

Return of Organization Exempt From Income Tax

2009

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

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 2009 calendar year, or tax year beginning and ending

| | | | | |
|---|--|--|----------------------------------|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | Please use IRS label or print or type. See Specific Instructions. | C Name of organization | | D Employer identification number |
| | | MANO A MANO INTERNATIONAL PARTNERS | | 41-1796971 |
| | | Doing Business As | | E Telephone number |
| | | 774 SIBLEY MEMORIAL HIGHWAY | | 651-457-3141 |
| Number and street (or P.O. box if mail is not delivered to street address) Room/suite | | G Gross receipts \$ 1,703,153. | | |
| City or town, state or country, and ZIP + 4 | | H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| MENDOTA HEIGHTS, MN 55118 | | H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| F Name and address of principal officer: | | If "No," attach a list. (see instructions) | | |
| SAME AS C ABOVE | | H(c) Group exemption number ▶ | | |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | | | |
| J Website: ▶ WWW.MANOAMANO.ORG | | | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | | L Year of formation: 1994 | |
| M State of legal domicile: MN | | | | |

Part I Summary

| | | | |
|---|--|----------------------------------|---------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: <u>TO CREATE PARTNERSHIPS WITH IMPOVERISHED BOLIVIAN COMMUNITIES THAT IMPROVE HEALTH AND INCREASE</u> | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 9 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 8 |
| | 5 Total number of employees (Part V, line 2a) | 5 | 3 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 210 |
| | 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| b Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0. | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 2,227,360. | 1,678,527. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 20,753. | 18,464. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 2,939. | 6,162. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 2,251,052. | 1,703,153. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 1,903,330. | 2,150,290. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | | |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 156,995. | 138,832. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | | |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 87,821. | | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | | 189,126. |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 2,060,325. | 2,478,248. | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 190,727. | -775,095. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| | 21 Total liabilities (Part X, line 26) | 3,367,672. | 2,771,117. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 265,164. | 444,704. |
| | | 3,102,508. | 2,326,413. |

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.

Sign Here ▶ Signature of officer _____ Date _____

▶ **DEBORAH KOTCHER, CPA, TREASURER**
Type or print name and title

| | | | | |
|---------------------------------|---|----------------------|---|--|
| Paid Preparer's Use Only | Preparer's signature ▶ ERIC HAUKKALA, CPA | Date 11/17/10 | Check if self-employed <input type="checkbox"/> | Preparer's identifying number (see instructions) |
| | Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ THOMAS LEWIS & ASSOCIATES, P.A. 241 S CLEVELAND SUITE 2A ST. PAUL, MINNESOTA 55105 | EIN ▶ _____ | Phone no. ▶ (651) 690-5498 | |

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: TO CREATE PARTNERSHIPS WITH IMPOVERISHED BOLIVIAN COMMUNITIES THAT IMPROVE HEALTH AND INCREASE ECONOMIC WELL-BEING.

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

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ 850,012. including grants of \$) (Revenue \$) COLLECTING AND SHIPPING MEDICAL SUPPLIES

MANO A MANO'S TWIN CITIES VOLUNTEERS SEEK DONATIONS OF SURPLUS MEDICAL SUPPLIES AND EQUIPMENT FROM HEALTH CARE PROVIDERS AND SUPPLIERS IN MINNESOTA. THE SUPPLIES ARE NEW ITEMS, USUALLY IN THEIR ORIGINAL PACKAGING, THAT BECOME SURPLUS FOR VARIED REASONS: THEY MAY HAVE BEEN MISROUTED, OVERSTOCKED, REPLACED BY SUPPLIES FROM NEW VENDORS OR DELIVERED IN DAMAGED BOXES. VOLUNTEERS PICK UP THESE ITEMS, THEN PACK AND PREPARE THEM FOR SHIPMENT. EQUIPMENT IS LIGHTLY USED AND SERVICEABLE.

MANO A MANO'S GOAL IS TO SHIP 150,000-200,000 POUNDS ANNUALLY TO

4b (Code:) (Expenses \$ 245,866. including grants of \$) (Revenue \$) MANO A MANO HAS DEVELOPED AND IMPLEMENTED A REMARKABLY SUCCESSFUL LOW-COST, COMMUNITY-ORIENTED APPROACH TO CONSTRUCTING AND OPERATING ACUTE CARE/PUBLIC HEALTH EDUCATION CLINICS IN PREVIOUSLY UN-SERVED RURAL COMMUNITIES. CAPITAL PROJECTS ARE EXTREMELY DIFFICULT TO FUND IN BOLIVIA, SINCE COMMUNITIES AND ORGANIZATIONS CAN RARELY ACCUMULATE SUFFICIENT FUNDS AT ONE POINT IN TIME TO COVER CONSTRUCTION COSTS AND MORTGAGES ARE NOT AVAILABLE.

