efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493134015303 OMB No 1545-0047 **Return of Organization Exempt From Income Tax** Form 990 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Department of the Treasury Open to Public ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection A For the 2012 calendar year, or tax year beginning 01-01-2012 2012, and ending 12-31-2012 D Employer identification number B Check if applicable INTERWEAVE SOLUTIONS Address change 26-0870014 Doing Business As Name change Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Terminated (801) 377-0038 Amended return City or town, state or country, and ZIP + 4 PROVO. UT 84604 Application pending **G** Gross receipts \$ 509,038 Name and address of principal officer H(a) Is this a group return for DAVID CURTIS ┌ Yes ┌ No affiliates? 1800 NORTH STATE PROVO,UT 84604 **H(b)** Are all affiliates included? ✓ Yes ✓ No If "No," attach a list (see instructions) 4947(a)(1) or 527 Tax-exempt status **▽** 501(c)(3) **□** 501(c) () **◄** (insert no) H(c) Group exemption number ► Website: ► WWW INTERWEAVESOLUTIONS ORG K Form of organization Corporation Trust Association Other L Year of formation 2007 M State of legal domicile UT Summary Part I 1 Briefly describe the organization's mission or most significant activities INTERWEAVE IDENTIFIES AREA OF EXTREME POVERTY AROUND THE WORLD AND INTERVENES TO CREATE, EDUCATE, AND MENTOR SELF-RELIANCE GROUPS THIS INTERVENTION PROVIDES PARTICIPATORY CURRICULUM, MICRO-LOAN ACCESS, AND AN OPERATING MODEL THAT EMPOWERS SELF-RELIANCE GROUPS AND THEIR MEMBERS TO ACHIEVE SUCCESS IN BUSINESS, HOME AND COMMUNITY INTERWEAVE PARTNERS WITH LOCAL ORGANIZATIONS TO ENSURE THAT EACH GROUP REMAINS ACTIVE, SELF-RELIANT, AND EXPANDING THROUGH THIS INTERVENTION, PARTICIPANTS FORM THEIR OWN NEIGHBORHOOD ASSOCIATIONS FOR COMMUNITY ACTION, MUTUAL HELP, AND PEER MENTORING IN REGULAR MEETINGS THAT UTILIZE THE "SUCCESS - 6 PS AND THE Q" AND "NEIGHBORS Activities & Governance WORKING TOGETHER" CURRICULUM, PARTICIPANTS BECOME SELF-RELIANT AS THEY LEARN AND WORK TOGETHER TO IMPROVE THEIR LIVES AND BUSINESSES WITH SOCIAL BUSINESSES AND COMMUNITY EMPOWERMENT, JOINING OUTSTANDING LOCAL ORGANIZATIONS TO ENABLE THOUSANDS OF FAMILIES AND COMMUNITIES TO GENERATE THEIR OWN LASTING SOLUTIONS FOR INCOME, HEALTH, AIDS 2 Check this box \vdash if the organization discontinued its operations or disposed of more than 25% of its net assets

3 4 Number of independent voting members of the governing body (Part VI, line 1b) 2 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) . 6 336 6 **7a** Total unrelated business revenue from Part VIII, column (C), line 12 . . . 7a 0 **b** Net unrelated business taxable income from Form 990-T, line 34 . . **Current Year** Contributions and grants (Part VIII, line 1h) 442,414 401,876

Ē	9	Program service revenue (Part VIII, line 2g)	18,324	107,080
Revenu	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	340	82
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	461,078	509,038
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	242,426	227,927
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines $5-10$)	151,718	182,522
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
ੜੇ	ь	Total fundraising expenses (Part IX, column (D), line 25) •5,018		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	114,366	128,356
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	508,510	538,805
	19	Revenue less expenses Subtract line 18 from line 12	-47,432	-29,767
Not Assets or Fund Balances			Beginning of Current Year	End of Year
88.6	20	Total assets (Part X, line 16)	90,041	60,728
ŽŽ	21	Total liabilities (Part X, line 26)	3 1 3 8	3 80 3
žĒ	22	Net assets or fund balances Subtract line 21 from line 20		

Net assets or fund balances Subtract line 21 from line 20 . Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including

preparer ha	-	knowledge	piece Deciaration of prepa					
	***	****						
Sign	Sıg	Signature of officer						
Here	DA	VE CURTIS COO						
	Туг	pe or print name and title						
Doid		Print/Type preparer's name M PAUL WINWARD CPA	Preparer's signature					
Paid Preparer		Firm's name ► SQUIRE & COMPANY PC						
Use Onl		Firm's address ► 1329 SOUTH 800 EAST						
	_	OREM, UT 840977737						

