Charity Status and Public Support**

20**12** 

Open to Pub

Department of the Treasury Internal Revenue Service 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.

Open to Public Inspection

Name of the organization					Ī	Employer i	dentificatio	n number			
Centro Binacional Para El Desarrollo Ind	igena Oaxaqueno							337939			
Part I Reason for Public Cha							nstruction	ons.	<del></del>		
The organization is not a private foundation of church and a cooperative house and a manual research organization and a cooperative house to be a cooperative house to be a cooperative and a cooperative house to be a cooperative and a cooperative house to be a cooperative and a coop	thes, or association of 170(b)(1)(A)(ii). (Attack spital service organiza on operated in conjun	churches ch Schede ation desc	s describe ule E.) cribed in	ed in sec section	tion 170( 170(b)(1)(	(b)(1)(A)(i (A)(iii).		)(iii). Enter th	e		
hospital's name, city, and state  Morganization operated for section 170(b)(1)(A)(iv). (Com	the benefit of a colle	ge or uni	versity o	wned or	operated	l by a go	vemmen	tal unit desc	ribed in		
<ul> <li>6  A federal, state, or local gover</li> <li>7  An organization that normally</li> </ul>	☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). ☐ 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.)										
9 An organization that normally receipts from activities relate support from gross investment	□ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  ☑ An organization that normally receives: (1) more than 331/3% 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 331/3% 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.)										
11 An organization organized at purposes of one or more put	☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4). ☐ 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.										
e By checking this box, I certify	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)										
f If the organization received organization, check this box			he IRS 1	that it is	а Туре	I, Type	ll, or Typ	oe III suppoi	rting		
g Since August 17, 2006, has t following persons?			gift or co	ontributio	n from a	iny of the			٠ ٣		
(ii) A person who directly or i									s No		
(ii) A family member of a pers (iii) A 35% controlled entity of	on described in (i) abo a person described in	ove? n (i) or (ii) a	 above? .					11g(ii) 11g(iii)			
h Provide the following informat	ion about the support	ed organi	zation(s).			T		, —— —			
(i) Name of supported (ii) EIN organization	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) lis	rganization ited in your document?	the organ col. (i)	ou notify nization in of your port?	organizat (I) organi	s the tion in col. zed in the S.?	(vii) Amount of suppor			
	,	Yes	No	Yes	No	Yes	No				
(A)											
(B)											
(C)											
(D)											
(E)											

Part	Support Schedule for Organiza	tions Descr	ibed in Secti	ions 170(b)(1	)(A)(iv) and 1	70(b)(1)(A)(v	i)
(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	quanty and		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	dar year (or fiscal year beginning in) ▶	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and	(a) 2000	(5) 2003	(0) 2010	(0) 2011	(6) 2012	(i) rotal
'	membership fees received. (Do not						
	include any "unusual grants.")						
_							
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities		i				
	furnished by a governmental unit to the						
	organization without charge						
4	<b>Total.</b> Add lines 1 through 3						
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)					` •	
6	Public support. Subtract line 5 from line 4.						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts 'rom line 4				<del></del>		
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					i	
	is regularly carried on						
10	Other income. Do not include gain or						<del>-</del>
	loss from the sale of capital assets						
	(Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc	(see instruction	ons)			12	<del>.</del>
13	First five years. If the Form 990 is for the						n 501(c)(3)
	organization, check this box and stop he						
Secti	on C. Computation of Public Suppor			· · · · · · · · · · · · · · · · · · ·			
14	Public support percentage for 2012 (line 6			1 column (fl)		14	%
15	Public support percentage from 2011 Sch		-			15	%
16a	331/3% support test—2012. If the organiz						
	box and <b>stop here.</b> The organization qua						. ▶ □
b	331/3% support test-2011. If the organ	•		-			
•	check this box and <b>stop here.</b> The organ						· ► □
170		•	-	•		a or 16b and	_
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me						
	Part IV hc w the organization meets the "f						
	organization			-		as a publicly Si	
_	<b>o</b>						. ▶ 🗆
b	10%-facts-and-circumstances test — 20						
	15 is 10% or more, and if the organization						
	Explain in Part IV how the organization m				_	•	· -
	supported organization						_
18	Private foundation. If the organization di						
	instructions						. ▶ □

