Form **990-PF**

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No. 1545-0052

2009

Department of the Treasury Internal Revenue Service Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements.

For ca	lenda	ar year 2009, or tax year beginning	, 2009,	, and ending	,	
G Ch	eck a	II that apply: Initial return Init	tial Return of a former p	ublic charity	Fina	al return
		Amended return	Address of	change Name	change	
Use 1	he			Α	Employer identification nur	nber
IRS la	bel.	OPERACION ESPERANZA			91-1799532	
Otherv prir		20911 AVENIDA AMAPOLA		В	Telephone number (see the	instructions)
or ty	pe.	LAKE FOREST, CA 92630			360-425-2308	
See Spo				C	If exemption application is	
					1 Foreign organizations, chec	
H (_		1(c)(3) exempt private f		2 Foreign organizations meet here and attach computation	ting the 85% test, check
1 F		ection 4947(a)(1) nonexempt charitable rket value of all assets at end of year J Ac	counting method: X C		If private foundation status	
		art II, column (c), line 16)	Other (specify)		under section 507(b)(1)(A)	
▶ \$	5	(Part I	, column (d) must be on	r cash hasis	If the foundation is in a 60 under section 507(b)(1)(B)	
Part I		nalysis of Revenue and				
		xpenses (The total of amounts in	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable
	C	olumns (b), (c), and (d) may not neces	expenses per books	meome	lilcome	purposes
		arily equal the amounts in column (a) see the instructions).)				(cash basis only)
	1	Contributions, gifts, grants, etc, received (att sch)	239,941.		Blands and Some	178. X处复合。188. 平静
	2	Ck ► if the foundn is not req to att Sch B				
	3		0.404	0 404	0 404	
	4	cash investments	2,424.	2,424.	2,424.	
	1 -	a Gross rents				
		b Net rental income or (loss)				
R		a Net gain/(loss) from sale of assets not on line 10.				
R E V		b Gross sales price for all assets on line 6a				
Ĕ N	7	Capital gain net income (from Part IV, line 2)				
N U	8	Net short-term capital gain				
Ĕ	9	Income modifications				
	10	returns and allowances				
		b Less: Cost of goods sold	#808/HIGHER 1995	3 (M) 1 (M) 1 (M)	1922 5 1942	THE RESERVE A
		c Gross profit/(loss) (att sch)	1.00 From 1.00 (1.	SCHOOL CONTRACTOR		
	11					
		.				第 5000000000000000000000000000000000000
	12	Total. Add lines 1 through 11	242,365.	2,424.	2,424.	
	13		49,000.			
	14			, ,		
		Pension plans, employee benefits				
A		a Legal fees (attach schedule)	200.			
M		c Other prof fees (attach sch)	200.			
O 1	17		632.			
O P S T R A T	18	Taxes (attach schedule)(see instr.)SeeS.tm2				
R R A A	19	Depreciation (attach				
1 i		sch) and depletion	3,169.			
N V G E	20	Occupancy	104 410			
	21	Travel, conferences, and meetings Printing and publications	104,418. 8,830.			
A E N X D P	23		0,030.			
E		See Statement 3	81,725.			P. 3
A N D E N S E S	24	Total operating and administrative				
S		expenses. Add lines 13 through 23	248,062.			
	25	, , , , , , , , , , , , , , , , , , , ,				2.1
	26	Total expenses and disbursements. Add lines 24 and 25	248,062.	0.	0.	0.
	27	Subtract line 26 from line 12:	240,002.	STATE OF THE STATE		
•		a Excess of revenue over expenses				
		and disbursements	-5,697.	0.404		CONTRACTOR OF THE PARTY OF THE
		b Net investment income (if negative, enter -0-)		2,424.	2,424.	
	1	C Adjusted not income (if popative enter .0.)			/ 4/4	

