

ENLACE U.S.A.

04-3675191

	2012	2011	DIFF
<b>REVENUE</b>			
CONTRIBUTIONS AND GRANTS.....	1,689,245	1,641,649	47,596
TOTAL REVENUE.....	1,689,245	1,641,649	47,596
<b>EXPENSES</b>			
GRANTS AND SIMILAR AMOUNTS PAID.....	1,483,120	1,412,305	70,815
SALARIES, OTHER COMPEN., EMP. BENEFITS...	140,799	163,810	-23,011
OTHER EXPENSES.....	129,773	81,133	48,640
TOTAL EXPENSES.....	1,753,692	1,657,248	96,444
<b>NET ASSETS OR FUND BALANCES</b>			
REVENUE LESS EXPENSES.....	-64,447	-15,599	-48,848
TOTAL ASSETS AT END OF YEAR.....	145,385	209,833	-64,448
TOTAL LIABILITIES AT END OF YEAR.....	0	198,082	-198,082
NET ASSETS/FUND BALANCES AT END OF YEAR.	145,385	11,751	133,634

ENLACE U.S.A.

04-3675191

	2012	2011	DIFF
<b>REVENUE</b>			
GROSS CONTRIBUTIONS, GIFTS, & GRANTS.....	1,689,245	1,641,649	47,596
TOTAL INCOME.....	1,689,245	1,641,649	47,596
<b>EXPENSES AND DISBURSEMENTS</b>			
CONTRIBUTIONS, GIFTS, GRANTS.....	1,483,120	1,412,305	70,815
COMPENSATION OF OFFICERS, ETC.....	140,799	163,810	-23,011
DEPRECIATION AND DEPLETION.....	937	930	7
OTHER DEDUCTIONS.....	128,836	80,203	48,633
TOTAL DEDUCTIONS.....	1,753,692	1,657,248	96,444
EXCESS OF RECEIPTS OVER DISBURSEMENTS....	-64,447	-15,599	-48,848
<b>FILING FEE</b>			
FILING FEE.....	10	10	0
BALANCE DUE.....	0	0	0
<b>SCHEDULE L</b>			
BEGINNING ASSETS.....	209,833	84,852	124,981
BEGINNING LIABILITIES & NET WORTH.....	209,833	84,852	124,981
ENDING ASSETS.....	145,385	209,833	-64,448
ENDING LIABILITIES & NET WORTH.....	145,385	209,833	-64,448

THE ORGANIZATION'S FEDERAL TAX RETURN IS NOT FINISHED UNTIL YOU COMPLETE THE FOLLOWING INSTRUCTIONS.

### **PRIOR TO TRANSMISSION OF THE RETURN**

#### **FORM 990**

THE ORGANIZATION SHOULD REVIEW THEIR FEDERAL RETURN ALONG WITH ANY ACCOMPANYING SCHEDULES AND STATEMENTS.

#### **PAPERLESS E-FILE**

THE ORGANIZATION SHOULD READ, SIGN AND DATE THE FORM 8879-EO, IRS E-FILE SIGNATURE AUTHORIZATION.

#### **EVEN RETURN**

NO PAYMENT IS REQUIRED.

### **AFTER TRANSMISSION OF THE RETURN**

#### **RECEIVE ACKNOWLEDGEMENT OF YOUR E-FILE TRANSMISSION STATUS.**

WITHIN SEVERAL HOURS, CONNECT WITH LACERTE AND GET YOUR FIRST ACKNOWLEDGEMENT (ACK) THAT LACERTE HAS RECEIVED YOUR TRANSMISSION FILE.

CONNECT WITH LACERTE AGAIN AFTER 24 AND THEN 48 HOURS TO RECEIVE YOUR FEDERAL ACKS.

**KEEP A SIGNED COPY OF FORM 8879-EO, IRS E-FILE SIGNATURE AUTHORIZATION IN YOUR FILES FOR 3 YEARS.**

#### **DO NOT MAIL:**

FORM 8879-EO IRS E-FILE SIGNATURE AUTHORIZATION

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2012, or fiscal year beginning \_\_\_\_\_, 2012, and ending \_\_\_\_\_.

## 2012

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

Name of exempt organization

Employer identification number

ENLACE U.S.A.  
Name and title of officer

04-3675191

RONALD BUENO

TREASURER

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1 a	Form 990 check here . . . . .	▶	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . . .	1 b	<u>1,689,245.</u>
2 a	Form 990-EZ check here . . . . .	▶	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9) . . . . .	2 b	_____
3 a	Form 1120-POL check here . . . . .	▶	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22) . . . . .	3 b	_____
4 a	Form 990-PF check here . . . . .	▶	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5) . . . . .	4 b	_____
5 a	Form 8868 check here . . . . .	▶	<input type="checkbox"/>	b	Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) . . . . .	5 b	_____

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

#### Officer's PIN: check one box only

I authorize FREDERICK M. MCGOUGH to enter my PIN 08710 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN . . . . . 36149507701  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ FREDERICK M. MCGOUGH Date ▶ \_\_\_\_\_

**ERO Must Retain This Form – See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

BAA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO**

THE ORGANIZATION'S FEDERAL TAX RETURN IS NOT FINISHED UNTIL YOU COMPLETE THE FOLLOWING INSTRUCTIONS.

### **PRIOR TO TRANSMISSION OF THE RETURN**

#### **FORM 8868**

NO SIGNATURE IS REQUIRED WHEN FILING FORM 8868 ELECTRONICALLY.

#### **EVEN RETURN**

NO PAYMENT IS REQUIRED.

### **AFTER TRANSMISSION OF THE RETURN**

#### **RECEIVE ACKNOWLEDGEMENT OF YOUR E-FILE TRANSMISSION STATUS.**

WITHIN SEVERAL HOURS, CONNECT WITH LACERTE AND GET YOUR FIRST ACKNOWLEDGEMENT (ACK) THAT LACERTE HAS RECEIVED YOUR TRANSMISSION FILE.

CONNECT WITH LACERTE AGAIN AFTER 24 AND THEN 48 HOURS TO RECEIVE YOUR FEDERAL ACKS.

# Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only.

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

**Enter filer's identifying number, see instructions**

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>ENLACE U.S.A.</b>	Employer identification number (EIN) or <b>04-3675191</b>
	File by the due date for filing your return. See instructions. Number, street, and room or suite number. If a P.O. box, see instructions. <b>5405 ALTON PARKWAY 5A</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>IRVINE, CA 92604</b>	

Enter the Return code for the return that this application is for (file a separate application for each return).  **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

● The books are in the care of ▶ LARRY KASPER -----

Telephone No. ▶ 949-269-2204 ----- FAX No. ▶ 949-419-6235 -----

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box. . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 2013, to file the exempt organization return for the organization named above.  
The extension is for the organization's return for:

- ▶  calendar year 2012 or
- ▶  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. ....	<b>3a</b>	\$	0.
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. ....	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. ....	<b>3c</b>	\$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**Return of Organization Exempt From Income Tax**

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

**2012**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ 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 , 2012, and ending ,**

<b>B</b> Check if applicable:	<b>C</b>	<b>D</b> Employer Identification Number		
<input type="checkbox"/> Address change	ENLACE U.S.A. 5405 ALTON PARKWAY 5A IRVINE, CA 92604	04-3675191		
<input type="checkbox"/> Name change		<b>E</b> Telephone number		
<input type="checkbox"/> Initial return		949-269-2204		
<input type="checkbox"/> Terminated		<b>G</b> Gross receipts \$	1,689,245.	
<input type="checkbox"/> Amended return		<b>F</b> Name and address of principal officer:		
<input type="checkbox"/> Application pending	SAME AS C ABOVE	<b>H(a)</b> Is this a group return for affiliates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>I</b> Tax-exempt status	<input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>H(b)</b> Are all affiliates included? If 'No,' attach a list. (see instructions)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>J</b> Website: ▶	WWW.ENLACEONLINE.ORG		<b>H(c)</b> Group exemption number ▶	
<b>K</b> Form of organization:	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of Formation: 2002	<b>M</b> State of legal domicile: CA	

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>TO ENHANCE EFFECTIVE COLLABORATION BETWEEN LOCAL CHURCHES AND COMMUNITY ORGANIZATIONS TO DEVELOP INTEGRATED AND SUSTAINABLE SOLUTIONS TO POVERTY IN THE UNITED STATES AND INTERNATIONALLY.</u>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a).....	<b>3</b>	7
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b).....	<b>4</b>	5
	<b>5</b>	Total number of individuals employed in calendar year 2012 (Part V, line 2a).....	<b>5</b>	0
	<b>6</b>	Total number of volunteers (estimate if necessary).....	<b>6</b>	0
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12.....	<b>7a</b>	0.
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34.....	<b>7b</b>	0.	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h).....	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g).....	1,641,649.	1,689,245.
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d).....		
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....		
	<b>12</b>	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12).....	1,641,649.	1,689,245.
	<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3).....	1,412,305.
<b>14</b>		Benefits paid to or for members (Part IX, column (A), line 4).....		
<b>15</b>		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).....	163,810.	140,799.
<b>16a</b>		Professional fundraising fees (Part IX, column (A), line 11e).....		
<b>b</b>		Total fundraising expenses (Part IX, column (D), line 25) ▶ 76,649.		
<b>17</b>		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).....	81,133.	129,773.
<b>Net Assets or Fund Balances</b>	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....	1,657,248.	1,753,692.
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12.....	-15,599.	-64,447.
	<b>20</b>	Total assets (Part X, line 16).....	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b>	Total liabilities (Part X, line 26).....	209,833.	145,385.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20.....	198,082.	0.
			11,751.	145,385.

**Part II Signature Block**

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.

<b>Sign Here</b>	Signature of officer	Date
	▶ <u>RONALD BUENO</u> Type or print name and title.	TREASURER

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	FREDERICK M. MCGOUGH	FREDERICK M. MCGOUGH	8/15/13		P00738456
	Firm's name	Firm's address			Firm's EIN ▶
	▶ FREDERICK M. MCGOUGH	▶ 1748 HARRISON ST GLENVIEW, IL 60025			Phone no. (949) 269-2200

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:

TO ENHANCE EFFECTIVE COLLABORATION BETWEEN LOCAL CHURCHES AND COMMUNITY ORGANIZATIONS  
TO DEVELOP INTEGRATED AND SUSTAINABLE SOLUTIONS TO POVERTY IN THE UNITED STATES AND  
INTERNATIONALLY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If 'Yes,' describe these changes on Schedule O. **SEE SCHEDULE O**

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 1,412,906. including grants of \$ 1,412,906.) (Revenue \$ )

SEE SCHEDULE O

4b (Code: ) (Expenses \$ 195,983. including grants of \$ 70,214.) (Revenue \$ )

SEE SCHEDULE O

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

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ▶ 1,608,889.



**Part IV 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)? <i>If 'Yes,' complete Schedule A.</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I.</i>		X
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? <i>If 'Yes,' complete Schedule C, Part II.</i>		X
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? <i>If 'Yes,' complete Schedule C, Part III.</i>		X
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? <i>If 'Yes,' complete Schedule D, Part I.</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If 'Yes,' complete Schedule D, Part II.</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i>		X
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? <i>If 'Yes,' complete Schedule D, Part IV.</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V.</i>		X
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.		
a	Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI.</i>		X
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? <i>If 'Yes,' complete Schedule D, Part VII.</i>		X
c	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? <i>If 'Yes,' complete Schedule D, Part VIII.</i>		X
d	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? <i>If 'Yes,' complete Schedule D, Part IX.</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X.</i>		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X.</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI, and XII.</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E.</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	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? <i>If 'Yes,' complete Schedule F, Parts I and IV.</i>		X
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? <i>If 'Yes,' complete Schedule F, Parts II and IV.</i>	X	
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? <i>If 'Yes,' complete Schedule F, Parts III and IV.</i>	X	
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? <i>If 'Yes,' complete Schedule G, Part I (see instructions).</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II.</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III.</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H.</i>		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>		X
<b>22</b> 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? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>	X	
<b>23</b> 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? <i>If 'Yes,' complete Schedule J.</i>		X
<b>24a</b> 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, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25.</i>		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
<b>b</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? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
<b>26</b> 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? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
<b>27</b> 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? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
<b>c</b> 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? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.</i>		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>b</b> If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
<b>37</b> 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? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

BAA

Form 990 (2012)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V.