### 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>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")	624,426	767,769	685,004	740,009	791,690	3,608,898
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			i		ŀ	
	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	624,426	767,769	685,004	740,009	791,690	3,608,898
7a	Amounts included on lines 1, 2, and 3					i	
	received from disqualified persons .						
b	Amounts included on lines 2 and 3					]	
	received from other than disqualified					ŀ	
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from		,	,			
	line 6.)		i		, ,		3,608,898
	on B. Total Support	<del></del>					
	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	624,426	767,769	685,004	740,009	791,690	3,608,898
10a	Gross income from interest, dividends,					į	
	payments received on securities loans, rents, royalties and income from similar sources.	_	_				
	·	7	5	. 4	4	2	22
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975						
_		7	5	4	4	2	22
11	Add lines 10a and 10b	/	- 1	. 7	- 7	- 4	
• • •	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
12	loss from the sale of capital assets					1	
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	624,433	767,774	685,008	740,013	791,692	3,608,920
14	First five years. If the Form 990 is for th						
	organization, check this box and stop he	-			-		
Secti	on C. Computation of Public Suppor			<del></del>			
15	Public support percentage for 2012 (line 8			3, column (f))		15	100 %
16	Public support percentage from 2011 Sch	nedule A, Part I	II, line 15 .			16	100 %
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2012 (	ine 10c, colum	n (f) divided by	/ line 13, colun	าก (f))	17	0 %
18	Investment income percentage from 2011					18	0 %
19a	331/3% support tests-2012. If the organi						, and line
	17 is not more than 331/3%, check this box		_	-		_	
b	331/3% support tests-2011. If the organiz						
	line 18 is not more than 331/3%, check this t		_			• •	_
20	Private foundation. If the organization di	d not check a b	ox on line 14.	19a, or 19b, c	heck this box :	and see instruc	tions > 🗀

#### SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

0MB No. 1545-0047 2012

Open to Public Inspection

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

Name of the organization Employer identification number Centro Binacional Para El Desarrollo Indigena Oaxagueno 77-0337939 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts, Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year . . . . . 2 Aggregate contributions to (during year). Aggregate grants from (during year) . . 3 Aggregate value at end of year . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area ☐ Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements . . . . 2a 2b Number of conservation easements on a certified historic structure included in (a) . . . . Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ► Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art. historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: 

b Assets included in Form 990, Part X . . . .