May the IRS discuss this return with the preparer shown above? (see instruction

FOIII	1990 (2012)				Page 2
Par	t IIII Statement of Program Check if Schedule O contai				
1	Briefly describe the organization's		acation in this i dit iii		
INTI MEN AN (HON ACT ASS "SU(THE EMP	ERWEAVE IDENTIFIES AREA OF E ITOR SELF-RELIANCE GROUPS TO DERATING MODEL THAT EMPOW ME AND COMMUNITY INTERWEAV IVE, SELF-RELIANT, AND EXPANI OCIATIONS FOR COMMUNITY AC CCESS - 6 PS AND THE Q" AND "N Y LEARN AND WORK TOGETHER T OWERMENT, JOINING OUTSTAND GENERATE THEIR OWN LASTING	XTREME POVERTY AF HIS INTERVENTION P VERS SELF-RELIANCE /E PARTNERS WITH LO DING THROUGH THIS CTION, MUTUAL HELP VEIGHBORS WORKING O IMPROVE THEIR LI DING LOCAL ORGANI	ROVIDES PARTICIPAT GROUPS AND THEIR M DCAL ORGANIZATIONS INTERVENTION, PART , AND PEER MENTORINS TOGETHER" CURRICU VES AND BUSINESSES ZATIONS TO ENABLE T	ORY CURRICULUM, MICRO EMBERS TO ACHIEVE SUCO STO ENSURE THAT EACH GOTCIPANTS FORM THEIR OVINGS IN REGULAR MEETINGS LUM, PARTICIPANTS BECO	-LOAN ACCESS, AND CESS IN BUSINESS, GROUP REMAINS VN NEIGHBORHOOD THAT UTILIZE THE ME SELF-RELIANT AS
2	Did the organization undertake any the prior Form 990 or 990-EZ? If "Yes," describe these new service.		ervices during the year w	hich were not listed on	∀ Yes □ No
3	Did the organization cease conduction services? If "Yes," describe these changes of the services of the servi	ting, or make significar	nt changes in how it cond	ucts, any program	┌ Yes ┌ No
4	Describe the organization's progra expenses Section 501(c)(3) and the total expenses, and revenue, if	m service accomplishm 501(c)(4) organizations	s are required to report th		
4a	(Code) (Expense	es \$ 465,058	ıncludıng grants of \$	227,927) (Revenue \$)
	OPERATIONAL ASSISTANCE AND EXPENSI AND PEER MENTORING IN AFRICA, LATIN "NEIGHBORS WORKING TOGETHER" CUF BUSINESSES IN SUPPORT OF THESE EFF HONEY AND APIARY PRODUCTION	N AMERICA, AND THE CARIBI RRICULUM, PARTICIPANTS B	BEAN IN REGULAR MEETINGS ECOME SELF-RELIANT AS THE	THAT UTILIZE THE "SUCCESS - 6 PS (LEARN AND WORK TOGETHER TO)	S AND THE Q" AND IMPROVE THEIR LIVES AND
4b	(Code) (Expense	es \$ 28,503	ıncludıng grants of \$) (Revenue \$	15,630)
	EDUCATIONAL PROGRAM TO ENABLE SCH IS ACCOMPLISHED THROUGH THE FORM PARENTS, PEERS, EDUCATORS, AND THE	HOOLS AND PARENTS TO MO ATION OF PARENT INVOLVEN	TIVATE AT RISK STUDENTS TO MENT GROUPS AND SUPPORT A	COMPLETE HIGH SCHOOL AND SEEI AND TRAINING MATERIALS TO CHAN	K HIGHER EDUCATION THIS
4c	(Code) (Expense	es \$	including grants of \$) (Revenue \$)
4d	Other program services (Describ	e ın Schedule O)			
	(Expenses \$	including grants of) (Revenue \$)
4e	Total program service expenses 🕨	493,561			

art IV	Checklis	t of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🐿	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 💆	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV^{\square}	9		No
.0	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
.1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Νo
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e		 No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
.2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
.3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νo
.4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
.5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
.6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
.7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
.8	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</i> "Yes," complete Schedule G, Part II	18		No
.9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	(2012)
		F-1	orm uu i	

Pali				_
	Check if Schedule O contains a response to any question in this Part V	•	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 4		103	110
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
•	gaming (gambling) winnings to prize winners?	1c		
	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	26	V	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Νo
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
D	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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
_	file Form 8282?	7 c		
a	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization 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		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess buildings at any time during the year?			
	business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
.0	Section 501(c)(7) organizations. Enter			
	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			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
.2a	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			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	Į į		
4 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

Form 990 (2012) Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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 at the end of the tax year		163	140
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Νo
6	Did the organization have members or stockholders?	6		Νo
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	<u>ie Cod</u>	e.)
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	re Cod	e.) No
	Did the organization have local chapters, branches, or affiliates?	evenu 10a		
10a				No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b		No No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		No No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a	Yes	No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes	No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No No
110a b 111a b 112a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	No No