		Yes	No
<b>1 a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. <input type="text" value="8"/>		
<b>1 b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. <input type="text" value="0"/>		
<b>1 c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? <input checked="" type="checkbox"/>	X	
<b>2 a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. <input type="text" value="0"/>		
<b>2 b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)		
<b>3 a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>3 b</b>	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.		
<b>4 a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>4 b</b>	If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5 a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5 b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5 c</b>	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		
<b>6 a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>6 b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7 a</b>	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?		X
<b>7 b</b>	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
<b>7 c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7 d</b>	If 'Yes,' indicate the number of Forms 8282 filed during the year. <input type="text"/>		
<b>7 e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7 f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7 g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7 h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9 a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9 b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10 a</b>	Initiation fees and capital contributions included on Part VIII, line 12. <input type="text"/>		
<b>10 b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. <input type="text"/>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11 a</b>	Gross income from members or shareholders. <input type="text"/>		
<b>11 b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) <input type="text"/>		
<b>12 a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12 b</b>	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. <input type="text"/>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13 a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13 b</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. <input type="text"/>		
<b>13 c</b>	Enter the amount of reserves on hand. <input type="text"/>		
<b>14 a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14 b</b>	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.		

**Part VI Governance, Management and Disclosure** For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1 a</b>	Enter the number of voting members of the governing body at the end of the tax year. . . . . <b>1 a</b> 7 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>1 b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . . <b>1 b</b> 5		
<b>2</b>	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? . . . . .		X
<b>3</b>	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? . . . . .		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		X
<b>6</b>	Did the organization have members or stockholders? . . . . .		X
<b>7 a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .		X
<b>7 b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? . . . . .		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8 a</b>	a The governing body? . . . . .	X	
<b>8 b</b>	b Each committee with authority to act on behalf of the governing body? . . . . .		X
<b>9</b>	Is there any officer, director or 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. . . . .		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10 a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		X
<b>10 b</b>	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? . . . . .		
<b>11 a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	X	
<b>11 b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
<b>12 a</b>	Did the organization have a written conflict of interest policy? If 'No,' go to line 13. . . . .	X	
<b>12 b</b>	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	X	
<b>12 c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done . . . . .		X
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	X	
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>15 a</b>	a The organization's CEO, Executive Director, or top management official. . . . .		X
<b>15 b</b>	b Other officers of key employees of the organization. SEE SCHEDULE O. . . . . If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)	X	
<b>16 a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		X
<b>16 b</b>	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ CA
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  
 ▶ LARRY KASPER 82703 REDFORD WAY INDIO CA 90021 949-269-2204

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII.

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1 a** 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.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN BUENO ----- DIRECTOR	0 ----- 0							0.	0.	0.
(2) BETH VALENTE ----- DIRECTOR	0 ----- 0							0.	0.	0.
(3) LARRY KASPER ----- PRESIDENT	40 ----- 0	X		X				25,799.	0.	42,000.
(4) RONALD BUENO ----- TREASURER	40 ----- 0	X		X				31,000.	0.	42,000.
(5) CASEY HALE ----- SECRETARY	0 ----- 0	X						0.	0.	0.
(6) PRISCILLA MCKINNEY ----- DIRECTOR	0 ----- 0	X						0.	0.	0.
(7) CRISTINA ROBECK ----- DIRECTOR	0 ----- 0	X						0.	0.	0.
(8) -----										
(9) -----										
(10) -----										
(11) -----										
(12) -----										
(13) -----										
(14) -----										

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont)**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) -----									
(16) -----									
(17) -----									
(18) -----									
(19) -----									
(20) -----									
(21) -----									
(22) -----									
(23) -----									
(24) -----									
(25) -----									
<b>1 b Sub-total</b> .....						56,799.	0.	84,000.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....						0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....						56,799.	0.	84,000.	
<b>2</b> Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0									

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i> .....		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes' complete Schedule J for such individual.</i> .....		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person.</i> .....		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
N/A ,		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0

**Part VIII Statement of Revenue**

Check if Schedule O contains a response to any question in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS</b>	<b>1 a</b> Federated campaigns . . . . .	<b>1 a</b>				
	<b>b</b> Membership dues . . . . .	<b>1 b</b>				
	<b>c</b> Fundraising events . . . . .	<b>1 c</b>				
	<b>d</b> Related organizations . . . . .	<b>1 d</b>				
	<b>e</b> Government grants (contributions) . . . . .	<b>1 e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1 f</b> 1,689,245.				
	<b>g</b> Noncash contributions included in Ins 1a-1f: \$					
<b>h Total.</b> Add lines 1a-1f . . . . . ▶		1,689,245.				
<b>PROGRAM SERVICE REVENUE</b>	<b>Business Code</b>					
	<b>2 a</b> -----					
	<b>b</b> -----					
	<b>c</b> -----					
	<b>d</b> -----					
	<b>e</b> -----					
	<b>f</b> All other program service revenue . . . . .					
<b>g Total.</b> Add lines 2a-2f . . . . . ▶						
<b>OTHER REVENUE</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts) . . . . . ▶					
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . . ▶					
	<b>5</b> Royalties . . . . . ▶					
	<b>6 a</b> Gross rents . . . . .	(i) Real				
		(ii) Personal				
		<b>b</b> Less: rental expenses				
		<b>c</b> Rental income or (loss) . . . . .				
	<b>d</b> Net rental income or (loss) . . . . . ▶					
	<b>7 a</b> Gross amount from sales of assets other than inventory.	(i) Securities				
		(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses . . . . .				
		<b>c</b> Gain or (loss) . . . . .				
	<b>d</b> Net gain or (loss) . . . . . ▶					
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>				
		<b>b</b> Less: direct expenses . . . . .	<b>b</b>			
<b>c</b> Net income or (loss) from fundraising events . . . . . ▶						
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>					
	<b>b</b> Less: direct expenses . . . . .	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities . . . . . ▶					
<b>10 a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>					
	<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>				
	<b>c</b> Net income or (loss) from sales of inventory . . . . . ▶					
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11 a</b> -----						
<b>b</b> -----						
<b>c</b> -----						
<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d . . . . . ▶						
<b>12 Total revenue.</b> See instructions . . . . . ▶		1,689,245.	0.	0.	0.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	70,214.	70,214.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	1,412,906.	1,412,906.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	140,799.	65,860.	33,899.	41,040.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management	18,000.		8,100.	9,900.
b Legal	10,841.	2,710.	8,131.	
c Accounting	12,000.		12,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch O)	66,000.	51,000.		15,000.
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	6,531.	4,714.	605.	1,212.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	735.		735.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	937.	94.	562.	281.
23 Insurance	1,735.		1,735.	
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.)				
a CREDIT CARD PROCESSING FEES	3,363.			3,363.
b TELECOMMUNICATIONS	2,782.	1,391.	464.	927.
c ANNUAL GALA	2,533.			2,533.
d POSTAGE AND SHIPPING	1,129.		226.	903.
e All other expenses	3,187.		1,697.	1,490.
25 Total functional expenses. Add lines 1 through 24e	1,753,692.	1,608,889.	68,154.	76,649.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				



**Part X Balance Sheet**

Check if Schedule O contains a response to any question in this Part X.

		(A) Beginning of year		(B) End of year
ASSETS	<b>1</b> Cash – non-interest-bearing	200,550.	<b>1</b>	140,761.
	<b>2</b> Savings and temporary cash investments	2,540.	<b>2</b>	2,540.
	<b>3</b> Pledges and grants receivable, net		<b>3</b>	
	<b>4</b> Accounts receivable, net		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> 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		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges	2,075.	<b>9</b>	2,084.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 6,619.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 6,619.	262.	<b>10c</b>
	<b>11</b> Investments – publicly traded securities		<b>11</b>	
	<b>12</b> Investments – other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments – program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets	676.	<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11	3,730.	<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	209,833.	<b>16</b>	145,385.	
LIABILITIES	<b>17</b> Accounts payable and accrued expenses		<b>17</b>	
	<b>18</b> Grants payable	198,082.	<b>18</b>	
	<b>19</b> Deferred revenue		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> 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		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25	198,082.	<b>26</b>	0.
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	11,751.	<b>27</b>	19,180.
	<b>28</b> Temporarily restricted net assets		<b>28</b>	126,205.
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33</b> Total net assets or fund balances	11,751.	<b>33</b>	145,385.
	<b>34</b> Total liabilities and net assets/fund balances	209,833.	<b>34</b>	145,385.

BAA

Form 990 (2012)

**Part 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	1,689,245.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,753,692.
3	Revenue less expenses. Subtract line 2 from line 1	3	-64,447.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,751.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	198,082.
9	Other changes in net assets or fund balances (explain in Schedule O). SEE SCHEDULE O	9	-1.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	145,385.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?		X
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

BAA

Form 990 (2012)

**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**

<b>Name of the organization</b> ENLACE U.S.A.	<b>Employer identification number</b> 04-3675191
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**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 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 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?
 

	Yes	No
(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? .....	11 g (i)	
(ii) A family member of a person described in (i) above? .....	11 g (ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	11 g (iii)	
- h Provide the following information about the supported organization(s).

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

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

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

**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'.)	1,004,260.	1,471,830.	1,352,440.	1,641,650.	1,689,245.	7,159,425.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
4 <b>Total.</b> Add lines 1 through 3.	1,004,260.	1,471,830.	1,352,440.	1,641,650.	1,689,245.	7,159,425.
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).						2,038,387.
6 <b>Public support.</b> Subtract line 5 from line 4.						5,121,038.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4.	1,004,260.	1,471,830.	1,352,440.	1,641,650.	1,689,245.	7,159,425.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	2,268.	272.				2,540.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11 <b>Total support.</b> Add lines 7 through 10.						7,161,965.
12 Gross receipts from related activities, etc (see instructions).					12	0.
13 <b>First five years.</b> 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 <b>stop here</b> .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)).	14	71.50 %
15 Public support percentage from 2011 Schedule A, Part II, line 14.	15	76.00 %
16a <b>33-1/3% support test – 2012.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization.	<input checked="" type="checkbox"/>	
b <b>33-1/3% support test – 2011.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
17a <b>10%-facts-and-circumstances test – 2012.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
b <b>10%-facts-and-circumstances test – 2011.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.	<input type="checkbox"/>	

**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 yr 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.') . . . . .						
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 <b>Total.</b> Add lines 1 through 5. . . . .						
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 <b>Public support</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6. . . . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . . . .						
c Add lines 10a and 10b. . . . .						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
13 <b>Total support.</b> (Add lns 9, 10c, 11, and 12.) . . . . .						

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	%
16 Public support percentage from 2011 Schedule A, Part III, line 15. . . . .	16	%

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

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

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. . . . . ▶



**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF**

OMB No. 1545-0047

**2012**

**Name of the organization**

ENLACE U.S.A.

**Employer identification number**

04-3675191

**Organization type** (check one):

**Filers of:**

Form 990 or 990-EZ

**Section:**

- 501(c)( 3 ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year. . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ,**

**Schedule B** (Form 990, 990-EZ, or 990-PF) (2012)

**or 990-PF.**

Name of organization

Employer identification number

ENLACE U.S.A.