BY PROVIDING A MEANS TO ESTABLISH A CLINIC, MANO A MANO PLANTS THE SEED REQUIRED TO SUSTAIN HEALTH CARE, HEALTH EDUCATION AND FAMILY PLANNING WITHIN A VILLAGE. ITS CLINICS BECOME THE COMMUNITY CENTER THROUGH WHICH SERIOUS COMMUNITY ISSUES CAN BE ADDRESSED. SEVERAL MEN WORKING ON

4c (Code:) (Expenses \$ 422,453. including grants of \$) (Revenue \$) ENVIRONMENTAL HEALTH/BASIC SERVICES, SCHOOLS AND TEACHER HOUSING - THROUGH HEALTH EDUCATION GROUPS OFFERED BY THEIR CLINICS, RESIDENTS OF THESE COMMUNITIES LEARN THAT LACK OF CLEAN DRINKING WATER AND ABSENCE OF SANITATION FACILITIES CREATE RISKS TO PUBLIC HEALTH. WATER AND SANITATION PROJECTS HAVE SUBSTANTIAL IMPACT ON COMMUNITY HEALTH STATUS BY REDUCING THE INCIDENCE OF COMMUNICABLE DISEASES.

COMMUNITY SANITATION PROJECTS INVOLVE CONSTRUCTION OF PUBLIC BATHROOMS AND SHOWERS NEAR THE COMMUNITY SCHOOL. SCHOOL PERSONNEL, WORKING WITH CLINIC STAFF, AND HEALTH PROMOTERS TAKE RESPONSIBILITY FOR TEACHING BOTH CHILDREN AND ADULTS THE IMPORTANCE OF USING THESE FACILITIES. PREVIOUSLY, THE ONLY BATHROOMS AND SHOWERS IN THESE COMMUNITIES WERE

4d Other program services. (Describe in Schedule O.) (Expenses \$ 808,603. including grants of \$) (Revenue \$)

4e Total program service expenses \$ 2,326,934.

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 Schedule B, Schedule of Contributors? | 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 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> | | X |
| 5 | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i> | | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts where 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; 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 term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | | X |
| 11 | Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> | X | |
| | • 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> | | |
| | • 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> | | |
| | • 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> | | |
| | • 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> | | |
| | • Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> | | |
| | • 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? <i>If "Yes," complete Schedule D, Part X.</i> | | |
| 12 | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> | X | |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i> | Yes | No |
| | | | 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 |
| 14b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</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, Part II</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, Part III</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</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 |
| 20 | Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> | | X |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|---|-----|----|
| 21 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 |
| 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | | X |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | | X |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 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 |
| 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly 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 | |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> | | X |
| 28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 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 | |
| c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | X | |
| 30 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 |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 32 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 |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | | X |
| 34 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 |
| 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 36 Section 501(c)(3) organizations. 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 |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? | X | |

Note. All Form 990 filers are required to complete Schedule O.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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.

Section A. Governing Body and Management

| | | Yes | No |
|----|---|-----|----|
| 1a | Enter the number of voting members of the governing body | | 9 |
| 1b | Enter the number of voting members that are independent | | 8 |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | X | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | | X |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | | X |
| 6 | Does the organization have members or stockholders? | | X |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | | X |
| 7b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| 8a | The governing body? | X | |
| 8b | Each committee with authority to act on behalf of the governing body? | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | X |

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

| | | Yes | No |
|-----|--|-----|----|
| 10a | Does the organization have local chapters, branches, or affiliates? | | X |
| 10b | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? | | |
| 11 | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | X | |
| 11A | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | | X |
| 12b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | | |
| 12c | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done | | |
| 13 | Does the organization have a written whistleblower policy? | | X |
| 14 | Does the organization have a written document retention and destruction policy? | | X |
| 15 | 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? | | |
| 15a | The organization's CEO, Executive Director, or top management official | | X |
| 15b | Other officers or key employees of the organization | | X |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | | X |
| 16b | If "Yes," has the organization adopted 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 **MN**
- 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
- 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.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **THE ORGANIZATION - 651-457-3141**
774 SIBLEY MEMORIAL HIGHWAY, MENDOTA HEIGHTS, MN 55118

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- 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. 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 the organization did not compensate any current officer, director, or trustee.