- List the States with which a copy of this Form 990 is required to be filed▶
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Own website Another's website Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶RUTH ANN ANDREASON 1800 NORTH STATE STREET PROVO, UT (801) 377-0038

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0 - in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

•		_			•				•	
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot	not box h ar or/tr	c v. office Highest compensated	ess er	(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
(1) DEAN CURTIS	15 00	Х						0	0	0
BOARD MEMBER								U	U	
(2) RUTH ANN ANDREASON	1 00	х						0	0	0
BOARD MEMBER (3) TERRY REID	1 00									
BOARD MEMBER	1 00	х						0	0	0
(4) LYNN CURTIS	40 00			\				75.000		
CEO CEO				Х				75,000	0	0
(5) DAVID CURTIS COO	10 00			х				39,504	0	0
										Form 990 (2012)

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

	(A) Name and Title	(B) A verage hours per week (list any hours	more t perso and a	tion (han d n is l	(C) do not check one box, unless both an officer ector/trustee)				(D) Reportable compensation from the organization (W-		(E) Reportable compensation from related organizations (W 2/1099-MISC)	- '	(F) Estima mount of compens from t	other ation he
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Ke) employee	Highest compensated employee	Former	2/1099				ganizati relate organiza	:d
												+		
												-		
												_		
								L						
1b	Sub-Total				•			F						
C	Total from continuation sheet	-		١.	•	•	•			114,504				
d 	Total (add lines 1b and 1c). Total number of individuals (in	cluding but not		to the		ıcta	d abov	۸۱ ۸۷	ho receive		<u> </u>			
_	\$100,000 of reportable compe					1500	u u b o v	C) W	110 1000140	d more tr	1411			
													Yes	No
3	Did the organization list any fc on line 1a? <i>If</i> "Yes," complete S						emplo	yee,	or highes	t compen	sated employee	3		N o
4	For any individual listed on line	a 1a, is the sum	of repo	rtable	есо	mpei								
	organization and related organ individual	ızatıons greater	than \$:	150,0	.000	? If '	'Yes," (comp •	lete Sched	ule J for s	uch • • • •	4		No
5	Did any person listed on line 1 services rendered to the organ									anızatıon	or individual for	_		
								<i></i>			· · · [5		No_
	ction B. Independent Co													
1	Complete this table for your five compensation from the organization												ax year	
	N	(A) ame and business	address							Des	(B) cription of services		(C) Compen	
												#	F	
												_+		
												4		
										I		- 1		

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Part V	11111	Statement of Revenue Check if Schedule O contains a response to any question	in this Part VIII			
		eneck is beneatile of contains a response to any question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
2 2	1a	Federated campaigns 1a				
ant	b	Membership dues 1b				
Gr.	С	Fundraising events 1c				
ifts, ar A	d	Related organizations 1d				
, G nila	е	Government grants (contributions) 1e				
Contributions, Giffs, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and similar amounts not included above				
ibu	g	Noncash contributions included in lines				
id C		1a-1f \$	404.076			
Col	h	Total. Add lines 1a-1f	401,876			
an		Business Code				
ven		EDUCATION - CATCH THE DREAM	107,080			107,080
Fe v	Ь					
ИСЄ	С.					
Ser	d					
Program Serwoe Revenue	e f	All other program service revenue				
Δ	g	Total. Add lines 2a-2f	107,080			
	3	Investment income (including dividends, interest,	82			82
	4	and other similar amounts)				
	5	Royalties				
		(ı) Real (ıı) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	С	Rental income or (loss)				
	d	Net rental income or (loss)				
	7a	(I) Securities (II) Other Gross amount from sales of				
	ь	assets other than inventory Less cost or other basis and				
		sales expenses				
	C	Gain or (loss)				
45	d 8a	Ret gain or (loss)				
Other Revenue		events (not including \$ of contributions reported on line 1c)				
<u>۾</u>		See Part IV, line 18 a				
her	ь	Less direct expenses b				
ŏ	С	Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities See Part IV, line 19				
	b	Less direct expenses b				
	c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances .				
	h	Less cost of goods sold b				
		Net income or (loss) from sales of inventory				
		Miscellaneous Revenue Business Code				
	11a					
	b					
	С					
	d	All other revenue				
	е	Total. Add lines 11a−11d				
	12	Total revenue. See Instructions	509,038			107,162