_		^
Pa	зe	_

Part	III Organizations Maintaining							
3	Using the organization's acquisition, collection items (check all that apply):		other reco	rds, chec	k any of the	follov	ving that are a s	significant use of its
а	☐ Public exhibition		d	Loan	or exchange	progi	rams	
b	☐ Scholarly research		е	Other	r <u></u>			
C	☐ Preservation for future generations	S						
4	Provide a description of the organiza	tion's collections	and expla	ain how t	hey further th	he org	janization's exei	mpt purpose in Part
_	XIII.							
5	During the year, did the organization							
D	assets to be sold to raise funds rather							
Part	IV Escrow and Custodial Arra				anization ai	nswei	red Yes to F	orm 990, Part IV,
-10	line 9, or reported an amour ls the organization an agent, trustee	oustodian or o	ther intern	ne z i.	or contributio	one or	other seeds n	ot .
14	included on Form 990, Part X?	, custodian or o	uiei iiiteiii	ledialy it	or contribution	) IS OI	Other assets in	☐ Yes ☐ No
b	If "Yes," explain the arrangement in P							☐ 1es ☐ 140
U	ii res, explain the arrangement in F	art Am and Comp	nete the it	mowning to	abic.		Τ Α	Amount
С	Beginning balance					10	- <del> </del>	
ď	Additions during the year					1d		-
e	Distributions during the year					1e	+	
f	Ending balance					1f		·······························
2a	Did the organization include an amou						i	☐ Yes ☐ No
	If "Yes," explain the arrangement in P							
Par								
		(a) Current year	(b) Pri	or year	(c) Two years	back	(d) Three years bac	k (e) Four years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and							
	losses		į					
d	Grants or scholarships							
е	Other expenditures for facilities and							
	programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of		end balanc	e (line 1g	ı, column (a))	held a	as:	
а	Board designated or quasi-endowme	nt <b>&gt;</b>	%					
b	Permanent endowment ▶	%						
C	Temporarily restricted endowment ►							
_	The percentages in lines 2a, 2b, and 2							L _
3a		e possession of	tne organi	zation the	at are neid a	na aa	ministered for ta	
	organization by:							Yes No
	(i) unrelated organizations					• • •		3a(i)
_	(ii) related organizations		roquirod	 on Sahad	 ulo B2			3a(ii) 3b
ь 4	Describe in Part XIII the intended use							30
Part								<del>-</del>
i di i	Description of property	(a) Cost or		<del></del>	or other basis	(c)	Accumulated	(d) Book value
	<del></del>	(invest			ther)		epreciation	(a) Book Value
1a	Land	•		-		<u></u>		
b	Buildings			<del> </del>				
C	Leasehold improvements	•	E7 E4/	<del> </del>			40.224	17 200
d	Equipment	•	57,516	<del> </del>			40,226	17,290
E T-4-1	Other	·	000 0	V 00':	(D) line 10/	61.1		17,290
ı otal.	Add lines 1a through 1e. (Column (d) r	nusi equal Form	esu, ran	n, columir	r (D), line 10(	<i>U).)</i>	▶	17,290

Part VII	Investments - Other Securities	. See Form 990, Part X,	line 12.	
(;	a) Description of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year m	
(1) Financia	l derivatives			
	held equity interests			<del> </del>
(3) Other				
(A)				
(B) (C)				
(D)				
(E)				<del></del>
(F)				
(G)				
(H)				
(I)				<del></del>
Total. (Column	(b) must equal Form 990, Part X, col (B) line 12) ▶			
Part VIII	Investments—Program Related	J. See Form 990, Part X,	line 13.	
	(a) Description of investment type	(b) Book value	(c) Method of val Cost or end-of-year m	
_(1)		<u> </u>		
(2)				
(3)				
(4) (5)	<del></del> -			
(6)				
(7)			***************************************	
(8)				· · · · ·
(9)				
(10)				
	(b) must equal Form 990, Part X, col (B) line 13)		<u> </u>	*
Part IX	Other Assets. See Form 990, Pa	Irt X, line 15.	<del></del>	(h) Cantrustia
/4\	(4	i) Description		(b) Book value
(1)	<del></del>	· · · · · · · · · · · · · · · · · · ·		
(3)				
(4)				······································
(5)				
(6)				
(7)				
(8)				<u>-</u>
(9)				
(10)	ımn (b) must equal Form 990, Part X, co	ol (R) line 15 )		
Part X	Other Liabilities. See Form 990,		· · · · · · · · · · · · · · · · · · ·	
1.	(a) Description of liability	(b) Book value		
(1) Federal	income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(8)		<u>-</u> .		'
(9)				I
(10)				
(11)				
·	(b) must equal Form 990, Part X, col. (B) line 25 )			
2. FIN 48 (AS	C 740) Footnote. In Part XIII, provide the t	ext of the footnote to the org	anization's financial statements that	reports the organization's
liability for ur	ncertain tax positions under FIN 48 (ASC 7	40). Check here if the text of	the footnote has been provided in Pa	art XIII

Schedu	ile D (Form 990) 2012		Page 4
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue per I	Return	
1	Total revenue, gains, and other support per audited financial statements	1	791,692
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments		
b	Donated services and use of facilities	, '	
C	Recoveries of prior year grants	<i>'</i>	
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	791,692
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 0	`	
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	<u>c</u>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	791,692
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses pe	r Return	
1	Total expenses and losses per audited financial statements	1	766,871
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.		
а	Donated pervices and use of facilities	-	
b	Prior year adjustments	, ,	
c	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	O
3	Subtract line <b>2e</b> from line <b>1</b>	3	766,871
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 0	* 18.1	
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	766,871
Part	XIII Supplemental Information		
Part V	elete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II, lines 1a and 4; Part XI, line 4, Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to nation.		
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Schedule D (Foi	990) 2012	Page 5
Part XIII	Supplemental Information (continued)	
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## **SCHEDULE G** (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Name of the organization **Employer identification number** Centro Binacional Para El Desarrollo Indigena Oaxaqueno 77-0337939 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. e 