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (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 | | | |
| CHRISTINE VERPLOEG EXEC COMMITTEE MEMBER AT | 1.00 | X | | | | | 0. | 0. | 0. | |
| TERRY CROWLEY BOARD MEMBER | 1.00 | X | | | | | 0. | 0. | 0. | |
| DEBORAH KOTCHER, CPA TREASURER | 5.00 | X | | | | | 0. | 0. | 0. | |
| NANCY WHITE BOARD MEMBER | 1.00 | X | | | | | 0. | 0. | 0. | |
| PEGGY STEEN BOARD MEMBER | 1.00 | X | | | | | 0. | 0. | 0. | |
| DWIGHT STEEN BOARD MEMBER | 1.00 | X | | | | | 0. | 0. | 0. | |
| SEGUNDO VELASQUEZ PRESIDENT | 50.00 | | | X | | | 0. | 0. | 0. | |
| JOHN FOXEN, MD VICE PRESIDENT | 1.00 | | | X | | | 0. | 0. | 0. | |
| JOAN VELASQUEZ, PHD SECRETARY | 40.00 | | | X | | | 0. | 0. | 0. | |
| DAN NARR EXECUTIVE DIRECTOR | 40.00 | | | | X | X | 74,060. | 0. | 12,000. | |
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| Part VIII | | Statement of Revenue | | (A) | (B) | (C) | (D) | |
|--|---|--|--|---------------|------------------------------------|----------------------------|---|--|
| | | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512, 513, or 514 | |
| Contributions, gifts, grants and other similar amounts | 1 a | Federated campaigns | 1a | | | | | |
| | b | Membership dues | 1b | | | | | |
| | c | Fundraising events | 1c | | | | | |
| | d | Related organizations | 1d | | | | | |
| | e | Government grants (contributions) | 1e | | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 1,678,527. | | | | |
| | g | Noncash contributions included in lines 1a-1f: \$ | | 512,213. | | | | |
| | h | Total. Add lines 1a-1f | | ▶ 1,678,527. | | | | |
| Program Service Revenue | 2 a | | Business Code | | | | | |
| | b | | | | | | | |
| | c | | | | | | | |
| | d | | | | | | | |
| | e | | | | | | | |
| | f | All other program service revenue | | | | | | |
| | g | Total. Add lines 2a-2f | | ▶ | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | ▶ 18,464. | | | ▶ 18,464. | |
| | 4 | Income from investment of tax-exempt bond proceeds | | ▶ | | | | |
| | 5 | Royalties | | ▶ | | | | |
| | 6 a | Gross Rents | (i) Real | (ii) Personal | | | | |
| | | b | Less: rental expenses | | | | | |
| | | c | Rental income or (loss) | | | | | |
| | | d | Net rental income or (loss) | | ▶ | | | |
| | 7 a | Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | |
| | | b | Less: cost or other basis and sales expenses | | | | | |
| | | c | Gain or (loss) | | | | | |
| | | d | Net gain or (loss) | | ▶ | | | |
| | 8 a | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | a | | | | | |
| | | b | Less: direct expenses | b | | | | |
| | | c | Net income or (loss) from fundraising events | | ▶ | | | |
| | 9 a | Gross income from gaming activities. See Part IV, line 19 | a | | | | | |
| b | | Less: direct expenses | b | | | | | |
| c | | Net income or (loss) from gaming activities | | ▶ | | | | |
| 10 a | Gross sales of inventory, less returns and allowances | a | 6,162. | | | | | |
| | b | Less: cost of goods sold | b | | | | | |
| | c | Net income or (loss) from sales of inventory | | ▶ 6,162. | 6,162. | | | |
| Miscellaneous Revenue | | Business Code | | | | | | |
| 11 a | | | | | | | | |
| | b | | | | | | | |
| | c | | | | | | | |
| | d | All other revenue | | | | | | |
| | e | Total. Add lines 11a-11d | | ▶ | | | | |
| 12 | Total revenue. See instructions. | | ▶ | 1,703,153. | 6,162. | 0. | 18,464. | |

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) but are not required to complete columns (B), (C), and (D).

| 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 U.S. See Part IV, line 21 | | | | |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 | 2,150,290. | 2,150,290. | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 74,060. | 39,252. | 11,849. | 22,959. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 41,236. | 21,855. | 6,598. | 12,783. |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 12,868. | 6,820. | 2,059. | 3,989. |
| 10 Payroll taxes | 10,668. | 5,654. | 1,707. | 3,307. |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 21,467. | 942. | 19,974. | 551. |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other | 10,345. | 2,700. | 7,645. | |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 2,633. | 2,317. | 263. | 53. |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 33,132. | 29,155. | 3,314. | 663. |
| 17 Travel | 23,742. | 20,893. | 2,374. | 475. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 41,502. | | | 41,502. |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 1,600. | 1,600. | | |
| 23 Insurance | 2,221. | 1,955. | 222. | 44. |
| 24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) | | | | |
| a PRINTING & PUBLICATIONS | 30,551. | 26,885. | 3,055. | 611. |
| b EQUIPMENT & MAINTENANCE | 6,318. | 5,560. | 632. | 126. |
| c TELEPHONE | 6,026. | 4,218. | 1,205. | 603. |
| d VOLUNTEER EXPENSES | 4,972. | 4,376. | 497. | 99. |
| e HOLDING COSTS ON PROPER | 1,819. | | 1,819. | |
| f All other expenses | 2,798. | 2,462. | 280. | 56. |
| 25 Total functional expenses. Add lines 1 through 24f | 2,478,248. | 2,326,934. | 63,493. | 87,821. |
| 26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ... | | | | |