04-3675191

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WORLD CHALLENGE P.O. BOX 260 LINDALE, TX 75771	\$ 235,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	INTERNATIONAL CONCERN, INC. 11 CHARLESTON IRVINE, CA 92620	\$ 292,235.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	CVW FAMILY FOUNDATION 501 SILVERSIDE ROAD, SUITE 123 WILMINGTON, DE 19809	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	ELLIS FAMILY CHARITABLE FOUNDATION 5200 E. LA PALMA AVE. ANAHEIM, CA 92807	\$ 182,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	WILLOW CREEK SOUTH BARRINGTON 67 EAST ALGONQUIN ROAD SOUTH BARRINGTON, IL 60010	\$ 204,755.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	WILLOW CREEK CRYSTAL LAKE 220 EXCHANGE DRIVE, SUITE A CRYSTAL LAKE, IL 60014	\$ 91,394.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



Name of organization

Employer identification number

ENLACE U.S.A.

04-3675191

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	WILLOW CREEK CHICAGO ----- 50 EAST CONGRESS PARKWAY ----- CHICAGO, IL 60605 -----	\$ 49,390.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

ENLACE U.S.A.

04-3675191

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	N/A		
_____			
_____			
_____			
_____			
_____			
_____			
_____			
_____			
_____			
_____			
_____			
_____			
_____			
_____			

BAA

Name of organization

ENLACE U.S.A.

Employer identification number

04-3675191

**Part III**

**Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8) or (10) organizations that total more than \$1,000 for the year.** Complete columns (a) through (e) and the following line entry.

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc, contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.)..... ▶ \$

N/A

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

**Schedule F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

ENLACE U.S.A.

Employer identification number

04-3675191

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . .  Yes  No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3 a</b> Sub-total . . . . .					
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b) . . .	0	0			0.

**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule F (Form 990) 2012

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable) PART V	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)				COMMUNITY					
(2)				DEVELOPMENT					
(3)				WORKING THROUGH					
(4)			CENTRAL AMERICA	LOCAL CHURCHES	1,381,097.	WIRE TRANSFER			
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. ▶ 1

3 Enter total number of other organizations or entities ▶ 0

**Part III** Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) SUPPORT OF FOREIGN MISSIONARIES	CENTRAL AMERICA	2	31,809.	CHECKS & WIRE TRANSFERS			
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If 'Yes,' the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926).*.....  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If 'Yes,' the organization may be required to file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A).*.....  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If 'Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471).*.....  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If 'Yes,' the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).*.....  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865).*.....  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If 'Yes,' the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).*.....  Yes  No

**Part V Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

**PART II, LINE 1 - ADDITIONAL SUPPLEMENTAL INFORMATION**

IN 2012, ENLACE USA DISTRIBUTED FUNDING (CASH GRANTS) IN THE AMOUNT OF \$1,381,907 TO ENTIDAD NATURAL LATINOAMERICANA DE COOPERACION ESTRATEGICA, A NON-FOR-PROFIT ORGANIZATION IN EL SALVADOR.



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

ENLACE U.S.A.

Employer identification number

04-3675191

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ----- -----							
(2) ----- -----							
(3) ----- -----							
(4) ----- -----							
(5) ----- -----							
(6) ----- -----							
(7) ----- -----							
(8) ----- -----							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ 0

3 Enter total number of other organizations listed in the line 1 table ..... ▶ 0



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

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2012**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

Name of the organization

Employer identification number

ENLACE U.S.A.

04-3675191

**FORM 990, PART XI, LINE 8 - RECONCILIATION OF NET ASSETS**

THE NON-FOR-PROFIT ORGANIZATION HAD THEIR ANNUAL FINANCIAL STATEMENTS REVIEWED FOR THE FIRST TIME IN MARCH OF 2013. DURING THAT PROCESS, THE AUDITORS RECLASSIFIED PREVIOUSLY REFLECTED GRANTS PAYABLE AMOUNTS AS OF DECEMBER 31, 2011 AND DECEMBER 31, 2012 TO BE TEMPORARY RESTRICTED NET ASSETS. THIS RESULTED IN A PRIOR PERIOD ADJUSTMENT OF \$198,082 ON LINE 8 OF PART XI DUE TO "GRANTS PAYABLE" AT THE END OF 2011 BEING REFLECTED AS PART OF THE "NET ASSETS BEING RELEASED" ON THEIR 2012 FORM 990 INSTEAD OF AS A "GRANT DISBURSEMENT" AS PREVIOUSLY REPORT ON THEIR 2011 FORM 990.

**FORM 990, PART XI, LINE 9 - RECONCILIATION OF NET ASSETS**

MISCELLANEOUS ROUNDING ADJUSTMENT OF <\$1>.

**FORM 990, PART III, LINE 3 - CEASED CONDUCTING OR SIGNIFICANT CHANGES TO SERVICES**

SPECIAL FUNDING FOR COMMUNITY DEVELOPMENT PROJECTS IMPLEMENTED BY THE UNION CHURCH OF SAN SALVADOR WAS NOT PROVIDED IN 2012.

**FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS**

\*\*\*ACCOMPLISHMENTS IN EL SALVADOR\*\*\*

ENLACE U.S.A. PROVIDED FUNDING TO AN AFFILIATED ORGANIZATION AND MISSIONARIES IN EL SALVADOR TO ACCOMPLISH OUR ABOVE STATED PURPOSE IN THAT COUNTRY. IN 2012, 67 INITIATIVES WERE FUNDED IN EL SALVADOR THAT IMPACTED OVER 110,000 PEOPLE IN 195 IMPOVERISHED COMMUNITIES IN 8 REGIONS OF THE COUNTRY.

**CHURCH & COMMUNITY PROGRAM:**

ENLACE'S CHURCH AND COMMUNITY PROGRAM TRAINS CHURCH LEADERS TO UNDERSTAND AND LIVE OUT THE BIBLICAL BASIS OF THE MISSION OF THE CHURCH IN THEIR IMPOVERISHED COMMUNITIES. WE ACCOMPANY AND ASSIST CHURCH LEADERS TO DISCOVER THEIR RESOURCES AND TO PARTNER EFFECTIVELY WITH THE COMMUNITY TO IDENTIFY AND IMPLEMENT SUSTAINABLE

Name of the organization

Employer identification number

ENLACE U.S.A.

04-3675191

**FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS**

SOLUTIONS TO POVERTY. THE PROGRAM INCLUDED TRAINING IN THE FOLLOWING AREAS: BIBLICAL STUDY, LEADERSHIP DEVELOPMENT, PROJECT IDENTIFICATION AND MANAGEMENT, NETWORKING, AND FUNDRAISING. IN 2012, ENLACE PARTNERED WITH 55 CHURCHES AND PROVIDED COACHING AND TRAINING TO 718 PASTORS, CHURCH LEADERS, AND COMMUNITY ACTIVISTS.

HEALTHY COMMUNITIES INITIATIVES:

ENLACE PROVIDED CHURCH AND COMMUNITY LEADERS TRAINING AND RESOURCES TO RESOLVE IMMEDIATE AND LONG-TERM HEALTH PROBLEMS THROUGH CURATIVE AND PREVENTIVE STRATEGIES. IN 2012, HEALTHY COMMUNITIES INITIATIVES INCLUDED IMMEDIATE MEDICAL CLINIC ATTENTION TO 3,382 PEOPLE, 5 WATER SYSTEMS BENEFITING 14,954 PEOPLE, INSTALLED 192 LATRINES BENEFITING 960 PEOPLE, AND 132 ECO-STOVES BENEFITING 660 PEOPLE.

INFRASTRUCTURE INITIATIVES:

ENLACE PROVIDED CHURCH AND COMMUNITY LEADERS TRAINING AND TECHNICAL ASSISTANCE TO IDENTIFY, DESIGN, FINANCE AND MANAGE INFRASTRUCTURAL INITIATIVES. IN 2012, CHURCH AND COMMUNITY LEADERS COMPLETED 8 BRIDGE AND ROAD PROJECTS BENEFITING A TOTAL OF 3,150 PEOPLE. ENLACE ALSO FACILITATED THE CONSTRUCTION OF 67 HOUSES BENEFITING 335 PEOPLE.

ECONOMIC DEVELOPMENT PROGRAM:

ENLACE PROVIDED SMALL-SCALE ENTREPRENEURS AND FARMERS TRAINING, TECHNICAL ASSISTANCE, FINANCING, AND MARKETS TO START OR EXPAND SMALL BUSINESSES. IN 2012, COMMUNITY MEMBERS ESTABLISHED 261 HOME GARDENS, 23 POULTRY FARMS AND 43 TILAPIA FISH PONDS BENEFITING 1,635 FAMILY MEMBERS. IN ADDITION, ENLACE PROVIDED BUSINESS COACHING TO OVER 20 SMALL BUSINESSES, AND ENLACE'S AFFILIATED CREDIT ORGANIZATION PROVIDED 216 LOANS TOTALING \$288,400 WITH A 99% REPAYMENT RATE.

Name of the organization

ENLACE U.S.A.

Employer identification number

04-3675191

**FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS**

IT SHOULD BE NOTED THAT THE HOME GARDEN, POULTRY FARMS, AND TILAPIA FISH PONDS BEGIN AS A NUTRIENT PROGRAM PROVIDING VEGETABLE VARIETY AND PROTEIN TO THE PARTICIPANTS' DIETS. THE PROGRAM GRADUALLY ENABLES THE FARMERS FROM FULLY CONSUMING THEIR PRODUCTION TO SELLING A PORTION OF IT, MAKING IT A TRULY SUSTAINABLE INITIATIVE.

**FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS**

\*\*\*ACCOMPLISHMENTS IN THE UNITED STATES\*\*\*

ENLACE USA'S CHURCH PARTNERSHIP PROGRAM PROVIDES U.S.A. CHURCHES WITH THE OPPORTUNITY TO BUILD LONG-TERM AND EFFECTIVE RELATIONSHIPS WITH CHURCHES IN EL SALVADOR THAT ARE ACTIVELY ENGAGED IN COMMUNITY TRANSFORMATION. THE PROGRAM ASSISTS U.S.A. CHURCHES TO EXPLORE POSSIBLE PARTNERSHIPS, INVEST IN LEADERSHIP DEVELOPMENT AND COMMUNITY DEVELOPMENT PROJECTS, AND EXPERIENCE WORKING ALONGSIDE CHURCH AND COMMUNITY LEADERS IN EL SALVADOR. THE PROGRAM ALSO PROVIDES CONSULTING FOR U.S.A. CHURCHES ON HOW TO FURTHER ENGAGE THEIR CONGREGATIONS IN COMMUNITY TRANSFORMATION THROUGH TIMELY COMMUNICATIONS, REPORTING, AND CAMPAIGN DESIGN. IN 2012 ENLACE USA ASSISTED 23 U.S.A. CHURCHES TO PARTNER WITH CHURCHES AND COMMUNITY DEVELOPMENT INITIATIVES IN EL SALVADOR. IN ADDITION, ENLACE USA FACILITATED 19 SERVICE TEAMS TO EL SALVADOR THAT PROVIDED 251 TEAM MEMBERS THE OPPORTUNITY TO EXPERIENCE COMMUNITY TRANSFORMATION IN PERSON.

**FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS**

THE FORM 990 WAS PREPARED BY A SUBCONTRACTED TAX PROFESSIONAL. PRIOR TO FILING, THE RETURN WAS REVIEWED AND APPROVED BY THREE BOARD MEMBERS. ONE OF THE REVIEWING BOARD MEMBERS IS AN ATTORNEY, WHO REVIEWED ALL LEGAL OR COMPLIANCE ISSUES.

**FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES**

ENLACE USA ADOPTED AN EXECUTIVE COMPENSATION POLICY (THE "POLICY") IN 2008. THE POLICY REQUIRES THE BOARD OF DIRECTORS (THE "BOARD") TO MAKE EVERY EFFORT TO COMPLY WITH THE "REBUTTABLE PRESUMPTION OF REASONABLENESS" UNDER INTERNAL REVENUE CODE §4958

Name of the organization

Employer identification number

ENLACE U.S.A.