	990 (2012)				Page 10
	Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must complete all columns All	other organizat	ions must com	nlete column (A.)	
Jee che	Check if Schedule O contains a response to any question in this Pa				
Do no	ot include amounts reported on lines 6b,		(B)	(c)	(D)
	o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21		expenses	general expenses	ехрепяея
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	227,927	227,927		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and				
	key employees	114,504	100,712	11,450	2,342
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	55,096	49,586	5,510	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	12,922	9,369	2,584	969
11	Fees for services (non-employees)				
а	Management				
ь	Legal	485	242	194	49
С	Accounting	5,080		5,080	
d	Lobbying	,		·	
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
	Other (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Schedule O)	23,128	23,128		
12	Advertising and promotion	4,814	4,814		
13	Office expenses	28,581	17,889	9,363	1,329
14	Information technology	14,540	14,540		<u> </u>
15	Royalties	,	,		
16	Occupancy	3,285	1,642	1,314	329
17	Travel	35,744	35,744		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,321		4,321	
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	SUPPLIES	7,968	7,968		
b	OTHER	410		410	
c					
d		1			
	All other expenses	1			
25	Total functional expenses. Add lines 1 through 24e	538,805	493,561	40,226	5,018
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check	330,003	199,301	10,220	3,010
	here ► ☐ If following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response to any question in this P			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			30.520	1	16,373
	2	Savings and temporary cash investments			20,614	_	14,265
	3			•	20,014	3	14,203
		Pledges and grants receivable, net		•	9 624		500
	4	Accounts receivable, net			8,631	4	500
	5	Loans and other receivables from current and former officers, dire employees, and highest compensated employees. Complete Part Schedule L	rustees, key •		5		
Assets	6	Loans and other receivables from other disqualified persons (as d $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and corand sponsoring organizations of section $501(c)(9)$ voluntary emporganizations (see instructions) Complete Part II of Schedule L	ng employers		6		
9	7	Notes and leans resourchle not				7	
í	7	Notes and loans receivable, net			2,659		2,149
	8	Inventories for sale or use			2,500		2,149
	9 10a	Prepaid expenses and deferred charges		31,508	·	9	2,500
	b	Part VI of Schedule D Less accumulated depreciation	10a 10b	6,567	25,117	10c	24,941
	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				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			90.041		60,728
	17	Accounts payable and accrued expenses			3,438	17	3,892
	18	Grants payable			-,	18	-,
	19	Deferred revenue	•	•		19	
	20	Tax-exempt bond liabilities	•	•		20	
	21	Escrow or custodial account liability Complete Part IV of Schedu				21	
lities	22	Loans and other payables to current and former officers, directors key employees, highest compensated employees, and disqualified	, truste				
Liabilīt		persons Complete Part II of Schedule L				22	
<u> </u>	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 (including federal income tax, payables to related and other liabilities not included on lines 17-24) Complete Part 2	l thırd p K of Scl	parties, hedule			
		D				25	
	26	Total liabilities. Add lines 17 through 25			3,438	26	3,892
n h		Organizations that follow SFAS 117 (ASC 958), check here ► ✓	and cor	nplete			
5	27	lines 27 through 29, and lines 33 and 34. Unrestricted net assets			86,603	27	56,836
5	28	Temporarily restricted net assets	• •	•	00,000	28	30,000
-	28 29			•		29	
	29	Permanently restricted net assets				29	
	30	complete lines 30 through 34.				20	
3	30	Capital stock or trust principal, or current funds				30 31	
Hoode	31	Pata and carrings, and awment, assumulated use me, or other fun				32	
ī	32	Retained earnings, endowment, accumulated income, or other fun			86,603		56,836
ź	33	Total labelities and not see the first balances			· · · · · · · · · · · · · · · · · · ·	33	<u> </u>
	34	Total liabilities and net assets/fund balances		•	90,041	34	60,728

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5	509,038
2	Total expenses (must equal Part IX, column (A), line 25)	2		5	38,805
3	Revenue less expenses Subtract line 2 from line 1	3			-29,767
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			86,603
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			56,836
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed or	1		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	arate			
	Separate basis Consolidated basis Both consolidated and separate basis				1
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of th	e 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	n			1:
За	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?	ie	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	require	d 3b		

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As Filed Data -

DLN: 93493134015303

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

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.