Part X Balance Sheet

| | | (A) Beginning of year | | (B) End of year | |
|---|--|--------------------------|------------|--------------------|--|
| Assets | 1 Cash - non-interest-bearing | 48,872. | 1 | 35,697. | |
| | 2 Savings and temporary cash investments | 703,862. | 2 | 886,183. | |
| | 3 Pledges and grants receivable, net | 1,447,720. | 3 | 1,057,068. | |
| | 4 Accounts receivable, net | | 4 | | |
| | 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | | |
| | 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L | 250,000. | 6 | 250,000. | |
| | 7 Notes and loans receivable, net | | 7 | | |
| | 8 Inventories for sale or use | 838,975. | 8 | 486,125. | |
| | 9 Prepaid expenses and deferred charges | 4,643. | 9 | 4,737. | |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 8,000. | | | |
| | b Less: accumulated depreciation | 10b 7,000. | 2,600. | 10c 1,000. | |
| | 11 Investments - publicly traded securities | | 11 | | |
| | 12 Investments - other securities. See Part IV, line 11 | | 12 | | |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | | |
| | 14 Intangible assets | | 14 | | |
| | 15 Other assets. See Part IV, line 11 | 71,000. | 15 | 50,307. | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 3,367,672. | 16 | 2,771,117. | | |
| Liabilities | 17 Accounts payable and accrued expenses | 17,808. | 17 | 36,709. | |
| | 18 Grants payable | 157,356. | 18 | 327,995. | |
| | 19 Deferred revenue | | 19 | | |
| | 20 Tax-exempt bond liabilities | | 20 | | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | | |
| | 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | 90,000. | 22 | 80,000. | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | | |
| | 25 Other liabilities. Complete Part X of Schedule D | | 25 | | |
| | 26 Total liabilities. Add lines 17 through 25 | 265,164. | 26 | 444,704. | |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | |
| | 27 Unrestricted net assets | 401,457. | 27 | -3,038. | |
| | 28 Temporarily restricted net assets | 2,701,051. | 28 | 2,329,451. | |
| | 29 Permanently restricted net assets | | 29 | | |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. | | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | | |
| | 33 Total net assets or fund balances | 3,102,508. | 33 | 2,326,413. | |
| 34 Total liabilities and net assets/fund balances | 3,367,672. | 34 | 2,771,117. | | |

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: Cash Accrual Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c 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.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

Separate basis Consolidated basis Both consolidated and separate basis

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?

b 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.

| | Yes | No |
|-----------|-----|----|
| | | |
| 2a | | X |
| 2b | X | |
| 2c | | X |
| | | |
| 3a | | X |
| 3b | | |

Form **990** (2009)

COPY

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

2009

Open to Public Inspection

Name of the organization **MANO A MANO INTERNATIONAL PARTNERS** Employer identification number **41-1796971**

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

| | 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? | | |
| (ii) A family member of a person described in (i) above? | | |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? | | |
- h Provide the following information about the supported organization(s).

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

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.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 4784715. | 1951279. | 1767539. | 2227360. | 1678527. | 12409420. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 4784715. | 1951279. | 1767539. | 2227360. | 1678527. | 12409420. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 12409420. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 7 Amounts from line 4 | 4784715. | 1951279. | 1767539. | 2227360. | 1678527. | 12409420. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 16,711. | 37,694. | 30,133. | 20,753. | 18,464. | 123,755. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | 5,162. | 5,162. |
| 11 Total support. Add lines 7 through 10 | | | | | | 12538337. |

12 Gross receipts from related activities, etc. (see instructions) 12

13 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

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 98.97 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 15 65.30 %

16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2008. 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 **stop here.** The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2009. 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 **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2008. 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 **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (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 Total. 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 Public support (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (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 Total support (Add lines 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 2009 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2008 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2008 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2009. 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 - 2008. 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, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Name of the organization

Employer identification number

MANO A MANO INTERNATIONAL PARTNERS

41-1796971

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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, aggregate 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 aggregate 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 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).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

| | |
|---|---|
| Name of organization MANO A MANO INTERNATIONAL PARTNERS | Employer identification number 41-1796971 |
|---|---|

Part I Contributors (see instructions)

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|------------|---|--------------------------------|--|
| 1 | CATERPILLAR 100 NE ADAMS ST. PEORIA, IL 61629 | \$ 225,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 2 | HARBORTOWN ROTARY INTERNATIONAL C/O HOLIDAY INN, 200 W 1ST ST. DULUTH, MN 55802 | \$ 35,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 3 | ERM GROUP FOUNDATION 350 EAGLEVIEW BLVD, SUITE 200 EXTON, PA 19341 | \$ 12,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 4 | IZUMI FOUNDATION ONE FINANCIAL CENTER, 28TH FLOOR BOSTON, MA 02111 | \$ 90,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 5 | LORED FOUNDATION P.O. BOX 10623 WHITE BEAR LAKE, MN 55110 | \$ 450,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 6 | LAURA JANE MUSSER FUND 318 W. 48TH ST. MINNEAPOLIS, MN 55419 | \$ 20,000. | 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 MANO A MANO INTERNATIONAL PARTNERS | Employer identification number 41-1796971 |
|---|---|

Part I Contributors (see instructions)

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|------------|---|--------------------------------|--|
| 7 | SUNDANCE FOUNDATION P.O. BOX 129 MINNEAPOLIS, MN 55410 | \$ 24,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 8 | WAGNER FOUNDATION 1657 CHURCH ST. LYONS, WI 53148 | \$ 50,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 9 | YACKEL FOUNDATION P.O. BOX 3897 MINNEAPOLIS, MN 55403 | \$ 12,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 10 | THE SAINT PAUL FOUNDATION 55 5TH ST. SE, SUITE 600 SAINT PAUL, MN 55101 | \$ 100,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 11 | LATIN AMERICAN FUND VILLAGE BY VILLAGE, 10 CHESTNUT ST. SALEM, MA 01970 | \$ 20,579. | 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.) |

Schedule D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

MANO A MANO INTERNATIONAL PARTNERS

Employer identification number

41-1796971

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form for Part II Conservation Easements, including checkboxes for purposes, a table for 'Held at the End of the Tax Year', and questions 1-9.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions 1a, 1b, and 2.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---------------------------------|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

| Description of investment | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | | | |
| e Other | | 8,000. | 7,000. | 1,000. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 1,000. |