04-3675191

**FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES ((**

AND ITS SUPPORTING TREASURY REGULATIONS §53.4958-6. THE POLICY ALSO DIRECTS THE BOARD TO ADOPT PROCEDURES FOR REVIEWING AND APPROVING NEW OR MATERIALLY MODIFIED COMPENSATION ARRANGEMENTS BETWEEN ENLACE USA AND ITS EXECUTIVES AND SENIOR MANAGERS THAT, AMONG OTHER THINGS, INCLUDE THE FOLLOWING:

A. REVIEWING THE COMPENSATION ARRANGEMENT OR THE TERMS OF THE TRANSACTION. THE BODY DECIDING ON THE COMPENSATION ARRANGEMENT MUST BE COMPOSED ENTIRELY OF PERSONS WHO DO NOT HAVE A CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT OR TRANSACTION UNDER REVIEW.

B. IN MAKING ITS DETERMINATION OF REASONABLENESS, THE BOARD SHOULD OBTAIN AND RELY UPON APPROPRIATE DATA AS TO COMPARABILITY FROM INTERNAL OR EXTERNAL SOURCES TO HELP IT MAKE ITS DETERMINATION.

C. THE BOARD WILL ULTIMATELY DECIDE (ON THE BASIS OF THE COMPENSATION COMMITTEE'S RECOMMENDATION, IF ANY) WHETHER TO APPROVE THE COMPENSATION ARRANGEMENT OR NOT. ONLY BOARD MEMBERS WHO HAVE NO CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT MAY PARTICIPATE IN THE DECISION-MAKING PROCESS. THE PERSON WHO IS THE SUBJECT OF THE COMPENSATION ARRANGEMENT AND ANY DIRECTOR WHO HAS A CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT MAY ANSWER QUESTIONS REGARDING THE COMPENSATION ARRANGEMENT BUT OTHERWISE MUST RECUSE THEMSELVES FROM THE MEETING DURING DELIBERATION ON THE COMPENSATION ARRANGEMENT. ADDITIONALLY, IF THE BOARD OR THE COMPENSATION COMMITTEE OBTAINED A COMPENSATION STUDY OR OPINION LETTER, THE BOARD SHOULD BE PROVIDED AN OPPORTUNITY TO ASK QUESTIONS OF PERSON WHO PREPARED THE STUDY OR OPINION LETTER.

Name of the organization

Employer identification number

ENLACE U.S.A.

04-3675191

**FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES (C**

D. THE BOARD SHOULD DOCUMENT THE BASIS FOR ITS DECISION THE LATER OF THE BOARD'S NEXT MEETING OR 60 DAYS AFTER THE BOARD'S DECISION. AND WITHIN A REASONABLE TIME AFTER THE DECISION IS DOCUMENTED, THE BOARD SHOULD REVIEW AND APPROVE THE DOCUMENTATION AS REASONABLE, ACCURATE, AND COMPLETE. THE DOCUMENTATION SHOULD INCLUDE, AT MINIMUM:

(I) THE TERMS OF THE APPROVED COMPENSATION ARRANGEMENT AND THE DATE THE BOARD APPROVED IT;

(II) THE PERSONS WHO WERE PRESENT DURING THE DELIBERATION AND VOTE ON THE COMPENSATION ARRANGEMENT AND THE NAMES OF THE PERSONS WHO VOTED FOR IT OR AGAINST IT;

(III) THE COMPARABILITY DATA OBTAINED AND RELIED UPON AND HOW THE DATA WAS OBTAINED; AND

(IV) THE ACTIONS ANY DIRECTOR WHO HAS A CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT TOOK DURING THE BOARD'S DECISION-MAKING PROCESS.

E. THE EXECUTIVE DIRECTOR'S COMPENSATION IS DUE TO BE REVIEWED AT THE BOARD OF DIRECTOR'S 2013 ANNUAL MEETING. THE REVIEW WILL INVOLVE EXAMINATION AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION.

**FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE**

FINANCIAL STATEMENTS ARE DISCLOSED ON OUR WEBSITE AND ARE INCLUDED IN OUR ANNUAL REPORT. CURRENTLY WE ARE NOT POSTING OUR GOVERNING POLICIES AND RELATED DOCUMENTS ON OUR WEBSITE.

ENLACE U.S.A.

04-3675191

FORM 990, PART XI, LINE 9  
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

ROUNDING ADJUSTMENT.....	TOTAL	\$	-1.
		\$	<u>-1.</u>



ENLACE U.S.A.

04-3675191

**FORM 990, PART IX, LINE 11G  
OTHER FEES FOR SERVICES**

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUND- RAISING
CHURCH PARTNER PROGRAM	60,000.	45,000.		15,000.
RESEARCH & INVESTIGATION	6,000.	6,000.		
<b>TOTAL</b>	<u>\$ 66,000.</u>	<u>\$ 51,000.</u>	<u>\$ 0.</u>	<u>\$ 15,000.</u>

**FORM 990, PART IX, LINE 24E  
OTHER EXPENSES**

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ASSOCIATION FEES	375.		375.	
BANK CHARGES	863.		863.	
MISSIONARY PROCESSING FEES	158.		158.	
OFFICE SUPPLIES	453.		151.	302.
PRINTING AND PUBLICATIONS	225.			225.
RENT	963.			963.
STATE FEES AND DUES	150.		150.	
<b>TOTAL</b>	<u>\$ 3,187.</u>	<u>\$ 0.</u>	<u>\$ 1,697.</u>	<u>\$ 1,490.</u>

**EXCESS CONTRIBUTIONS  
SCHEDULE A, PART II, LINE 5**

	2008	2009	2010	2011	2012	TOTAL	2% AMT	EXCESS
WORLD CHALLENGE	139,888	156,270	150,000	230,950	235,000	912,108	143,239	768,869
ROGER VAN WAGNER	60,000	60,000	15,000	0	0	135,000	0	0
REGENCY LIGHTING	7,500	24,500	3,000	0	0	35,000	0	0
INTERNATIONAL CONCERN, INC.	96,000	200,540	162,112	239,586	292,236	990,474	143,239	847,235
URBAN STRATEGIES, LLC	60,000	60,000	60,000	60,000	60,000	300,000	143,239	156,761
THE REGENCY GIVING FUND	37,919	65,004	0	0	0	102,923	0	0
AOG, SOUTHERN CAL DISTR COUNCIL	0	0	56,000	129,000	0	185,000	143,239	41,761
ELLIS FAMILY CHARITABLE FOUNDATION	0	0	56,000	129,000	182,000	367,000	143,239	223,761
	<u>401,307</u>	<u>566,314</u>	<u>502,112</u>	<u>788,536</u>	<u>769,236</u>	<u>3,027,505</u>	<u>716,195</u>	<u>2038387</u>

ENLACE U.S.A.

04-3675191

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 990/990-PF																
AMORTIZATION																
2	COMPUTER SOFTWARE	6/30/06		5,541							5,541	5,541	S/L	5		0
6	COMPUTER SOFTWARE	7/01/07		6,742							6,742	6,066	S/L	5		676
	TOTAL AMORTIZATION			12,283		0	0	0	0	0	12,283	11,607				676
MACHINERY AND EQUIPMENT																
1	COMPUTER EQUIPMENT	5/11/06		2,108							2,108	2,108	S/L	5		0
3	PROJECTOR	9/10/06		1,425							1,425	1,425	S/L	5		0
4	DIGITAL CAMERA	10/26/06		453							453	453	S/L	5		0
5	COMPUTER	2/06/07		2,633							2,633	2,371	S/L HY	5	.10000	262
	TOTAL MACHINERY AND EQUIPME			6,619		0	0	0	0	0	6,619	6,357				262
	TOTAL DEPRECIATION			<u>6,619</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>6,619</u>	<u>6,357</u>				<u>262</u>
	GRAND TOTAL AMORTIZATION			12,283		0	0	0	0	0	12,283	11,607				676
	GRAND TOTAL DEPRECIATION			<u>6,619</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>6,619</u>	<u>6,357</u>				<u>262</u>

ENLACE U.S.A.

04-3675191

**STMT. OF FUNCTIONAL EXPENSES (990)**  
**COMPENSATION OF OFFICERS, ETC. (SEE SCREEN 37.1)[O]**

SUBCONTRACTOR FEES.....	\$	26,995.
HOUSING ALLOWANCE.....		38,640.
MEDICAL INSURANCE.....		225.
TOTAL	\$	<u>65,860.</u>

**STMT. OF FUNCTIONAL EXPENSES (990)**  
**COMPENSATION OF OFFICERS, ETC. (SEE SCREEN 37.1)[O]**

SUBCONTRACTOR FEES.....	\$	12,450.
HOUSING ALLOWANCE.....		21,000.
MEDICAL INSURANCE.....		449.
TOTAL	\$	<u>33,899.</u>

**STMT. OF FUNCTIONAL EXPENSES (990)**  
**COMPENSATION OF OFFICERS, ETC. (SEE SCREEN 37.1)[O]**

SUBCONTRACTOR FEES.....	\$	16,455.
HOUSING ALLOWANCE.....		24,360.
MEDICAL INSURANCE.....		225.
TOTAL	\$	<u>41,040.</u>

**RECONCILIATIONS (990)**  
**PRIOR PERIOD ADJUSTMENTS**

SEE SCHEDULE O.....	\$	198,082.
TOTAL	\$	<u>198,082.</u>

# California Exempt Organization Annual Information Return

Calendar Year 2012 or fiscal year beginning month day year, and ending month day year

Corporation/Organization Name

**ENLACE U.S.A.** California corporation number **2427157**

Address (suite, room, or PMB no.) FEIN

**5405 ALTON PARKWAY #5A** **04-3675191**

City State ZIP Code  
**IRVINE CA 92604**

- A** First Return  Yes  No
- B** Amended Return  Yes  No
- C** IRC Section 4947(a)(1) trust  Yes  No
- D** Final Return  Dissolved  Surrendered (Withdrawn)  
 Merged/Reorganized Enter date: \_\_\_\_\_

**E** Check accounting method:  
 1  Cash 2  Accrual 3  Other

**F** Federal return filed?  
 1  990T 2  990 (PF) 3  Sch H (990)

**G** Is this a group filing for the subordinates/affiliates?  Yes  No  
 If 'Yes,' attach a roster. See instructions

**H** Is this organization in a group exemption?  Yes  No  
 If 'Yes,' What's the parent's name? \_\_\_\_\_

**I** Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board?  Yes  No  
 If 'Yes,' explain, and attach copies of revised documents.

**J** If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign, or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)?  Yes  No  
 If 'Yes,' complete and attach form FTB 3509.