Solicitation of non-government grants ☐ Internet and email solicitations ☐ Solicitation of government grants c Phone solicitations ☐ Special fundraising events In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (or retained by) (iii) Did fundraiser have custody or control of contributions? (vi) Amount paid to (or retained by) (i) Name and address of individual (iv) Gross receipts (ii) Activity or entity (fundraiser) from activity fundraiser listed in col. (i) organization Yes No 1 2 8 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

P	art II	Fundraising Events. Con thar \$15,000 of fundraising gross receipts greater that	ng event contributions			
			(a) Event #1 Guelaguetza Fundra (event type)	(b) Event #2 Ind. Conference (event type)	(c) Other events  NONE  (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	20,828	15,476		36,304
č	2 3	Less: Contributions Gross income (line 1 minus	8,617	850		9,467
_	3	line 2)	12,211	14,626		26,837
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Dire	8	Entertainment				
	9	Other direct expenses .	2,827	2,552		5,379
Pa	10 11 rt III	Direct expense summary. Ad Net income summary. Comb <b>Gaming.</b> Complete if the	ine line 3, column (d), ai	nd line 10		( 5,379 ) 21,458 reported more
_		than \$15,000 on Form 9			· · · · · · · · · · · · · · · · · · ·	·
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
<u>.</u>	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes%	☐ Yes% ☐ No	☐ Yes % ☐ No	1
	7	Direct expense summary. Ad	d lines 2 through 5 in co	olumn (d)		( )
	8	Net gaming income summary	y. Combine line 1, colun	nn d, and line 7		
g	a Ist	iter the state(s) in which the or the organization licensed to op 'No," explain:		in each of these states		
10			amıng lıcenses revoked			

Schedu	ule G (Form 990 or 990-EZ) 2012		i	Page 3
11 12	Does the organization operate gaming activities with nonmembers?		/es [ /es [	_
13	Indicate the percentage of gaming activity operated in:			
а	The organization's facility			%
b	An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶		·	
	Address ▶			
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	_ \	∕es [	] No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the	_		_
	amount of gaming revenue retained by the third party ► \$			
С	If "Yes," enter name and address of the third party:			
	Name ▶			
	Address ▶			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	□ Director/officer □ Employee □ Independent contractor			
17 a	Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the otate gaming learner?		_	
b	retain the state gaming license?	⊔ Y	es 🗌	) No
Part		line 2 mplet	b, te this	;
				<b></b>
			••	- <b></b>
		•		
				••••
		·		

#### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

**2012** 

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.

Open to Public Inspection

Employer identification number

Centro Binacional Para El Desarrollo Indigena Oaxaqueno 77-0337939 Form 990, Page 2 Line Number: Part III Line 4d: Activity Code Description: Core support and capacity building: Support from foundations to increase organizational capacity in order to increase the number of programs provided and the service quality. Cultural Events. Two annual events are held, which promotes cultural integrity and community integration and additionally raise funds to support all programs Expense \$268,320 Grants \$0 Revenue \$0 Form 990, Part VI, Section B, Line 11b. A copy of the return is forwarded to the governing body for review before submission Form 990, Part VI, Section B, Line 12c: Procedures are in place to evaluate the risk of conflict of interest which is monitored by the Executive Director and the Governing Body at regular Governing Body meetings. Form 990, Part VI, Section B, Line 15 Compensation for major contracts, and officers are reviewed by the Governing Body through notice or the annual budgeting process Form 990, Part VI, Section C, Line 19. These documents are available to the public upon request Form 990, Part IV, Section A, Line 2 A board member is the husband of an employee who is supervised by the Executive Director at all times

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization	Employer identification number
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