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

| | | | |
|----|--|----|------------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 1,703,153. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 2,478,248. |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | 3 | -775,095. |
| 4 | Net unrealized gains (losses) on investments | 4 | |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV.) | 8 | -1,000. |
| 9 | Total adjustments (net). Add lines 4 through 8 | 9 | -1,000. |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 | -776,095. |

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

| | | | |
|---|---|----|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 1,702,153. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains on investments | 2a | |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIV.) | 2d | -1,000. |
| e | Add lines 2a through 2d | 2e | -1,000. |
| 3 | Subtract line 2e from line 1 | 3 | 1,703,153. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIV.) | 4b | |
| c | Add lines 4a and 4b | 4c | 0. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | 1,703,153. |

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

| | | | |
|---|--|----|------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 2,478,248. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIV.) | 2d | |
| e | Add lines 2a through 2d | 2e | 0. |
| 3 | Subtract line 2e from line 1 | 3 | 2,478,248. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIV.) | 4b | |
| c | Add lines 4a and 4b | 4c | 0. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | 2,478,248. |

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

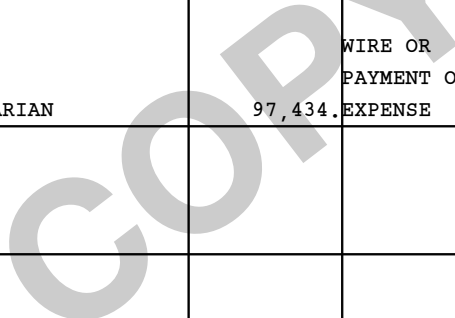
IMPAIRMENT LOSS ON PROPERTY HELD FOR SALE: -1000.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

IMPAIRMENT LOSS ON PROPERTY HELD FOR SALE: -1000.

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. Check this box if no one recipient received more than \$5,000 Use Schedule F-1 (Form 990) if additional space is needed.

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (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) |
|-------------------------------|--|------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | BOLIVIA | HUMANITARIAN | 64,500. | WIRE OR PAYMENT OF EXPENSE | 850,012. | MEDICAL EQUIPMENT | FMV |
| | | BOLIVIA | HUMANITARIAN | 372,398. | WIRE OR PAYMENT OF EXPENSE | 0. | | |
| | | BOLIVIA | HUMANITARIAN | 97,434. | WIRE OR PAYMENT OF EXPENSE | 0. | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |



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 3

3 Enter total number of other organizations or entities 3

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

2009

Open To Public Inspection

Name of the organization **MANO A MANO INTERNATIONAL PARTNERS** Employer identification number **41-1796971**

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

| 1 | (a) Name of disqualified person | (b) Description of transaction | (c) Corrected? | |
|---|---------------------------------|--------------------------------|----------------|----|
| | | | Yes | No |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

| (a) Name of interested person and purpose | (b) Loan to or from the organization? | | (c) Original principal amount | (d) Balance due | (e) In default? | | (f) Approved by board or committee? | | (g) Written agreement? | | |
|---|---------------------------------------|------|-------------------------------|----------------------|-----------------|----------|-------------------------------------|----|------------------------|----|--|
| | To | From | | | Yes | No | Yes | No | Yes | No | |
| | CHRISTINE VERPLOE | X | | | | 100,000. | 80,000. | | X | X | |
| MANO A MANO - NUE | | X | 150,000. | 150,000. | | X | X | | X | | |
| MANO A MANO - APO | | X | 100,000. | 100,000. | | X | X | | X | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Total | | | | ▶ \$ 330,000. | | | | | | | |

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount and type of assistance |
|-------------------------------|---|-----------------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| JOSE VELASQUEZ | BROTHER OF SEGUNDO | 25,875. | PAYROLL | | X |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule L (Form 990 or 990-EZ) 2009

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**

Name of the organization **MANO A MANO INTERNATIONAL PARTNERS** Employer identification number **41-1796971**

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions | (c) Revenues reported on Form 990, Part VIII, line 1g | (d) Method of determining revenues |
|--|----------------------------|--------------------------------|--|---------------------------------------|
| 1 Art - Works of art | | | | |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | | | | |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (<u>MEDICAL EQUIP</u>) | X | 195 | 850,012. | FMV |
| 26 Other ▶ (_____) | | | | |
| 27 Other ▶ (_____) | | | | |
| 28 Other ▶ (_____) | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment **29**

| | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? | | X |
| b If "Yes," describe the arrangement in Part II. | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? | | X |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | | X |
| b If "Yes," describe in Part II. | | |
| 33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II. | | |

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

MANO A MANO INTERNATIONAL PARTNERS

Employer identification number

41-1796971

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ECONOMIC WELL-BEING.

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

BOLIVIA. NEARLY ALL OF THESE LIFE-SAVING ITEMS WOULD HAVE BEEN

DISCARDED INTO MINNESOTA LANDFILLS IF MANO A MANO HAD NOT COLLECTED

THEM.

IN 1995, MANO A MANO HAD THE GOOD FORTUNE TO BE APPROVED BY THE U.S.

AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID) DENTON PROGRAM FOR

NO-COST, SPACE-AVAILABLE TRANSPORTATION OF ITS CARGO VIA MILITARY

TRANSPORT DURING ROUTINE RESERVIST TRAINING MISSIONS. THE DENTON

PROGRAM AND RELATED USAID HUMANITARIAN TRANSPORT PROGRAMS HAVE SHIPPED

THE VAST MAJORITY OF MANO A MANO'S CARGO FREE OF CHARGE.