Inspection

INTER	WEAVE	SOLUTION	NS										
		D	(- D	-	/ A !! -			.1.1.11.	26-0870		_		
	rt I			Iblic Charity Sta te foundation becaus						nstruction	S		
	rgaiii				·		= -	•					
1	<u> </u>			ion of churches, or a				ection 170	(D)(1)(A)(I).				
2	<u> </u>			d in section 170(b)(1				170/b)/d					
3				perative hospital se						/4\/A\/:::\	F + L		
4	'			h organization opera [.] ity, and state	tea in conjun	iction with a	i nospitai des	cribed in s e	ection 170(b)	(1)(A)(III).	Enter the		
5	Г	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
	•	_	•	(A)(iv). (Complete P	_		•	,	J				
6	Г			local government o	· ·	tal unit desc	cribed in sect i	ion 170(b)((1)(A)(v).				
7				at normally receives						from the ge	neral public		
	_	describ	bed in sectio	on 170(b)(1)(A)(vi).	(Complete F	Part II)		_		-	·		
8	<u> </u>			: described in sectio									
9	굣			at normally receives									
				rities related to its e	-	_							
		its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses											
	_	•		ganızatıon after June	•			•	•				
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											
				b Type II c						on-function	ally integrated		
е	Г										_		
	•	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											
_			n 509(a)(2)										
f			organization this box	received a written d	etermination	from the 18	(S that it is a	iype i, iy	pe II, or Type	e III suppor	ting organization,		
g				2006, has the organ	ızatıon acceı	oted any gif	t or contributi	on from an	y of the		,		
_		followir	ng persons?						-				
				irectly or indirectly o			_	persons de	escribed in (ii		Yes No		
				governing body of th		_	n?				g(i)		
			· ·	er of a person descr							g(ii)		
				lled entity of a perso						119	g(iii)		
h		Provide	e the followi	ng information about	the support	ed organizat	tion(s)						
(i	i) Nan	ne of	(ii) EIN	(iii) Type of	(iv) Is	the	(v) Did you	ı notıfy	(vi) Is	the	(vii) A mount of		
	suppo			organization	organızat		the organi		organiza		monetary		
OI	rganiz	ation		(described on lines 1- 9 above	col (i) lıs your gove		ın col (i) d suppor	-	col (i) org		support		
				or IRC section	docume		Suppor	('	In the c) 5 '			
				(see									
				instructions))	Yes	No	Yes	No	Yes	No			
						1.13	1.03		1.03	1.10			
Tota	ı												

	(Complete only if you on Part III. If the organization	checked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ition failed to q	ualify under
S	ection A. Public Support	rtion rails to qu	anny ander the	tests listed bel	ow, picase con	piete i di c III.)	
	endar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
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						
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						
S	ection B. Total Support						
Cal	endar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	A mounts from line 4						
8	Gross income from interest,						
9	dividends, payments received on securities loans, rents, royalties and income from similar sources 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)						
11	Total support (Add lines 7 through						
12	10) Gross receipts from related activiti	ı es, etc (see ınst	ructions)	ı	ı	12	I
13	First five years. If the Form 990 is this box and stop here	for the organizat	ion's first, second		•	501(c)(3) organ	ızatıon, check
S	ection C. Computation of Pub						
14	Public support percentage for 2012			11, column (f))		14	
15	Public support percentage for 2011	Schedule A, Pa	rt II, line 14			15	
	33 1/3% support test—2012. If the and stop here. The organization qua 33 1/3% support test—2011. If the	ilifies as a public	ly supported orga	inization		•	▶□
U	box and stop here. The organization				, and time 15 is 53	1/370 01 111010, 011	F □
17a	10%-facts-and-circumstances test- is 10% or more, and if the organiza in Part IV how the organization mee	–2012. If the org tion meets the "f	anızatıon dıd not acts-and-cırcum	check a box on lı stances" test, ch	eck this box and	stop here. Explair	n orted
b	organization 10%-facts-and-circumstances test- 15 is 10% or more, and if the organ Explain in Part IV how the organiza supported organization	nization meets th	e "facts-and-cırc	umstances" test	, check this box a	nd stop here.	•F :ly •F
18	Private foundation. If the organizationstructions	ion did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and see	▶ □

Part III Support Schedule for Organizations Described in Section 509(a)(2)

		· / · /
(Complete only if	you checked the box	on line 9 of Part I or if the organization failed to qualify under
	-	ify under the tests listed below, please complete Part II.)

Cala	ction A. Public Support						
Care	ndar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	297,893	264,933	423,234	442,414	401,8	1,830,350
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				18,324	107,0	125,404
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 7a	Total. Add lines 1 through 5 A mounts included on lines 1, 2, and 3 received from disqualified	297,893	264,933	423,234	460,738	508,9	1,955,754
_	persons A mounts 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						
с 8	Add lines 7a and 7b Public support (Subtract line 7c from line 6)						1,955,754
Se	ction B. Total Support	•		•	•		
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	in) ▶ A mounts from line 6	297,893	264,933	423,234	460,738	508,9	56 1,955,754
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		2,109	644	340		82 3,175
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after						
	'						
С	June 30, 1975 Add lines 10a and 10b		2,109	644	340		82 3,175
11	June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of		2,109	644	340		82 3,175
c 11 12	June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c,	297,893	2,109	423,878	340 461,078	509,0	
11 12	June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	,	267,042	423,878	461,078	509,0	38 1,958,929
11 12 13 14	June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is check this box and stop here	for the organization lic Support Pe	267,042 n's first, second,	423,878 thırd, fourth, or fi	461,078	509,0	38 1,958,929 ganization,
11 12 13 14 Se 15	June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is check this box and stop here ection C. Computation of Pub Public support percentage for 2012	for the organization lic Support Pe (line 8, column (f	267,042 n's first, second, rcentage) divided by line	423,878 thırd, fourth, or fi	461,078	509,0 501(c)(3) or	38 1,958,929 ganization, 99 840 %
11 12 13 14 Se 15 16	June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is check this box and stop here ection C. Computation of Pub Public support percentage from 201	for the organization lic Support Pe (line 8, column (for 1, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,	267,042 n's first, second, rcentage divided by line : rt III, line 15	423,878 third, fourth, or fi 13, column (f))	461,078	509,0 501(c)(3) org	38 1,958,929 ganization, ▶┌
112 12 13 14 See 15 16 See	June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is check this box and stop here ection C. Computation of Pub Public support percentage from 2012 Public support percentage from 2012	for the organization lic Support Pe (line 8, column (for 1 Schedule A, Palestment Incor	267,042 n's first, second, rcentage divided by line int III, line 15 ne Percentage	423,878 third, fourth, or fi 13, column (f))	461,078 fth tax year as a	509,0 501(c)(3) org	38 1,958,929 ganization, 99 840 % 99 790 %
11 12 13 14 Se 15 16	June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is check this box and stop here ection C. Computation of Pub Public support percentage from 201	for the organization lic Support Pe (line 8, column (for the standard for	n's first, second, rcentage) divided by line : rt III, line 15 me Percentag	423,878 third, fourth, or fi 13, column (f)) e	461,078 fth tax year as a	509,0 501(c)(3) or	38 1,958,929 ganization, 99 840 %