**K** Is the organization exempt under R&TC Section 23701g?  Yes  No  
 If 'Yes,' enter gross receipts from nonmember sources \$ \_\_\_\_\_

**L** If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. No filing fee is required.

**M** Is the organization a Limited Liability Company?  Yes  No

**N** Did the organization file Form 100 or Form 109 to report taxable income?  Yes  No

**O** Is the organization under audit by the IRS or has the IRS audited in a prior year?  Yes  No

CACA1112L 10/11/12

**Part I Complete Part I unless not required to file this form. See General Instructions B and C.**

<b>Receipts and Revenues</b>	<b>1</b> Gross sales or receipts from other sources. From Side 2, Part II, line 8. ....	1	
	<b>2</b> Gross dues and assessments from members and affiliates. ....	2	
	<b>3</b> Gross contributions, gifts, grants, and similar amounts received. .... <b>SEE .SCH. .B.</b>	3	1,689,245.
	<b>4</b> Total gross receipts for filing requirement test. Add line 1 through line 3. <b>This line must be completed.</b> If the result is less than \$50,000, see General Instruction B ...	4	1,689,245.
	<b>5</b> Cost of goods sold. ....	5	
	<b>6</b> Cost or other basis, and sales expenses of assets sold. ....	6	
	<b>7</b> Total costs. Add line 5 and line 6. ....	7	
	<b>8</b> Total gross income. Subtract line 7 from line 4. ....	8	1,689,245.
<b>Expenses</b>	<b>9</b> Total expenses and disbursements. From Side 2, Part II, line 18. ....	9	1,753,692.
	<b>10</b> Excess of receipts over expenses and disbursements. Subtract line 9 from line 8. ....	10	-64,447.
<b>Filing Fee</b>	<b>11</b> Filing fee \$10 or \$25. See General Instruction F. ....	11	10.
	<b>12</b> Total payments. ....	12	10.
	<b>13</b> Penalties and Interest. See General Instruction J. ....	13	
	<b>14</b> Use tax. See General Instruction K. ....	14	
	<b>15</b> <b>Balance due.</b> Add line 11, line 13, and line 14. Then subtract line 12 from the result. ....	15	

**Sign Here** 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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer	Title	Date	Telephone
<b>FREDERICK M. MCGOUGH</b>	<b>TREASURER</b>	<b>8/15/13</b>	<b>949-269-2204</b>

**Paid Preparer's Use Only**

Preparer's signature	Date	Check if self-employed	PTIN
<b>FREDERICK M. MCGOUGH</b>	<b>8/15/13</b>	<input checked="" type="checkbox"/>	<b>P00738456</b>
Firm's name (or yours, if self-employed) and address	Telephone		
<b>FREDERICK M. MCGOUGH</b> <b>1748 HARRISON ST</b> <b>GLENVIEW, IL 60025</b>	<b>(949) 269-2200</b>		

May the FTB discuss this return with the preparer shown above? See instructions.  Yes  No

**Part II** Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions.	●	1	
	2	Interest	●	2	
	3	Dividends	●	3	
	4	Gross rents	●	4	
	5	Gross royalties	●	5	
	6	Gross amount received from sale of assets (See instructions)	●	6	
	7	Other income. Attach schedule	●	7	
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		8	
<b>Expenses and Disbursements</b>	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	●	9	1,483,120.
	10	Disbursements to or for members	●	10	
	11	Compensation of officers, directors, and trustees. Attach schedule	●	11	SEE STATEMENT 1 140,799.
	12	Other salaries and wages	●	12	
	13	Interest	●	13	
	14	Taxes	●	14	
	15	Rents	●	15	
	16	Depreciation and depletion (See instructions)	●	16	937.
	17	Other Expenses and Disbursements. Attach schedule	●	17	SEE STATEMENT 2 128,836.
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	1,753,692.

<b>Schedule L Balance Sheets</b>		<b>Beginning of taxable year</b>		<b>End of taxable year</b>	
<b>Assets</b>		<b>(a)</b>	<b>(b)</b>	<b>(c)</b>	<b>(d)</b>
1	Cash		203,090.		143,301.
2	Net accounts receivable				
3	Net notes receivable				
4	Inventories				
5	Federal and state government obligations				
6	Investments in other bonds				
7	Investments in stock				
8	Mortgage loans				
9	Other investments Attach schedule				
10 a	Depreciable assets	6,619.		6,619.	
b	Less accumulated depreciation	6,357.	262.	6,619.	
11	Land				
12	Other assets. Attach schedule		6,481.		2,084.
13	<b>Total assets</b>		209,833.		145,385.
<b>Liabilities and net worth</b>					
14	Accounts payable				
15	Contributions, gifts, or grants payable		198,082.		
16	Bonds and notes payable				
17	Mortgages payable				
18	Other liabilities. Attach schedule				
19	Capital stock or principle fund		11,751.		145,385.
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund				
22	<b>Total liabilities and net worth</b>		209,833.		145,385.

**Schedule M-1 Reconciliation of income per books with income per return**  
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000

1	Net income per books	●	-64,447.	7	Income recorded on books this year not included in this return. Attach sch.	●	
2	Federal income tax	●		8	Deductions in this return not charged against book income this year.	●	
3	Excess of capital losses over capital gains	●			Attach schedule	●	
4	Income not recorded on books this year.	●		9	Total. Add line 7 and line 8		
	Attach schedule	●		10	Net income per return.		
5	Expenses recorded on books this year not deducted in this return. Attach schedule	●			Subtract line 9 from line 6		
6	<b>Total.</b> Add line 1 through line 5		-64,447.				-64,447.

**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**

Department of the Treasury  
Internal Revenue Service

CALIFORNIA COPY  
**Schedule of Contributors**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF**

OMB No. 1545-0047

**2012**

**Name of the organization**

ENLACE U.S.A.

**Employer identification number**

04-3675191

**Organization type** (check one):

**Filers of:**

Form 990 or 990-EZ

**Section:**

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year. . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ,**

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2012)

**or 990-PF.**

Name of organization ENLACE U.S.A.	Employer identification number 04-3675191
---------------------------------------	--

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WORLD CHALLENGE P.O. BOX 260 LINDALE, TX 75771	\$ 235,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	INTERNATIONAL CONCERN, INC. 11 CHARLESTON IRVINE, CA 92620	\$ 292,235.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	CVW FAMILY FOUNDATION 501 SILVERSIDE ROAD, SUITE 123 WILMINGTON, DE 19809	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	ELLIS FAMILY CHARITABLE FOUNDATION 5200 E. LA PALMA AVE. ANAHEIM, CA 92807	\$ 182,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	WILLOW CREEK SOUTH BARRINGTON 67 EAST ALGONQUIN ROAD SOUTH BARRINGTON, IL 60010	\$ 204,755.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	WILLOW CREEK CRYSTAL LAKE 220 EXCHANGE DRIVE, SUITE A CRYSTAL LAKE, IL 60014	\$ 91,394.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ENLACE U.S.A.	Employer identification number 04-3675191
---------------------------------------	--

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	WILLOW CREEK CHICAGO ----- 50 EAST CONGRESS PARKWAY ----- CHICAGO, IL 60605 -----	\$ 49,390.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



Name of organization

Employer identification number

ENLACE U.S.A.

04-3675191

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	N/A		
_____		\$ _____	
_____		\$ _____	
_____		\$ _____	
_____		\$ _____	
_____		\$ _____	
_____		\$ _____	
_____		\$ _____	
_____		\$ _____	
_____		\$ _____	
_____		\$ _____	
_____		\$ _____	
_____		\$ _____	
_____		\$ _____	
_____		\$ _____	

Name of organization

ENLACE U.S.A.

Employer identification number

04-3675191

Part III

Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8) or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.

For organizations completing Part III, enter total of exclusively religious, charitable, etc, contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)

\$ N/A

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	



**IF PAID ELECTRONICALLY: DO NOT FILE THIS FORM**

**WHERE TO FILE:** Using black or blue ink, make check or money order payable to the 'Franchise Tax Board.' Write the corporation number or FEIN and '2012 FTB 3539' on the check or money order. Detach form below. Enclose, but **do not** staple, payment with form and mail to:

**FRANCHISE TAX BOARD  
PO BOX 942857  
SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

**WHEN TO FILE:** **Calendar year corporations – File and Pay by March 15, 2013**  
**Fiscal year filers – See instructions**  
**Employees' trust and IRA – File and Pay by April 15, 2013**  
**Calendar year exempt organizations – File and Pay by May 15, 2013**

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

**ONLINE SERVICES:** Corporations can make payments online with Web Pay for Businesses. After a one-time online registration, corporations can make an immediate payment or schedule payments up to a year in advance. Go to **ftb.ca.gov** for more information.

----- DETACH HERE ----- IF NO PAYMENT IS DUE OR PAID ELECTRONICALLY, DO NOT MAIL THIS FORM ----- DETACH HERE -----  
**CAUTION:** You may be required to pay electronically, see instructions.

TAXABLE YEAR **2012** **Payment for Automatic Extension for Corps and Exempt Orgs** CALIFORNIA FORM **3539 (CORP)**

2427157 ENLA 04-3675191 12 FORM 3  
TYB 01-01-12 TYE 12-31-12  
ENLACE USA  
LARRY KASPER  
5405 ALTON PARKWAY STE 5A  
IRVINE CA 92604

949-269-2204 TOTAL PAYMENT AMT 10.

**2012 Corporation Depreciation and Amortization**

**3885**

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name <b>ENLACE U.S.A.</b>	California corporation number <b>2427157</b>
--	---

**Part I Election to Expense Certain Property Under IRC Section 179**

1 Maximum deduction under IRC Section 179 for California.....	<b>1</b>	\$25,000															
2 Total cost of IRC Section 179 property placed in service.....	<b>2</b>																
3 Threshold cost of IRC Section 179 property before reduction in limitation.....	<b>3</b>	\$200,000															
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	<b>4</b>																
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	<b>5</b>																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:45%;">6 (a) Description of property</th> <th style="width:20%;">(b) Cost (business use only)</th> <th style="width:35%;">(c) Elected cost</th> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>			6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost												
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost															
7 Listed property (elected IRC Section 179 cost).....	<b>7</b>																
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	<b>8</b>																
9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8.....	<b>9</b>																
10 Carryover of disallowed deduction from prior taxable years.....	<b>10</b>																
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	<b>11</b>																
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	<b>12</b>																
13 Carryover of disallowed deduction to 2013. Add line 9 and line 10, less line 12.....	<b>13</b>																

**Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356**

14 (a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
COMPUTER EQUIPME	5/11/06	2,108.	2,108.	S/L	5		
PROJECTOR	9/10/06	1,425.	1,425.	S/L	5		
DIGITAL CAMERA	10/26/06	453.	453.	S/L	5		
COMPUTER	2/06/07	2,633.	2,371.	S/L	5	262.	
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....						<b>15</b>	937.

**Part III Summary**

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....	<b>16</b>	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	<b>17</b>	
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.).....	<b>18</b>	

**Part IV Amortization**

19 (a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instr)	(f) Period or percentage	(g) Amortization for this year	
COMPUTER SOFTWARE	6/30/06	5,541.	5,541.		5		
COMPUTER SOFTWARE	7/01/07	6,742.	6,066.		5	676.	
20 Total. Add the amounts in column (g).....						<b>20</b>	
21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....						<b>21</b>	
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12.....						<b>22</b>	

ENLACE U.S.A.

04-3675191

**STATEMENT 1**  
**FORM 199, PART II, LINE 11**  
**COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES**

**CURRENT OFFICERS:**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
LARRY KASPER 82703 REDFORD WAY INDIO, CA 92201	PRESIDENT 40.00	\$ 67,799.	\$ 0.	\$ 0.
RONALD BUENO 12329 REEDS STREET OVERLAND PARK, KS 66209	TREASURER 40.00	73,000.	0.	0.
CASEY HALE 40 PACIFICA, SUITE 1500 IRVINE, CA 92618	SECRETARY 0	0.	0.	0.
PRISCILLA MCKINNEY 7152 SE 85TH TERRACE GALENA, KS 66739	DIRECTOR 0	0.	0.	0.
CRISTINA ROBECK 2402 BOBBY LANE SANTA ANA, CA 92706	DIRECTOR 0	0.	0.	0.
JOHN BUENO 479 CORAL ROAD SPOKANE, MO 65754	DIRECTOR 0	0.	0.	0.
BETH VALENTE 24 N. WASHINGTON AVE., STE 100 BATAVIA, IL 60510	DIRECTOR 0	0.	0.	0.
		TOTAL \$ 140,799.	\$ 0.	\$ 0.

**STATEMENT 2**  
**FORM 199, PART II, LINE 17**  
**OTHER EXPENSES**

ACCOUNTING FEES.....	\$ 12,000.
ANNUAL GALA.....	2,533.
ASSOCIATION FEES.....	375.
BANK CHARGES.....	863.
CONFERENCES, CONVENTIONS, AND MEETINGS.....	735.
CREDIT CARD PROCESSING FEES.....	3,363.
INSURANCE.....	1,735.
LEGAL FEES.....	10,841.
MANAGEMENT FEES.....	18,000.
MISSIONARY PROCESSING FEES.....	158.
OFFICE SUPPLIES.....	453.
OTHER FEES.....	66,000.
POSTAGE AND SHIPPING.....	1,129.
PRINTING AND PUBLICATIONS.....	225.
RENT.....	963.