SUPPLIES AND EQUIPMENT ARE DISTRIBUTED FROM MANO A MANO'S WAREHOUSE IN

COCHABAMBA, BOLIVIA TO OUR NETWORK OF HEALTH CARE CLINICS AS WELL AS TO

OTHER ORGANIZATIONS IN BOLIVIA THAT PROVIDE HEALTHCARE TO IMPOVERISHED

BOLIVIANS. ITEMS SUCH AS WHEELCHAIRS AND CRUTCHES ARE OFTEN DONATED TO

INDIVIDUALS.

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

CLINIC

MANO A MANO'S BOLIVIAN COUNTERPARTS ORGANIZE RESIDENTS OF IMPOVERISHED

COMMUNITIES TO PARTICIPATE IN PLANNING FOR, CONSTRUCTING AND OPERATING

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

MANO A MANO INTERNATIONAL PARTNERS

Employer identification number

41-1796971

THEIR HEALTH CLINICS, ALWAYS BEGINNING WITH THE ASSUMPTION THAT
VILLAGERS ARE CAPABLE, MOTIVATED INDIVIDUALS WHO LACK THE MATERIAL AND
EDUCATIONAL RESOURCES REQUIRED TO IMPROVE THEIR HEALTH STATUS.
EXTENSIVE DISCUSSIONS LAY THE GROUNDWORK FOR DEVELOPING FORMAL
AGREEMENTS AMONG THE ELECTED COMMUNITY LEADERS, LOCAL COUNTY OFFICIALS,
THE BOLIVIAN HEALTH MINISTRY AND MANO A MANO, DEFINING PRIOR TO
CONSTRUCTION THE CONTRIBUTIONS AND RESPONSIBILITIES OF EACH
PARTICIPATING ENTITY.

WHILE MANO A MANO PROVIDES FUNDING FOR CONSTRUCTION AND SKILLED LABOR,
COMMUNITY VOLUNTEERS CONTRIBUTE ALL OF THE UNSKILLED LABOR AND ANY
LOCALLY AVAILABLE BUILDING MATERIALS SUCH AS SAND OR GRAVEL. GOVERNMENT
OFFICIALS ARE NOW INCLUDING IN THEIR BUDGETS FUNDING FOR A STAFF
POSITION OR FOR OTHER IDENTIFIED CLINIC NEEDS; OVER 98% OF THE DOCTORS
AND NURSES ON STAFF IN THE CLINICS ARE FUNDED BY SOURCES OTHER THAN
MANO A MANO. THE HEALTH MINISTRY DESIGNATES EACH CLINIC AS THE OFFICIAL
HEALTH CARE FACILITY FOR ITS CATCHMENT AREA, MAKING IT ELIGIBLE FOR
NO-COST VACCINATIONS, SOME MEDICATIONS AND ANY COMMODITIES THAT MAY
BECOME AVAILABLE TO GOVERNMENT-OPERATED CLINICS.

THE AGREEMENTS AMONG PARTICIPANTS BECOME THE BLUEPRINT FOR ONGOING
RELATIONSHIPS BETWEEN MANO A MANO, THE BOLIVIAN GOVERNMENT AND THE
CLINIC COMMUNITIES. BY THE TIME A CLINIC OPENS, VILLAGERS HAVE
DEVELOPED AN INTENSE PRIDE IN THEIR ACCOMPLISHMENTS, A SENSE OF
OWNERSHIP OF THEIR NEW FACILITY AND A VIEW OF THEMSELVES AS COMPETENT
INDIVIDUALS WHO CAN MAKE THINGS HAPPEN.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

MANO A MANO INTERNATIONAL PARTNERS

Employer identification number

41-1796971

IN ADDITION TO BEING STAFFED BY A PHYSICIAN AND NURSE, MANO A MANO
TRAINS COMMUNITY VOLUNTEERS TO BECOME HEALTH PROMOTERS WHO DO COMMUNITY
OUTREACH, PERFORM FIRST AID, AND ASSIST WITH HEALTH EDUCATION.

WITHIN THE FIRST THREE YEARS AFTER COMPLETION, OVER 90% OF MANO A MANO
CLINICS ARE FINANCIALLY INDEPENDENT, DUE TO THE RELATIONSHIPS BUILT
WITH THE LOCAL COMMUNITY AND THE GOVERNMENT, BOTH LOCALLY AND
NATIONALLY. CLINICS RECEIVE MEDICAL SUPPLIES AND EQUIPMENT FROM
DONATIONS SHIPPED FROM THE US ON A REGULAR BASIS, AND DOCTORS AND
NURSES PARTICIPATE IN CONTINUING HEALTH EDUCATION CLASSES PROVIDED BY
MANO A MANO THREE TIMES ANNUALLY.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS
LOCATED IN THE CLINICS THEMSELVES.

COMMUNITY WATER PROJECTS BRING INTO THE COMMUNITY A CONSISTENT WATER
SUPPLY THAT HAS NOT BEEN USED FOR BATHING, LAUNDERING OR TOILETING. IN
MOST COMMUNITIES WATER IS CARRIED A CONSIDERABLE DISTANCE FROM A SOURCE
THAT HAS BEEN CONTAMINATED BY MULTIPLE USES.