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

► ►

Schedule A (Form 990 or 990-EZ) 2012

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DLN: 93493134015303

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Open to Public

ai Neveriue Service	to Form 990. F See Separate instructions.	Inspection
nme of the organization TERWEAVE SOLUTIONS		Employer identification number 26-0870014
organizations Maintaining Dono organization answered "Yes" to Form	r Advised Funds or Other Similar F n 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
Total number at end of year		
Aggregate contributions to (during year)		
Aggregate grants from (during year)		
Aggregate value at end of year		
Did the organization inform all donors and donor funds are the organization's property, subject to		nor advised Yes No
Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?		
rt III Conservation Easements. Compl	ete if the organization answered "Yes"	to Form 990, Part IV, line 7.
Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recressive Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization	eation or education) Preservation of a Preservation of a	n historically important land area certified historic structure the form of a conservation
easement on the last day of the tax year		
Total number of conservation easements		Held at the End of the Year
	onto	2a
Total acreage restricted by conservation easements on a continue		26
Number of conservation easements on a certified	2c	
Number of conservation easements included in (historic structure listed in the National Register	2d	
Number of conservation easements modified, tra	nsferred, released, extinguished, or terminat	ed by the organization during
Number of states where property subject to cons	servation easement is located ►	
Does the organization have a written policy regardenforcement of the conservation easements it has		ndling of violations, and Yes No
Staff and volunteer hours devoted to monitoring,	inspecting, and enforcing conservation ease	ements during the year
A mount of expenses incurred in monitoring, insp	ecting, and enforcing conservation easemen	ts during the year
Does each conservation easement reported on li and section 170(h)(4)(B)(II)?	ne 2(d) above satisfy the requirements of se	ection 170(h)(4)(B)(i)
In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	t of the footnote to the organization's financia	
rt IIII Organizations Maintaining Collection Complete if the organization answer	ctions of Art, Historical Treasures, ed "Yes" to Form 990, Part IV, line 8.	or Other Similar Assets.
If the organization elected, as permitted under S works of art, historical treasures, or other similal service, provide, in Part XIII, the text of the foot	r assets held for public exhibition, education	, or research in furtherance of public
If the organization elected, as permitted under S works of art, historical treasures, or other similar service, provide the following amounts relating to	r assets held for public exhibition, education	
(i) Revenues included in Form 990, Part VIII, li	ne 1	► \$
(ii) Assets included in Form 990, Part X		► \$
If the organization received or held works of art, following amounts required to be reported under:		for financial gain, provide the
Revenues included in Form 990, Part VIII, line 1	L	▶ \$
Accets included in Form 990 Part V		► ¢