**STATEMENT 2 (CONTINUED)**  
**FORM 199, PART II, LINE 17**  
**OTHER EXPENSES**

STATE FEES AND DUES.....	\$	150.
TELECOMMUNICATIONS.....		2,782.
TRAVEL.....		6,531.
	TOTAL	<u>\$ 128,836.</u>

**STATEMENT 3**  
**FORM 199, SCHEDULE L, LINE 12**  
**OTHER ASSETS**

PREPAID EXPENSES AND DEFERRED CHARGES.....		2,084.
	TOTAL	<u>\$ 2,084.</u>

ENLACE U.S.A.

04-3675191

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 199																
AMORTIZATION																
2	COMPUTER SOFTWARE	6/30/06		5,541							5,541	5,541	S/L	5		0
6	COMPUTER SOFTWARE	7/01/07		6,742							6,742	6,066	S/L	5		676
	TOTAL AMORTIZATION			12,283		0	0	0	0	0	12,283	11,607				676
MACHINERY AND EQUIPMENT																
1	COMPUTER EQUIPMENT	5/11/06		2,108							2,108	2,108	S/L	5		0
3	PROJECTOR	9/10/06		1,425							1,425	1,425	S/L	5		0
4	DIGITAL CAMERA	10/26/06		453							453	453	S/L	5		0
5	COMPUTER	2/06/07		2,633							2,633	2,371	S/L HY	5	.10000	262
	TOTAL MACHINERY AND EQUIPME			6,619		0	0	0	0	0	6,619	6,357				262
	TOTAL DEPRECIATION			<u>6,619</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>6,619</u>	<u>6,357</u>				<u>262</u>
	GRAND TOTAL AMORTIZATION			12,283		0	0	0	0	0	12,283	11,607				676
	GRAND TOTAL DEPRECIATION			<u>6,619</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>6,619</u>	<u>6,357</u>				<u>262</u>

**Return of Organization Exempt From Income Tax**

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

**2012**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ 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 , 2012, and ending ,**

<b>B</b> Check if applicable:	<b>C</b>	<b>D</b> Employer Identification Number		
<input type="checkbox"/> Address change	ENLACE U.S.A. 5405 ALTON PARKWAY 5A IRVINE, CA 92604	04-3675191		
<input type="checkbox"/> Name change		<b>E</b> Telephone number		
<input type="checkbox"/> Initial return		949-269-2204		
<input type="checkbox"/> Terminated		<b>G</b> Gross receipts \$	1,689,245.	
<input type="checkbox"/> Amended return		<b>F</b> Name and address of principal officer:	SAME AS C ABOVE	
<input type="checkbox"/> Application pending		<b>H(a)</b> Is this a group return for affiliates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		<b>H(b)</b> Are all affiliates included? If 'No,' attach a list. (see instructions)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>I</b> Tax-exempt status	<input checked="" type="checkbox"/> 501(c)(3)	<input type="checkbox"/> 501(c) ( ) (insert no.)	<input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
<b>J</b> Website: ▶	WWW.ENLACEONLINE.ORG			
<b>K</b> Form of organization:	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
	<b>L</b> Year of Formation:	2002	<b>M</b> State of legal domicile: CA	

**Part I Summary**

	<p><b>1</b> Briefly describe the organization's mission or most significant activities: <u>TO ENHANCE EFFECTIVE COLLABORATION BETWEEN LOCAL CHURCHES AND COMMUNITY ORGANIZATIONS TO DEVELOP INTEGRATED AND SUSTAINABLE SOLUTIONS TO POVERTY IN THE UNITED STATES AND INTERNATIONALLY.</u></p>			
<b>Activities &amp; Governance</b>	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a).....	<b>3</b>		7
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b).....	<b>4</b>		5
	<b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a).....	<b>5</b>		0
	<b>6</b> Total number of volunteers (estimate if necessary).....	<b>6</b>		0
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12.....	<b>7a</b>		0.
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34.....	<b>7b</b>		0.
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h).....	<b>Prior Year</b>		<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g).....	1,641,649.		1,689,245.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d).....			
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....			
	<b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12).....	1,641,649.		1,689,245.
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3).....	1,412,305.	
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4).....				
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).....		163,810.		140,799.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e).....				
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 76,649.				
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).....		81,133.		129,773.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....		1,657,248.		1,753,692.
<b>Net Assets or Fund Balances</b>	<b>19</b> Revenue less expenses. Subtract line 18 from line 12.....	-15,599.		-64,447.
	<b>20</b> Total assets (Part X, line 16).....	<b>Beginning of Current Year</b>		<b>End of Year</b>
		209,833.		145,385.
		<b>21</b> Total liabilities (Part X, line 26).....	198,082.	
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20.....	11,751.		145,385.	

**Part II Signature Block**

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.

<b>Sign Here</b>	Signature of officer	Date
	▶ RONALD BUENO	TREASURER
	Type or print name and title.	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	FREDERICK M. MCGOUGH	FREDERICK M. MCGOUGH	8/15/13		P00738456
	Firm's name ▶	FREDERICK M. MCGOUGH			Firm's EIN ▶
	Firm's address ▶	1748 HARRISON ST			Phone no. (949) 269-2200
	GLENVIEW, IL 60025				

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No



**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:

TO ENHANCE EFFECTIVE COLLABORATION BETWEEN LOCAL CHURCHES AND COMMUNITY ORGANIZATIONS  
TO DEVELOP INTEGRATED AND SUSTAINABLE SOLUTIONS TO POVERTY IN THE UNITED STATES AND  
INTERNATIONALLY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If 'Yes,' describe these changes on Schedule O.

SEE SCHEDULE O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 1,412,906. including grants of \$ 1,412,906.) (Revenue \$ )

SEE SCHEDULE O

4b (Code: ) (Expenses \$ 195,983. including grants of \$ 70,214.) (Revenue \$ )

SEE SCHEDULE O

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

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ▶ 1,608,889.

**Part IV 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.....	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?.....	X	
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.....		X
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.....		X
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.....		X
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.....		X
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.....		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.....		X
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.....		X
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.....		X
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.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.....		X
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.....		X
c 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.....		X
d 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.....		X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.....		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X.....		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII.....		X
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.....		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.....		X
14a Did the organization maintain an office, employees, or agents outside of the United States?.....		X
b 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.....		X
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.....	X	
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.....	X	
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).....		X
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.....		X
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.....		X
20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H.....		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?.....		

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>		X
<b>22</b> 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? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>	X	
<b>23</b> 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? <i>If 'Yes,' complete Schedule J.</i>		X
<b>24a</b> 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, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25.</i>		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
<b>b</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? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
<b>26</b> 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? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
<b>27</b> 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? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
<b>c</b> 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? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.</i>		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>b</b> If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
<b>37</b> 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? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

BAA

Form 990 (2012)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V.

		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. <input type="text" value="8"/>		
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. <input type="text" value="0"/>		
1 c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? <input type="checkbox"/>	X	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. <input type="text" value="0"/>		
2 b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)		
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3 b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4 b	If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5 b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5 c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
7 a	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?		X
7 b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
7 c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7 d	If 'Yes,' indicate the number of Forms 8282 filed during the year. <input type="text"/>		
7 e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7 f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7 g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
9 a	Did the organization make any taxable distributions under section 4966?		
9 b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> Enter:		
10 a	Initiation fees and capital contributions included on Part VIII, line 12. <input type="text"/>		
10 b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. <input type="text"/>		
11	<b>Section 501(c)(12) organizations.</b> Enter:		
11 a	Gross income from members or shareholders. <input type="text"/>		
11 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) <input type="text"/>		
12 a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
12 b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. <input type="text"/>		
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
13 a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
13 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. <input type="text"/>		
13 c	Enter the amount of reserves on hand. <input type="text"/>		
14 a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14 b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.		

**Part VI Governance, Management and Disclosure** For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1 a</b>	Enter the number of voting members of the governing body at the end of the tax year. . . . . <b>1 a</b> 7 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>1 b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . . <b>1 b</b> 5		
<b>2</b>	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? . . . . .		X
<b>3</b>	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? . . . . .		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		X
<b>6</b>	Did the organization have members or stockholders? . . . . .		X
<b>7 a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .		X
<b>7 b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? . . . . .		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8 a</b>	a The governing body? . . . . .	X	
<b>8 b</b>	b Each committee with authority to act on behalf of the governing body? . . . . .		X
<b>9</b>	Is there any officer, director or 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. . . . .		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10 a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		X
<b>10 b</b>	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? . . . . .		
<b>11 a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	X	
<b>11 b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
<b>12 a</b>	Did the organization have a written conflict of interest policy? If 'No,' go to line 13. . . . .	X	
<b>12 b</b>	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	X	
<b>12 c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done . . . . .		X
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	X	
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>15 a</b>	a The organization's CEO, Executive Director, or top management official. . . . .		X
<b>15 b</b>	b Other officers of key employees of the organization. SEE SCHEDULE O. . . . . If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)	X	
<b>16 a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		X
<b>16 b</b>	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ CA
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  
 ▶ LARRY KASPER 82703 REDFORD WAY INDIO CA 90021 949-269-2204

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII.

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1 a** 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.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN BUENO DIRECTOR	0 0							0.	0.	0.
(2) BETH VALENTE DIRECTOR	0 0							0.	0.	0.
(3) LARRY KASPER PRESIDENT	40 0	X		X				25,799.	0.	42,000.
(4) RONALD BUENO TREASURER	40 0	X		X				31,000.	0.	42,000.
(5) CASEY HALE SECRETARY	0 0	X						0.	0.	0.
(6) PRISCILLA MCKINNEY DIRECTOR	0 0	X						0.	0.	0.
(7) CRISTINA ROBECK DIRECTOR	0 0	X						0.	0.	0.
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont)**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) -----										
(16) -----										
(17) -----										
(18) -----										
(19) -----										
(20) -----										
(21) -----										
(22) -----										
(23) -----										
(24) -----										
(25) -----										
<b>1 b Sub-total</b> .....							56,799.	0.	84,000.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							56,799.	0.	84,000.	
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0										

	Yes	No
3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i> .....	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes' complete Schedule J for such individual.</i> .....	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person.</i> .....	5	X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
N/A ,		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0

**Part VIII Statement of Revenue**

Check if Schedule O contains a response to any question in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS</b>	<b>1 a</b> Federated campaigns . . . . .	<b>1 a</b>				
	<b>b</b> Membership dues . . . . .	<b>1 b</b>				
	<b>c</b> Fundraising events . . . . .	<b>1 c</b>				
	<b>d</b> Related organizations . . . . .	<b>1 d</b>				
	<b>e</b> Government grants (contributions) . . . . .	<b>1 e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1 f</b> 1,689,245.				
	<b>g</b> Noncash contributions included in Ins 1a-1f: \$					
<b>h Total.</b> Add lines 1a-1f . . . . . ▶		1,689,245.				
<b>PROGRAM SERVICE REVENUE</b>	<b>Business Code</b>					
	<b>2 a</b> -----					
	<b>b</b> -----					
	<b>c</b> -----					
	<b>d</b> -----					
	<b>e</b> -----					
	<b>f</b> All other program service revenue . . . . .					
<b>g Total.</b> Add lines 2a-2f . . . . . ▶						
<b>OTHER REVENUE</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts) . . . . . ▶					
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . . ▶					
	<b>5</b> Royalties . . . . . ▶					
	<b>6 a</b> Gross rents . . . . .	(i) Real				
		(ii) Personal				
		<b>b</b> Less: rental expenses				
		<b>c</b> Rental income or (loss) . . . . .				
	<b>d</b> Net rental income or (loss) . . . . . ▶					
	<b>7 a</b> Gross amount from sales of assets other than inventory.	(i) Securities				
		(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses . . . . .				
		<b>c</b> Gain or (loss) . . . . .				
	<b>d</b> Net gain or (loss) . . . . . ▶					
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>				
		<b>b</b> Less: direct expenses . . . . .	<b>b</b>			
<b>c</b> Net income or (loss) from fundraising events . . . . . ▶						
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>					
	<b>b</b> Less: direct expenses . . . . .	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities . . . . . ▶					
<b>10 a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>					
	<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>				
	<b>c</b> Net income or (loss) from sales of inventory . . . . . ▶					
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11 a</b> -----						
<b>b</b> -----						
<b>c</b> -----						
<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d . . . . . ▶						
<b>12 Total revenue.</b> See instructions . . . . . ▶		1,689,245.	0.	0.	0.	