COMMUNITIES ARE SELECTED FOR THESE PROJECTS BASED ON THEIR SUCCESSFUL
PARTICIPATION IN PLANNING FOR AND MANAGING THEIR CLINIC, IDENTIFIED
COMMUNITY NEEDS, DEMONSTRATED MOTIVATION TO ADDRESS THESE NEEDS, AND
THEIR GEOGRAPHIC AND POPULATION SIZE IN RELATION TO AVAILABLE
RESOURCES. BUILDING ON THE PARTNERSHIPS DEVELOPED DURING CLINIC

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CONSTRUCTION, MANO A MANO - BOLIVIA STAFF WORK WITH VILLAGERS TO
DEVELOP INNOVATIVE, MODEST-COST SOLUTIONS TO SANITATION PROBLEMS.

SCHOOLS IN MOST RURAL AREAS CURRENTLY CONSIST OF DILAPIDATED BUILDINGS,
ONE-ROOM ADOBE STRUCTURES WITHOUT DOORS OR WINDOWS, OR SIMPLY BENCHES
UNDER TREES. THESE SCHOOLS LACK THE MOST BASIC SUPPLIES AND FURNISHINGS
AND RARELY HAVE ACCESS TO ELECTRICITY. THEIR ENVIRONMENTS CREATE NEARLY
INSURMOUNTABLE OBSTACLES TO TEACHING AND LEARNING. MANO A MANO HAS
RESPONDED TO THIS NEED BY CONSTRUCTING CLASSROOMS.

WHILE BOLIVIAN LAW REQUIRES THAT CHILDREN ATTEND SCHOOL THROUGH GRADE
SIX, MOST RURAL COMMUNITIES SIMPLY CANNOT ATTRACT OR RETAIN QUALIFIED
TEACHERS. ALTHOUGH BOLIVIAN CITIES HAVE AN OVER-SUPPLY OF QUALIFIED
TEACHERS, RURAL AREAS FIND THAT TEACHERS DECLINE OFFERS TO WORK IN
THESE CLASSROOM CONDITIONS OR TO LIVE IN THE ONE-ROOM, DIRT-FLOOR ADOBE
HOUSES AVAILABLE.

TEACHERS WHO ARE WILLING TO ACCEPT RURAL POSITIONS FREQUENTLY TRAVEL TO
THE CITY FOR SUPPLIES AND FAIL TO RETURN FOR WEEKS AT A TIME, LEAVING
THE CHILDREN WITH NO ONE TO TEACH THEM. PARENTS IN CLINIC COMMUNITIES
HAVE APPROACHED MANO A MANO WITH DESPERATE PLEAS FOR HELP IN
CONSTRUCTING SCHOOLS AND HOUSING FOR TEACHERS IN AN ATTEMPT TO REVERSE
THIS DISMAL SITUATION.

DREAM FUND: SCHOLARSHIPS FOR YOUTH - THIS FUND HELPS YOUNG PEOPLE FOR
WHOM EDUCATIONAL OPPORTUNITIES WOULD OTHERWISE BE AN ILLUSIVE DREAM TO

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OBTAIN POST-HIGH SCHOOL TRAINING. EIGHTEEN STUDENTS ARE CURRENTLY
ENROLLED IN NURSING, AGRONOMY AND OTHER PROGRAMS WITH DREAM FUND
SUPPORT.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

AGRICULTURAL WATER RESERVOIRS: BOLIVIA'S SUBSISTENCE FARMERS GENERALLY
OWN 1-2 ACRE PLOTS ON WHICH THEY RAISE CORN, POTATOES, OR SMALL GRAINS.

THE MOUNTAINOUS AREAS ESSENTIALLY HAVE TWO CLIMATIC SEASONS: A WARM,
RAINY SEASON DURING WHICH RAIN FALLS NEARLY EVERY DAY FOR THREE TO FOUR
MONTHS AND A COOLER, DRY SEASON DURING THE REMAINING MONTHS WHEN

MOISTURE RARELY FALLS. FARMERS PLANT IN AUGUST, HOPING FOR EARLY RAINS
THAT, ALONG WITH MELTED MOUNTAIN SNOWS, WILL TRICKLE INTO THEIR STREAMS
AND BEGIN TO FLOW THROUGH THEIR EARTHEN CANALS. IN GOOD YEARS, CROPS

GERMINATE AND REACH THE HALF-MATURE STAGE BEFORE HEAVY RAINS BEGIN IN
DECEMBER. IF THE RAINY SEASON BRINGS SUFFICIENT WATER, FARMERS DIRECT
THE WATER TO CHANNELS AND IRRIGATE THEIR FIELDS, WATERING CROPS THROUGH

MATURITY AND HARVEST IN MARCH AND APRIL. DURING YEARS OF LIGHT
SNOWMELT OR LIMITED RAINFALL, THE LACK OF WATER RESULTS IN WIDESPREAD
FAILURE OF SEEDS TO GERMINATE AND SUBSTANTIALLY REDUCES YIELDS. IN