Part	Organizations Maintaining Co	llections of Ar	t, His	tori	<u>cal T</u>	reasur	es, or O	the	<u>r Similar As</u>	sets (continued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other reco	rds, cl	necka	any of	the follo	wing that a	are a	significant use	of its	
а	Public exhibition		d	Г	Loan	or exch	ange progi	ams			
b	Scholarly research		e	Γ	Othe	er					
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	aın hov	w the	/ furth	er the or	ganızatıon	ı's ex	empt purpose i	n	
5	During the year, did the organization solicit									_	_
	assets to be sold to raise funds rather than to take the sold to raise funds rather than to take the sold to raise funds rather than to take the sold to raise funds rather than to take the sold to raise funds rather than to take the sold to raise funds rather than to take the sold to raise funds rather than to take the sold to raise funds rather than to take the sold to raise funds rather than to take the sold to raise funds rather than to take the sold to raise funds rather than to take the sold to raise funds rather than the sold to take the sold to									Yes	∏ No
Pai	Escrow and Custodial Arrang Part IV, line 9, or reported an ar						answere	u i	es to ronni s	190,	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?						other ass	etsı		Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	[I and complete the	e follov	wing t	able		_				
									An	nount	
С	Beginning balance						-	1c			
d	Additions during the year						L	1d			
е	Distributions during the year						L	1e			
f	Ending balance						L	1 f			
2a	Did the organization include an amount on Fe	orm 990, Part X, Iır	ne 21?	•						Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	e expla	anatio	n has	been pro	ovided in P	art >	KIII		Γ
Pa	rt V Endowment Funds. Complete		n ans	were	ed "Ye						
		(a)Current year	(b)Prior	/ear	b (c)Tw	o years back	(d)	Three years back	(e) Four	years back
1a	Beginning of year balance					-		+			
Ь	Contributions					-		+			
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
e	Other expenditures for facilities and programs										
f	Administrative expenses							<u> </u>			
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end balan	ce (lır	ne 1g,	colun	nn (a)) h	eld as				
а	Board designated or quasi-endowment ►										
b	Permanent endowment ►										
C	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c sho	uld equal 100%									
3a	Are there endowment funds not in the posse	ssion of the organiz	zatıon	that a	re hel	ld and ad	mınıstere	d for	the		
	organization by (i) unrelated organizations								3a(i) Yes	No
	(ii) related organizations		•	•				•	3a(+
ь	If "Yes" to 3a(II), are the related organization				ule R?	· ·		٠.	<u>34(</u> 31		
4	Describe in Part XIII the intended uses of the	· · · · · · · · · · · · · · · · · · ·									
Par	t VI Land, Buildings, and Equipme	ent. See Form 99	90, Pa								
	Description of property					or other estment)	(b) Cost or basis (oth		(c) Accumulate depreciation	d (d)	Book value
1a	_and										
	Buildings										
D											
	_easehold improvements		•				2.	3,445	4,1	.87	19,258
c	Leasehold improvements		•					3,445 8,063		.87 880	19,258 5,683
c d e	·						;	•		_	

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or category	(b)Book value	(c) Metho	d of valuation
(including name of security)		Cost or end-of	-year market value
(1)Financial derivatives			
(2)Closely-held equity interests Other			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See		<u> </u> 13	
(a) Description of investment type	(b) Book value		d of valuation
	(=, ===================================		-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lin			
(a) Descrip			(b) Book value
-			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15	7.)		
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of liability	(b) Book value		
Federal income taxes			
reactar meanic taxes			
-			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	İ		

j Par	Reconciliation of Revenue per Audited Financial Statements with Revenue per Retur	<u>n</u>
1	Total revenue, gains, and other support per audited financial statements	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
а	Net unrealized gains on investments	
b	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIII)	
e	Add lines 2a through 2d	
3	Subtract line 2e from line 1	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	
b	Other (Describe in Part XIII)	
C	Add lines 4a and 4b	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	
Part	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Ret	urn
1	Total expenses and losses per audited financial statements	
2	A mounts included on line 1 but not on Form 990, Part IX, line 25	
а	Donated services and use of facilities	
b	Prior year adjustments	
C	Other losses	
d	Other (Describe in Part XIII)	
e	Add lines 2a through 2d	
3	Subtract line 2e from line 1	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII)	
C	Add lines 4a and 4b	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	
Part	t XIII Supplemental Information	
Com	nplete 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, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier Return Reference Explanation

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SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

Statement of Activities Outside the United States

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

Employer identification number

NT	ERWEAVE SOLUTIONS				26-0870014	
Pa	art I General Informatio	n on Activitie	es Outside tl	ne United States. C		ation answered
	"Yes" to Form 990, Pa	rt IV, line 14b				
1	For grantmakers. Does the	_				
	assistance, the grantees' elig					
	the grants or assistance?					Yes ✓ No
2	For grantmakers. Describe in the United States.	n Part V the or	ganızatıon's p	rocedures for monitor	ing the use of grant fui	nds outside
3	Activites per Region (The follow	ving Part I, line 3	3 table can be d	uplicated if additional sp	ace is needed)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
	SUB-SAHARAN AFRICA	1	6	PROGRAM SERVICES	SELF RELIANCE	118,562
	SOUTH AMERICA		2	PROGRAM SERVICES	SELF RELIANCE	72,396
	CENTRAL AMERICAN & CARIBBEAN		3	PROGRAM SERVICES	SELF RELIANCE	36,969
	Sub-total	1	11			227,927
	b Total from continuation sheets	1	l	i .	1	

11

to Part I

c Totals (add lines 3a and 3b)