D 4 I	11	Dalamaa Chaata	Attached schedules and amounts in the description column should be for end-of-year amounts only.	Beginning of year	End of	,
Part	II	Balance Sheets	(See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest	-bearing	127,958.	125,430.	
)	2		ary cash investments			
			-			
	•	Less: allowance for				
	4	Pledges receivable.				
		Less: allowance for	doubtful accounts			
	5					
	6	Receivables due from offi disqualified persons (atta	cers, directors, trustees, and other ch schedule) (see the instructions)			
	7	Other notes and loans red	ceivable (attach sch) . $ ightharpoonup$			
A		Less: allowance for	doubtful accounts ►			
Š	8		or use			
S S E T	9	Prepaid expenses a	nd deferred charges			
s	10:	a Investments — U.S. obligations (attach s	and state government schedule)			
		b Investments — corporate	stock (attach schedule)			
	,	c Investments — corporate	bonds (attach schedule)			
	11	Investments – land equipment: basis.	, buildings, and			
		Less: accumulated depre (attach schedule)	See Stmt 4. ►19,250	. 5,349.	2,180.	
		Investments – mor	tgage loans			
			r (attach schedule)			
	14		equipment: basis •			
		Less: accumulated depre (attach schedule)	· · · · · · · · · · · · · · · · · · ·			
			ribe ► completed by all filers — so, see page 1, item I)		127,610.	0.
Ļ			and accrued expenses			
A		, ,				
В	19	Deferred revenue				
Ĺ	20		ctors, trustees, & other disqualified persons		F2 200	
I T	21		es payable (attach schedule)		53,392.	
i	22	Other liabilities (desc	cribe . ►	.)		
E S	23	Total liabilities (ad	d lines 17 through 22)	53,392.	53,392.	
	23	Foundations that for	ollow SFAS 117, check here > [3 24 through 26 and lines 30 and 31.			
ΝF	24	Unrestricted				
E U T N	25		ted			
D	26	Permanently restrict	cted			
A B S A E I A		Foundations that cand complete lines	do not follow SFAS 117, check here ► [5 27 through 31.	X		
E L T A	27	Capital stock, trust	principal, or current funds			
SN	28		is, or land, building, and equipment fund			
O E		Retained earnings, accu	mulated income, endowment, or other funds	79,915.	74,218.	
O E R S	30	Total net assets of	r fund balances (see the instructions)	79,915.	74,218.	
	31	(see the instruction	d net assets/fund balances	133,307.	127,610.	
-			nges in Net Assets or Fund Balar			
1	enc	d-of-year figure report	balances at beginning of year — Part II, cled on prior year's return)			79,915.
2	Ent	ter amount from Part	I, line 27a		2	-5,697.
3	Othe	er increases not included in	line 2 (itemize)		3	74 010
4	Add	d lines 1, 2, and 3			4	74,218.
5	Dec	reases not included in line	2 (itemize)		5	74 210
6	Tot	tal net assets or fund	balances at end of year (line 4 minus line	e 5) - Part II, column (b),	line 30 6	74,218.

Part VII-B Statements Regarding Activiti	es for Which Form	4720 May Be Requ	uired (continued)	
5a During the year did the foundation pay or incu	r any amount to:			
(1) Carry on propaganda, or otherwise attemp	t to influence legislatio	n (section 4945(e))?	Yes X	No
(2) Influence the outcome of any specific publ on, directly or indirectly, any voter registra	ition drive?			No
(3) Provide a grant to an individual for travel,	study, or other similar	purposes?	Yes X	No
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section	nan a charitable, etc, or 4940(d)(2)? (see instru	rganization described uctions)	Yes X	No
(5) Provide for any purpose other than religious educational purposes, or for the prevention	us, charitable, scientific n of cruelty to children	c, literary, or or animals?	Yes X	No
b If any answer is 'Yes' to 5a(1)-(5), did any of the described in Regulations section 53.4945 or in (see instructions)?	the transactions fail to a current notice regard	qualify under the except ding disaster assistance	tions	5b N/A
Organizations relying on a current notice rega	rding disaster assistand	ce check here	▶ □	
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure responses of 'Yes,' attach the statement required by Required b	sibility for the grant?		N/A. Yes	No
6a Did the foundation, during the year, receive ar on a personal benefit contract?	ny funds, directly or ind		Yes X	No.
b Did the foundation, during the year, pay premi		tly, on a personal benef		6b X
If 'Yes' to 6b, file Form 8870.				
7a At any time during the tax year, was the found				
b If yes, did the foundation receive any proceed				
Part VIII Information About Officers, Di and Contractors	rectors, Trustees,	Foundation Manag	gers, Highly Paid E	.mpioyees,
1 List all officers, directors, trustees, foundation	n managers and their	compensation (see inst	ructions).	
(a) Name and address	(b) Title and average hours per week devoted to position		(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
JOSEPH CLAWSON	President	0.	0.	0.
ſD	20.00			
JENNIFER TRUBENBACH	Executive Di	24,000.	0.	0.
20911 AVENIDA AMAPOLA	55.00			
LAKE FOREST, CA 92630				
_STEPHEN PAULEY	Director 40.00	0.	0.	0.
	40.00			
STEPHEN_CLAWSON_	Marketing Di	25,000.	0.	0.
20911 AVENIDA AMAPOLA	0			
LAKE FOREST, CA 92630				
2 Compensation of five highest-paid employee				
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
None			oomponouton	
Total number of other employees haid over \$50,000				0