**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	70,214.	70,214.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	1,412,906.	1,412,906.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	140,799.	65,860.	33,899.	41,040.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management	18,000.		8,100.	9,900.
b Legal	10,841.	2,710.	8,131.	
c Accounting	12,000.		12,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch O)	66,000.	51,000.		15,000.
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	6,531.	4,714.	605.	1,212.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	735.		735.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	937.	94.	562.	281.
23 Insurance	1,735.		1,735.	
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.)				
a <b>CREDIT CARD PROCESSING FEES</b>	3,363.			3,363.
b <b>TELECOMMUNICATIONS</b>	2,782.	1,391.	464.	927.
c <b>ANNUAL GALA</b>	2,533.			2,533.
d <b>POSTAGE AND SHIPPING</b>	1,129.		226.	903.
e All other expenses	3,187.		1,697.	1,490.
25 Total functional expenses. Add lines 1 through 24e	1,753,692.	1,608,889.	68,154.	76,649.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

Check if Schedule O contains a response to any question in this Part X.

		(A) Beginning of year		(B) End of year
ASSETS	<b>1</b> Cash – non-interest-bearing	200,550.	<b>1</b>	140,761.
	<b>2</b> Savings and temporary cash investments	2,540.	<b>2</b>	2,540.
	<b>3</b> Pledges and grants receivable, net		<b>3</b>	
	<b>4</b> Accounts receivable, net		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> 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		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges	2,075.	<b>9</b>	2,084.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 6,619.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 6,619.	262.	<b>10c</b>
	<b>11</b> Investments – publicly traded securities		<b>11</b>	
	<b>12</b> Investments – other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments – program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets	676.	<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11	3,730.	<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	209,833.	<b>16</b>	145,385.	
LIABILITIES	<b>17</b> Accounts payable and accrued expenses		<b>17</b>	
	<b>18</b> Grants payable	198,082.	<b>18</b>	
	<b>19</b> Deferred revenue		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> 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		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25	198,082.	<b>26</b>	0.
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	11,751.	<b>27</b>	19,180.
	<b>28</b> Temporarily restricted net assets		<b>28</b>	126,205.
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances	11,751.	<b>33</b>	145,385.	
<b>34</b> Total liabilities and net assets/fund balances	209,833.	<b>34</b>	145,385.	

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**Part 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	1,689,245.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,753,692.
3	Revenue less expenses. Subtract line 2 from line 1	3	-64,447.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,751.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	198,082.
9	Other changes in net assets or fund balances (explain in Schedule O) . SEE SCHEDULE O	9	-1.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	145,385.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? ..... If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? ..... If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? ..... If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....		X
3b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.....		

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Form 990 (2012)

**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**

<b>Name of the organization</b> ENLACE U.S.A.	<b>Employer identification number</b> 04-3675191
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**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 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 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?

	Yes	No
(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? .....	11 g (i)	
(ii) A family member of a person described in (i) above? .....	11 g (ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	11 g (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 column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

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

**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'.)	1,004,260.	1,471,830.	1,352,440.	1,641,650.	1,689,245.	7,159,425.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
4 <b>Total.</b> Add lines 1 through 3.	1,004,260.	1,471,830.	1,352,440.	1,641,650.	1,689,245.	7,159,425.
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).						2,038,387.
6 <b>Public support.</b> Subtract line 5 from line 4.						5,121,038.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4.	1,004,260.	1,471,830.	1,352,440.	1,641,650.	1,689,245.	7,159,425.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	2,268.	272.				2,540.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11 <b>Total support.</b> Add lines 7 through 10.						7,161,965.
12 Gross receipts from related activities, etc (see instructions).					12	0.
13 <b>First five years.</b> 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 <b>stop here</b> .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)).	14	71.50 %
15 Public support percentage from 2011 Schedule A, Part II, line 14.	15	76.00 %
16a <b>33-1/3% support test – 2012.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization.	<input checked="" type="checkbox"/>	
b <b>33-1/3% support test – 2011.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
17a <b>10%-facts-and-circumstances test – 2012.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
b <b>10%-facts-and-circumstances test – 2011.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.	<input type="checkbox"/>	

**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 yr 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.') . . . . .						
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 <b>Total.</b> Add lines 1 through 5. . . . .						
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 <b>Public support</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6. . . . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . . . .						
c Add lines 10a and 10b. . . . .						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
13 <b>Total support.</b> (Add lns 9, 10c, 11, and 12.) . . . . .						

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	%
16 Public support percentage from 2011 Schedule A, Part III, line 15. . . . .	16	%

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

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

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. . . . . ▶



**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF**

OMB No. 1545-0047

**2012**

**Name of the organization**

ENLACE U.S.A.

**Employer identification number**

04-3675191

**Organization type** (check one):

**Filers of:**

Form 990 or 990-EZ

**Section:**

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year. . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ,**

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2012)



Name of organization ENLACE U.S.A.	Employer identification number 04-3675191
---------------------------------------	--

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WORLD CHALLENGE P.O. BOX 260 LINDALE, TX 75771	\$ 235,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	INTERNATIONAL CONCERN, INC. 11 CHARLESTON IRVINE, CA 92620	\$ 292,235.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	CVW FAMILY FOUNDATION 501 SILVERSIDE ROAD, SUITE 123 WILMINGTON, DE 19809	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	ELLIS FAMILY CHARITABLE FOUNDATION 5200 E. LA PALMA AVE. ANAHEIM, CA 92807	\$ 182,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	WILLOW CREEK SOUTH BARRINGTON 67 EAST ALGONQUIN ROAD SOUTH BARRINGTON, IL 60010	\$ 204,755.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	WILLOW CREEK CRYSTAL LAKE 220 EXCHANGE DRIVE, SUITE A CRYSTAL LAKE, IL 60014	\$ 91,394.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ENLACE U.S.A.	Employer identification number 04-3675191
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	WILLOW CREEK CHICAGO ----- 50 EAST CONGRESS PARKWAY ----- CHICAGO, IL 60605 -----	\$ 49,390.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

ENLACE U.S.A.

04-3675191

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	N/A		
_____		\$ _____	
_____		\$ _____	
_____		\$ _____	
_____		\$ _____	
_____		\$ _____	
_____		\$ _____	
_____		\$ _____	
_____		\$ _____	
_____		\$ _____	
_____		\$ _____	
_____		\$ _____	
_____		\$ _____	
_____		\$ _____	

BAA

Name of organization

ENLACE U.S.A.

Employer identification number

04-3675191

**Part III Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8) or (10)**

**organizations that total more than \$1,000 for the year.** Complete columns (a) through (e) and the following line entry.

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc, contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.)..... ▶ \$                      N/A  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

**Schedule F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

ENLACE U.S.A.

Employer identification number

04-3675191

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . .  Yes  No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3 a</b> Sub-total . . . . .					
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b) . . .	0	0			0.

**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule F (Form 990) 2012

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable) PART V	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)				COMMUNITY					
(2)				DEVELOPMENT					
(3)				WORKING THROUGH					
(4)			CENTRAL AMERICA	LOCAL CHURCHES	1,381,097.	WIRE TRANSFER			
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. ▶ 1

3 Enter total number of other organizations or entities ▶ 0

**Part III** Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) SUPPORT OF FOREIGN MISSIONARIES	CENTRAL AMERICA	2	31,809.	CHECKS & WIRE TRANSFERS			
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If 'Yes,' the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926).* .....  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If 'Yes,' the organization may be required to file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A).* .....  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If 'Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471).* .....  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If 'Yes,' the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).* .....  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865).* .....  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If 'Yes,' the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).* .....  Yes  No



**Part V Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

**PART II, LINE 1 - ADDITIONAL SUPPLEMENTAL INFORMATION**

IN 2012, ENLACE USA DISTRIBUTED FUNDING (CASH GRANTS) IN THE AMOUNT OF \$1,381,907 TO ENTIDAD NATURAL LATINOAMERICANA DE COOPERACION ESTRATEGICA, A NON-FOR-PROFIT ORGANIZATION IN EL SALVADOR.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

ENLACE U.S.A.

Employer identification number

04-3675191

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ----- -----							
(2) ----- -----							
(3) ----- -----							
(4) ----- -----							
(5) ----- -----							
(6) ----- -----							
(7) ----- -----							
(8) ----- -----							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ 0

3 Enter total number of other organizations listed in the line 1 table ..... ▶ 0



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

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2012**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

Name of the organization

Employer identification number

ENLACE U.S.A.

04-3675191

**FORM 990, PART XI, LINE 8 - RECONCILIATION OF NET ASSETS**

THE NON-FOR-PROFIT ORGANIZATION HAD THEIR ANNUAL FINANCIAL STATEMENTS REVIEWED FOR THE FIRST TIME IN MARCH OF 2013. DURING THAT PROCESS, THE AUDITORS RECLASSIFIED PREVIOUSLY REFLECTED GRANTS PAYABLE AMOUNTS AS OF DECEMBER 31, 2011 AND DECEMBER 31, 2012 TO BE TEMPORARY RESTRICTED NET ASSETS. THIS RESULTED IN A PRIOR PERIOD ADJUSTMENT OF \$198,082 ON LINE 8 OF PART XI DUE TO "GRANTS PAYABLE" AT THE END OF 2011 BEING REFLECTED AS PART OF THE "NET ASSETS BEING RELEASED" ON THEIR 2012 FORM 990 INSTEAD OF AS A "GRANT DISBURSEMENT" AS PREVIOUSLY REPORT ON THEIR 2011 FORM 990.

**FORM 990, PART XI, LINE 9 - RECONCILIATION OF NET ASSETS**

MISCELLANEOUS ROUNDING ADJUSTMENT OF <\$1>.

**FORM 990, PART III, LINE 3 - CEASED CONDUCTING OR SIGNIFICANT CHANGES TO SERVICES**

SPECIAL FUNDING FOR COMMUNITY DEVELOPMENT PROJECTS IMPLEMENTED BY THE UNION CHURCH OF SAN SALVADOR WAS NOT PROVIDED IN 2012.

**FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS**

\*\*\*ACCOMPLISHMENTS IN EL SALVADOR\*\*\*

ENLACE U.S.A. PROVIDED FUNDING TO AN AFFILIATED ORGANIZATION AND MISSIONARIES IN EL SALVADOR TO ACCOMPLISH OUR ABOVE STATED PURPOSE IN THAT COUNTRY. IN 2012, 67 INITIATIVES WERE FUNDED IN EL SALVADOR THAT IMPACTED OVER 110,000 PEOPLE IN 195 IMPOVERISHED COMMUNITIES IN 8 REGIONS OF THE COUNTRY.

**CHURCH & COMMUNITY PROGRAM:**

ENLACE'S CHURCH AND COMMUNITY PROGRAM TRAINS CHURCH LEADERS TO UNDERSTAND AND LIVE OUT THE BIBLICAL BASIS OF THE MISSION OF THE CHURCH IN THEIR IMPOVERISHED COMMUNITIES. WE ACCOMPANY AND ASSIST CHURCH LEADERS TO DISCOVER THEIR RESOURCES AND TO PARTNER EFFECTIVELY WITH THE COMMUNITY TO IDENTIFY AND IMPLEMENT SUSTAINABLE

Name of the organization

Employer identification number

ENLACE U.S.A.