CONTRAST, DURING YEARS OF HEAVY SNOW OR EXCESSIVE RAINFALL, FIELDS
FLOOD, WASHING AWAY GERMINATING SEEDS AND SPROUTING PLANTS. HEAVY
FLOODING CREATES ADDED DANGER BY UNDERMINING THE FOUNDATIONS OF ADOBE

(MUD BRICK) HOMES, LEADING TO TOTAL COLLAPSE OF THE STRUCTURES AND
SERIOUS INJURY OR DEATH FOR THEIR INHABITANTS. USING THE ENVIRONMENTAL
STUDY AND SUBSEQUENT DESIGN RECOMMENDED BY MUNICIPAL GOVERNMENT

ENGINEERS, MANO A MANO PARTNERS WITH LOCAL FARMERS TO BUILD RESERVOIRS

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THAT HOLD RAIN WATER FOR PERIODIC RELEASE TO CROP LAND DURING THE DRY SEASON. FARMERS WORK WITH THEIR PICKS AND SHOVELS ALONGSIDE MANO A MANO'S HEAVY EQUIPMENT TO CONSTRUCT THE RESERVOIR. THESE FARMERS FORM A WATER COOPERATIVE THROUGH WHICH TO MANAGE AND MAINTAIN THE RESERVOIR. THE LOCAL AGRONOMIST INFORMED MANO A MANO THAT THE INCOME OF FARMERS WHO DRAW WATER FROM THE UCUCHI RESERVOIR DOUBLED AFTER THE FIRST HARVEST. RESERVOIR PROJECTS ADDRESS THE DUAL GOALS OF EXPANDING FARMER'S CAPACITY TO PROVIDE A HEALTHY DIET FOR THEIR FAMILIES AND INCREASING INCOME BY HAVING ENOUGH LEFT OVER TO SELL IN CITY MARKETS.

ROAD AND AIRSTRIP CONSTRUCTION: LACK OF PASSABLE RURAL ROADS NOT ONLY ENDANGERS PUBLIC HEALTH; IT ALSO PREVENTS FARMERS FROM TRANSPORTING THEIR PRODUCE TO MARKET. MANO A MANO USES ITS HEAVY DUTY EQUIPMENT IN PARTNERSHIP WITH RURAL MUNICIPALITIES TO BUILD NEW ROADS AND IMPROVING MARGINAL RURAL ROADS AND PATHWAYS, CREATING SOLID GRAVEL ROADS THAT CAN SUPPORT TRUCK TRANSPORT. COMMUNITY RESIDENTS PARTICIPATE IN THESE PROJECTS, USING THEIR PICKS AND SHOVELS TO BUILD AND GRADE PROTECTIVE SIDEWALLS, CHANNELS AND CULVERTS TO RE-DIRECT WATER AND PREVENT FUTURE ROAD DAMAGE. OWNING HEAVY EQUIPMENT MAKES IT POSSIBLE FOR MANO A MANO TO EXTEND AIR SERVICE INTO THESE COMMUNITIES, AS WELL.

EXPENSES \$ 808603. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2: JOSE VELASQUEZ, BROTHER OF THE ORGANIZATION'S PRESIDENT, SEGUNDO VELASQUEZ, RECEIVES COMPENSATION FROM MANO A MANO INTERNATIONAL PARTNERS FOR WORK DONE AT MANO A MANO BOLIVIA.

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FORM 990, PART VI, SECTION B, LINE 11: PRIOR TO FILING THE 990, IT IS
PRESENTED TO THE BOARD OF DIRECTORS, REVIEWED, AND A VOTE IS TAKEN TO
ACCEPT THE 990.

FORM 990, PART VI, SECTION C, LINE 19: AVAILABLE UPON REQUEST.

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: CHRISTINE VERPLOEG

(A) PURPOSE OF LOAN: OPERATIONS

(B) LOAN TO OR FROM ORGANIZATION? = TO

(C) ORIGINAL PRINCIPAL AMOUNT \$ 100000. (D) BALANCE DUE \$ 80000.

(E) LOAN IN DEFAULT? = NO

(F) APPROVED BY BOARD OR COMMITTEE? = YES

(G) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: MANO A MANO - NUEVO MUNDO

(A) PURPOSE OF LOAN: OPERATIONS

(B) LOAN TO OR FROM ORGANIZATION? = FROM

(C) ORIGINAL PRINCIPAL AMOUNT \$ 150000. (D) BALANCE DUE \$ 150000.

(E) LOAN IN DEFAULT? = NO

(F) APPROVED BY BOARD OR COMMITTEE? = YES

(G) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: MANO A MANO - APOYO AEREO

(A) PURPOSE OF LOAN: OPERATIONS

(B) LOAN TO OR FROM ORGANIZATION? = FROM

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(C) ORIGINAL PRINCIPAL AMOUNT \$ 100000. (D) BALANCE DUE \$ 100000.

(E) LOAN IN DEFAULT? = NO

(F) APPROVED BY BOARD OR COMMITTEE? = YES

(G) WRITTEN AGREEMENT? = YES

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: JOSE VELASQUEZ

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BROTHER OF SEGUNDO VELASQUEZ, PRESIDENT OF MANO A MANO

(C) AMOUNT OF TRANSACTION \$ 25875.

(D) DESCRIPTION OF TRANSACTION: PAYROLL

(E) SHARING OF ORGANIZATION REVENUES? = NO