Part XVI-A Analysis of Income-Producing Activities

nter	gross amounts unless otherwise indicated.	Unrelated	business income	Excluded by s	section 512, 513, or 514	
	Program service revenue:	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	(e) Related or exempt function income (see the instructions)
e						
f						
c	Fees and contracts from government agencies					
	Membership dues and assessments					0.101
3	Interest on savings and temporary cash investments			3		2,424.
4	Dividends and interest from securities					
5	Net rental income or (loss) from real estate:					
a	Debt-financed property					
ŀ	Not debt-financed property					
6	Net rental income or (loss) from personal property					
7	Other investment income					
8	Gain or (loss) from sales of assets other than inventory					
9	Net income or (loss) from special events				· ·	
10	Gross profit or (loss) from sales of inventory				500 Vac-10, 20 VAC	
11	Other revenue:	1774-				
ä	a					
1	b					
(c					
(d					
	e					2,424.
	Subtotal. Add columns (b), (d), and (e)				40	2,424
	Total. Add line 12, columns (b), (d), and (e)				13	
(See	e worksheet in the instructions for line 13 to verify ca	alculations.)				

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See the instructions.)
9	Fundraiser to inform the public of the volunteer work being done by Operacion
	Esperanza (Operation of Hope) in the medical field by performing reconstructive
	surgery on children and adults with cleft palates/cleft lips and other facial
	deformities. It is anticipated that this information will broaden the public
	support of the organization and increase awareness to the medical community of
	the need for volunteers and funding.
	the need for volunteers and randing.
	Form 990-PF (2009)

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations Part XVII

		•									141	Yes	No
1	Did the	organization dir	rectly o	r indirectly er	ngage in ar	y of the follow	ing with an	y othe	er organization	17	A (2)		
	describe	ed in section 50 to political orga	11(c) of	the Code (oth	her than se	ction 501(c)(3)) organizat	ions) (or in section 52	27,		es ja	0.00000
					a noncharit	able exempt o	rganization	of:					
a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash										1a (1)		X	
	(1) Cas	er assets									1a (2)		X
		ransactions:											
		es of assets to		haritable aver	mnt organi	zation					1b(1)		X
	(1) Sai	chases of asset	a HUHC	a nanaharita	hla avamnt	organization					1 b (2)		X
	(2) Pur	rcnases of asset ntal of facilities,	is from	a nonchanta	nie exemp	organization.							X
	(3) Rer	ntal of facilities, imbursement ar	equipr	ment, or other	assets						1,7	Х	
	(4) Rei	imbursement ari ans or loan guar	rangem	nents									X
	(5) Loa	ans or loan guar	rantees			ining policitati	one						X
	(6) Per	rformance of se	rvices	or membershi	ip or tunara	ising solicitation	0115				1c		X
	c Sharing	g of facilities, ed	quipme	nt, mailing lis	sts, other as	ssets, or paid (employees.						
	ما ال الم	nswer to any of	f the ah	ove is 'Ves '	complete t	ne following so	hedule. Co	lumn	(b) should alwa	avs show the	fair market va	lue of	
	the goo	inswer to any of ods, other asset insaction or sha	s, or se	ervices given	by the repo	orting foundation	on. If the fo	oundat	tion received le	ss than fair i	market value in		
	any tra	nsaction or sha	ring arr	rangement, sl	how in colu	mn (d) the val	ue of the g	oods,	other assets, o	or services re	ceivea.		
(a)	Line no.	(b) Amount invo	lved	(c) Name o	of noncharitab	e exempt organiza	tion	(d) [Description of trans	ters, transaction	s, and snaring arra	ngemen	ts
N/	A												
				Comment of the second									
_													
	a Is the	foundation direction 5	ctlv or i	indirectly affil	iated with,	or related to,	one or more	e tax-e	exempt organiz	zations		. [No
	descri	bed in section 5	01(c) c	of the Code (o	other than s	ection 501(c)(3)) or in se	ection	527?		Ye	S A	7140
	b If 'Yes	s,' complete the	followi	ng schedule.									
		(a) Name of org	anizati	on	(b) Type of orga	nization		(c) Description	of relationship		
N,	/A												
_													
\neg	Hadar nana	Ilties of perjury, I dec	lare that	I have evamined t	this return incl	uding accompanyin	g schedules ar	nd stater	ments, and to the be	est of my knowled	dge and belief, it is t	rue, cor	rect, and
	complete.	Declaration of prepare	er (other t	than taxpayer or fi	iduciary) is bas	ed on all information	on of which pre	parer ha	as any knowledge.				
s	•									► Execu	tive Dire	ctor	
ĭ	Signa	ature of officer or trus	stee					Date		Title			
G N	Date Prepa						Preparer's Ident	ifying nu	umber				
Ħ	Paid	Preparer's signature								Check if self-	N/A	mi uie ili	503)
HERE	Pre-	signature								employed N			
E	parer's	Firm's name (or yours if self-				ccountanc	y Corpo	orat.	1011	EIN N	/A		
	Use Only	employed),	2623	3 Enterp	rise Ct	00 1550				-	(040) F0	6-03	211
•	,	address, and ZIP code	Lake	Forest,	CA 926	30-1770				Phone no.	(949) 58		
_											Form 9	990-PF	F (2009)