04-3675191

**FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS**

SOLUTIONS TO POVERTY. THE PROGRAM INCLUDED TRAINING IN THE FOLLOWING AREAS: BIBLICAL STUDY, LEADERSHIP DEVELOPMENT, PROJECT IDENTIFICATION AND MANAGEMENT, NETWORKING, AND FUNDRAISING. IN 2012, ENLACE PARTNERED WITH 55 CHURCHES AND PROVIDED COACHING AND TRAINING TO 718 PASTORS, CHURCH LEADERS, AND COMMUNITY ACTIVISTS.

HEALTHY COMMUNITIES INITIATIVES:

ENLACE PROVIDED CHURCH AND COMMUNITY LEADERS TRAINING AND RESOURCES TO RESOLVE IMMEDIATE AND LONG-TERM HEALTH PROBLEMS THROUGH CURATIVE AND PREVENTIVE STRATEGIES. IN 2012, HEALTHY COMMUNITIES INITIATIVES INCLUDED IMMEDIATE MEDICAL CLINIC ATTENTION TO 3,382 PEOPLE, 5 WATER SYSTEMS BENEFITING 14,954 PEOPLE, INSTALLED 192 LATRINES BENEFITING 960 PEOPLE, AND 132 ECO-STOVES BENEFITING 660 PEOPLE.

INFRASTRUCTURE INITIATIVES:

ENLACE PROVIDED CHURCH AND COMMUNITY LEADERS TRAINING AND TECHNICAL ASSISTANCE TO IDENTIFY, DESIGN, FINANCE AND MANAGE INFRASTRUCTURAL INITIATIVES. IN 2012, CHURCH AND COMMUNITY LEADERS COMPLETED 8 BRIDGE AND ROAD PROJECTS BENEFITING A TOTAL OF 3,150 PEOPLE. ENLACE ALSO FACILITATED THE CONSTRUCTION OF 67 HOUSES BENEFITING 335 PEOPLE.

ECONOMIC DEVELOPMENT PROGRAM:

ENLACE PROVIDED SMALL-SCALE ENTREPRENEURS AND FARMERS TRAINING, TECHNICAL ASSISTANCE, FINANCING, AND MARKETS TO START OR EXPAND SMALL BUSINESSES. IN 2012, COMMUNITY MEMBERS ESTABLISHED 261 HOME GARDENS, 23 POULTRY FARMS AND 43 TILAPIA FISH PONDS BENEFITING 1,635 FAMILY MEMBERS. IN ADDITION, ENLACE PROVIDED BUSINESS COACHING TO OVER 20 SMALL BUSINESSES, AND ENLACE'S AFFILIATED CREDIT ORGANIZATION PROVIDED 216 LOANS TOTALING \$288,400 WITH A 99% REPAYMENT RATE.

Name of the organization

ENLACE U.S.A.

Employer identification number

04-3675191

**FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS**

IT SHOULD BE NOTED THAT THE HOME GARDEN, POULTRY FARMS, AND TILAPIA FISH PONDS BEGIN AS A NUTRIENT PROGRAM PROVIDING VEGETABLE VARIETY AND PROTEIN TO THE PARTICIPANTS' DIETS. THE PROGRAM GRADUALLY ENABLES THE FARMERS FROM FULLY CONSUMING THEIR PRODUCTION TO SELLING A PORTION OF IT, MAKING IT A TRULY SUSTAINABLE INITIATIVE.

**FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS**

\*\*\*ACCOMPLISHMENTS IN THE UNITED STATES\*\*\*

ENLACE USA'S CHURCH PARTNERSHIP PROGRAM PROVIDES U.S.A. CHURCHES WITH THE OPPORTUNITY TO BUILD LONG-TERM AND EFFECTIVE RELATIONSHIPS WITH CHURCHES IN EL SALVADOR THAT ARE ACTIVELY ENGAGED IN COMMUNITY TRANSFORMATION. THE PROGRAM ASSISTS U.S.A. CHURCHES TO EXPLORE POSSIBLE PARTNERSHIPS, INVEST IN LEADERSHIP DEVELOPMENT AND COMMUNITY DEVELOPMENT PROJECTS, AND EXPERIENCE WORKING ALONGSIDE CHURCH AND COMMUNITY LEADERS IN EL SALVADOR. THE PROGRAM ALSO PROVIDES CONSULTING FOR U.S.A. CHURCHES ON HOW TO FURTHER ENGAGE THEIR CONGREGATIONS IN COMMUNITY TRANSFORMATION THROUGH TIMELY COMMUNICATIONS, REPORTING, AND CAMPAIGN DESIGN. IN 2012 ENLACE USA ASSISTED 23 U.S.A. CHURCHES TO PARTNER WITH CHURCHES AND COMMUNITY DEVELOPMENT INITIATIVES IN EL SALVADOR. IN ADDITION, ENLACE USA FACILITATED 19 SERVICE TEAMS TO EL SALVADOR THAT PROVIDED 251 TEAM MEMBERS THE OPPORTUNITY TO EXPERIENCE COMMUNITY TRANSFORMATION IN PERSON.

**FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS**

THE FORM 990 WAS PREPARED BY A SUBCONTRACTED TAX PROFESSIONAL. PRIOR TO FILING, THE RETURN WAS REVIEWED AND APPROVED BY THREE BOARD MEMBERS. ONE OF THE REVIEWING BOARD MEMBERS IS AN ATTORNEY, WHO REVIEWED ALL LEGAL OR COMPLIANCE ISSUES.

**FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES**

ENLACE USA ADOPTED AN EXECUTIVE COMPENSATION POLICY (THE "POLICY") IN 2008. THE POLICY REQUIRES THE BOARD OF DIRECTORS (THE "BOARD") TO MAKE EVERY EFFORT TO COMPLY WITH THE "REBUTTABLE PRESUMPTION OF REASONABLENESS" UNDER INTERNAL REVENUE CODE §4958

Name of the organization

Employer identification number

ENLACE U.S.A.

04-3675191

**FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES ((**

AND ITS SUPPORTING TREASURY REGULATIONS §53.4958-6. THE POLICY ALSO DIRECTS THE BOARD TO ADOPT PROCEDURES FOR REVIEWING AND APPROVING NEW OR MATERIALLY MODIFIED COMPENSATION ARRANGEMENTS BETWEEN ENLACE USA AND ITS EXECUTIVES AND SENIOR MANAGERS THAT, AMONG OTHER THINGS, INCLUDE THE FOLLOWING:

A. REVIEWING THE COMPENSATION ARRANGEMENT OR THE TERMS OF THE TRANSACTION. THE BODY DECIDING ON THE COMPENSATION ARRANGEMENT MUST BE COMPOSED ENTIRELY OF PERSONS WHO DO NOT HAVE A CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT OR TRANSACTION UNDER REVIEW.

B. IN MAKING ITS DETERMINATION OF REASONABLENESS, THE BOARD SHOULD OBTAIN AND RELY UPON APPROPRIATE DATA AS TO COMPARABILITY FROM INTERNAL OR EXTERNAL SOURCES TO HELP IT MAKE ITS DETERMINATION.

C. THE BOARD WILL ULTIMATELY DECIDE (ON THE BASIS OF THE COMPENSATION COMMITTEE'S RECOMMENDATION, IF ANY) WHETHER TO APPROVE THE COMPENSATION ARRANGEMENT OR NOT. ONLY BOARD MEMBERS WHO HAVE NO CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT MAY PARTICIPATE IN THE DECISION-MAKING PROCESS. THE PERSON WHO IS THE SUBJECT OF THE COMPENSATION ARRANGEMENT AND ANY DIRECTOR WHO HAS A CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT MAY ANSWER QUESTIONS REGARDING THE COMPENSATION ARRANGEMENT BUT OTHERWISE MUST RECUSE THEMSELVES FROM THE MEETING DURING DELIBERATION ON THE COMPENSATION ARRANGEMENT. ADDITIONALLY, IF THE BOARD OR THE COMPENSATION COMMITTEE OBTAINED A COMPENSATION STUDY OR OPINION LETTER, THE BOARD SHOULD BE PROVIDED AN OPPORTUNITY TO ASK QUESTIONS OF PERSON WHO PREPARED THE STUDY OR OPINION LETTER.

Name of the organization

Employer identification number

ENLACE U.S.A.

04-3675191

**FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES (C**

D. THE BOARD SHOULD DOCUMENT THE BASIS FOR ITS DECISION THE LATER OF THE BOARD'S NEXT MEETING OR 60 DAYS AFTER THE BOARD'S DECISION. AND WITHIN A REASONABLE TIME AFTER THE DECISION IS DOCUMENTED, THE BOARD SHOULD REVIEW AND APPROVE THE DOCUMENTATION AS REASONABLE, ACCURATE, AND COMPLETE. THE DOCUMENTATION SHOULD INCLUDE, AT MINIMUM:

(I) THE TERMS OF THE APPROVED COMPENSATION ARRANGEMENT AND THE DATE THE BOARD APPROVED IT;

(II) THE PERSONS WHO WERE PRESENT DURING THE DELIBERATION AND VOTE ON THE COMPENSATION ARRANGEMENT AND THE NAMES OF THE PERSONS WHO VOTED FOR IT OR AGAINST IT;

(III) THE COMPARABILITY DATA OBTAINED AND RELIED UPON AND HOW THE DATA WAS OBTAINED; AND

(IV) THE ACTIONS ANY DIRECTOR WHO HAS A CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT TOOK DURING THE BOARD'S DECISION-MAKING PROCESS.

E. THE EXECUTIVE DIRECTOR'S COMPENSATION IS DUE TO BE REVIEWED AT THE BOARD OF DIRECTOR'S 2013 ANNUAL MEETING. THE REVIEW WILL INVOLVE EXAMINATION AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION.

**FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE**

FINANCIAL STATEMENTS ARE DISCLOSED ON OUR WEBSITE AND ARE INCLUDED IN OUR ANNUAL REPORT. CURRENTLY WE ARE NOT POSTING OUR GOVERNING POLICIES AND RELATED DOCUMENTS ON OUR WEBSITE.



ENLACE U.S.A.

04-3675191

FORM 990, PART XI, LINE 9  
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

ROUNDING ADJUSTMENT.....	TOTAL	\$	-1.
		\$	<u>-1.</u>

IN

**MAIL TO:**  
 Registry of Charitable Trusts  
 P.O. Box 903447  
 Sacramento, CA 94203-4470  
 Telephone: (916) 445-2021

**WEBSITE ADDRESS:**  
<http://ag.ca.gov/charities/>

# ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code  
 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1. IRS extensions will be honored.



State Charity Registration Number <u>120902</u>  <b>ENLACE U.S.A.</b> <small>Name of Organization</small>  <u>5405 ALTON PARKWAY 5A</u> <small>Address (Number and Street)</small>  <u>IRVINE, CA 92604</u> <small>City or Town State ZIP Code</small>	<b>Check if:</b> <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report  Corporate or Organization No. <u>2427157</u>  Federal Employer ID No. <u>04-3675191</u>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)**  
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

**PART A – ACTIVITIES**

For your most recent full accounting period (beginning 1/01/12 ending 12/31/12) list:  
 Gross annual revenue \$ 1,689,245. Total assets \$ 145,385.

**PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

**Note:** If you answer 'yes' to any of the questions below, you must attach a separate sheet providing an explanation and details for each 'yes' response. Please review RRF-1 instructions for information required.

	Yes	No
1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During this reporting period, did non-program expenditures exceed 50% of gross revenues?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If 'yes,' provide an attachment listing the name, address, and telephone number of the service provider.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 During this reporting period, did the organization hold a raffle for charitable purposes? If 'yes,' provide an attachment indicating the number of raffles and the date(s) they occurred.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Does the organization conduct a vehicle donation program? If 'yes,' provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Organization's area code and telephone number 949-269-2204  
 Organization's e-mail address LARRY.KASPER@ENLACEONLINE.ORG

**I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.**

<b>RONALD BUENO</b> <small>Signature of authorized officer</small>	<b>TREASURER</b> <small>Title</small>	
<small>Printed Name</small>		<small>Date</small>