of 2

of Part I

BAA

OPERACION ESPERANZA

Employer identification number 91-1799532

Part I	Contributors (see instructions.)		4.5
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	UC DAVIS FACIAL PLASTIC & RECON SUR	\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	JACK MORTENSON	\$ <u>5,000</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	FAMILY FUDGE FOUNDATION	\$40,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.
(a) Number	Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	HUGH JACKMAN FOUNDATION SOURCE	\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution
(a) Number		(c) Aggregate contributions	(d) Type of contribution
5	THE SMILE TRAIN	- - \$6,250	Person X Payroll Noncash (Complete Part II if there is a noncash contribution
(a) Numbe	(b) r Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6	SHELLEY ODON'N' D RUBIN FOUNDATION	\$\$,000	Person X Payroll Noncash (Complete Part II if the is a noncash contribution
		Schedule B (Form 9	190, 990-EZ, or 990-PF) (200

of 2

of Part I

OPERACION ESPERANZA

Employer identification number 91-1799532

Part I	Contributors (see instructions.)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	ASTRAZENECA PHARM., LP	\$ <u>5,000</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number		(c) Aggregate contributions	(d) Type of contribution
8	BERNARD & MURIEL LAUREN	\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number		(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$=\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Numbe	(b) r Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.
(a) Numbe	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		- - - -	Person Payroll Noncash (Complete Part II if there is a noncash contribution.

20	n	0
20	U	y

Federal Statements

Page 1

OPERACION ESPERANZA

91-1799532

Statement 1 Form 990-PF, Part I, Line 16b Accounting Fees

	(a)	(b) Net	(c)	(d)
	Expenses	Investment	Adjusted	Charitable
	per Books	Income	Net Income	Purposes
Accounting fees Total	\$ 200. \$ 200.	\$ 0.	\$ 0.	\$ 0.

Statement 2 Form 990-PF, Part I, Line 18 Taxes

	(a)	(b) Net	(c)	(d)
	Expenses	Investment	Adjusted	Charitable
	per Books	Income	Net Income	Purposes
Internal Revenue ServiceTotal	\$ 88. \$ 88.	\$ 0.	\$ 0.	\$ 0.

Statement 3 Form 990-PF, Part I, Line 23 Other Expenses

	(a) Expenses per Books	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Automobile expenses Bank charges Clothing Direct mailing Groundspring donation fees Insurance Marketing fees Meals Meeting expenses Misc. fees Office expenses Patient gifts Postage Shipping Surgical and medical expenses Telephone Website hosting Website services	\$ 961. 240. 1,091. 4,844. 354. 981. 10,000. 5,516. 2,108. 474. 9,305. 4,290. 2,420. 873. 31,089. 5,467. 179. 1,533.	\$ 0.	\$ 0.	\$ 0.
Total	\$ 81,725.	Ş U.	ÿ 0.	T

OPERACION ESPERANZA

91-1799532

Statement 4 Form 990-PF, Part II, Line 11 Investments - Land, Buildings, and Equipment

Category			Basis		Accum. Deprec.		Book Value		Fair Market <u>Value</u>		
		and Fixtures and Equipment		\$	18,316. 3,114.	\$	18,316. 934.	\$	0. 2,180.	\$	0.
	Machinery	una Equipment	Total	\$	21,430.	\$	19,250.	\$	2,180.	\$	0.

Statement 5 Form 990-PF, Part IX-A, Line 1 Summary of Direct Charitable Activities

Direct Charitable Activities

Expenses

Performing facial surgeries on cleft defects and other types of deformities to those in need. These services are performed by a team of medical professionals traveling to third world countries as volunteers. All work is entirely for gratis.

Statement 6 Form 990-PF, Part IX-A, Line 2 Summary of Direct Charitable Activities

Direct Charitable Activities

Expenses

A 16 year old boy from Harare, Zimbabwe, Africa was brought to the United States of America to do an operation to restore his face and mouth of a horrible residual disfigurement that occured when he was 10 years old. At that time he placed what he thought was a toy, inside of his mouth. It was a land mind that detonated destroying all of his mouth from the base of his nose to his chin. An attempt to repair the injury was done in Harare but left him with a massive scar on his face where his lips once were. He could only drink liquids through a straw in order to survive.

The surgery was performed at the UCLA Medical Center in 2007. The entire story was featured in People's Magazine in the August 22, 2008 edition on page 98 showing the before and after result.