227,927

) Name of ganization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SUB-SAHARAN AFRICA	SUPPLIES / EQUIPMENT	40,951	СНЕСК			
_			SUB-SAHARAN AFRICA	SELF RELIANCE EDUCAT	76,711	СНЕСК			
			CENTRAL AMERICA AND CARIBBEAN	SELF RELIANCE EDUCAT	36,969	CHECK			
			SOUTH AMERICA	SELF RELIANCE EDUCAT	72,396	CHECK			
_									
_									
_									
_									
_									
_									
_									
_									
_									
_									
2 Er ta	nter total num x-exempt by	ber of recipie the IRS, or fe	ent organizations list or which the grantee	ed above that are re or counsel has pro	ecognized as charit vided a section 501	les by the foreign c (c)(3) equivalency	ountry, recognized letter	as	
3 Er	nter total nun	nber of other	organizations or en	ities					

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
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					,		
					†		
		+			+ + + + + + + + + + + + + + + + + + + +		+
		+			+		+
	+				+		+
	+				+	<u> </u>	+
	+		<u> </u>		 	1	+
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Part IV Foreign Forms

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

Schedule F (Form 990) 2012

Part V	Supplemental	Information

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

Identifier	ReturnReference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS OUTSIDE THE UNITED STATES	SCHEDULE F, PAGE 1, PART I, LINE 2	FUNDS PROVIDED TO ORGANIZATIONS OUTSIDE THE U S ARE MONITORED BY PERIODIC VISITS
ACTIVITIES PER REGION	SCHEDULE F, PAGE 1, PART I, LINE 3	SUB-SAHARAN AFRICA 118,562 0 SOUTH AMERICA 72,396 0 CENTRAL AMERICAN & CARIBBEAN 36,969 0
	1	

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DLN: 93493134015303

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, lines 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

2012

Open to Public Inspection

Name of the orga INTERWEAVE SOLUTI								Em	ipioye	r identii	rication	i numbei	Ī.
									-0870				
						and section 5						4.0.1-	
1 (a) Name of					between di	Part IV, line 25	(c) Descrip					(d) Corr	ected.
1 (a) Name o	or arsquarr	neu pers	1 ' '		d organizati		(c) Descrip	JCIOII O	r trans	action	_	Yes	No
2 Enter the am	ount of ta	x incurre	d by organiza	ation mana	agers or dis	qualified perso	ns during the	vearu	ınder	section			
4958										F \$			
3 Enter the am	ount of ta	x, ıf any,	on line 2, ab	ove, reimb	oursed by th	ie organization				> \$			
art II Loai	ac to an	d/or E	rom Inter	octod D	orconc								
)-EZ, Part V, lı	ne 38a, or Fo	rm 990	O,Par	t IV , lın	ie 26, o	r ıf the	
organ			n amount on I				,	,		,			
a) Name of	1 ' '		(c) Purpose			(e)Original	(f)Balance		In	(h		(i)Wr	
ınterested person	with orga	inization	of loan	or from organizat		principal amount	due	default?			Approved by board or		nent?
·										commi			
				То	From			Yes	No	Yes	No	Yes	No
												_	
_						+						_	
												_	
												_	
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tal				▶ \$		•							
			ce Benefit										
•						rm 990, Part				1.			
(a) Name of Inte person	rested		atıonshıp bet ted person ar		c) A mount o	of assistance	(d) Type o	tassis	tance	(e)	Purpos	e of ass	ıstanc
person			organization										
_							•						

Part IV Business Transactions I Complete if the organizatio			ine 28a, 28b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	on (e) Shari of organizat revenues		
				Yes	No	
(1) LYNN CURTIS	BROTHER - BOARD		SALARY		Νo	
(2) DAVE CURTIS	SON OF LYNN		SALARY		Νo	
					1	

Part V Supplemental Information

Conclude a contraction of the co

Ident if ier	Return Reference	Explanation
		Cabadula I /Farm 000 at 000 F7) 2012

Schedule L (Form 990 or 990-EZ) 2012

OMB No 1545-0047

2012

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization INTERWEAVE SOLUTIONS

Employer identification number

26-0870014

ldentifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	INTERWEAVE IDENTIFIES AREA OF EXTREME POVERTY AROUND THE WORLD AND INTERVENES TO CREATE, EDUCATE, AND MENTOR SELF-RELIANCE GROUPS THIS INTERVENTION PROVIDES PARTICIPATORY CURRICULUM, MICRO-LOAN ACCESS, AND AN OPERATING MODEL THAT EMPOWERS SELF-RELIANCE GROUPS AND THEIR MEMBERS TO ACHIEVE SUCCESS IN BUSINESS, HOME AND COMMUNITY INTERWEAVE PARTNERS WITH LOCAL ORGANIZATIONS TO ENSURE THAT EACH GROUP REMAINS ACTIVE, SELF-RELIANT, AND EXPANDING THROUGH THIS INTERVENTION, PARTICIPANTS FORM THEIR OWN NEIGHBORHOOD ASSOCIATIONS FOR COMMUNITY ACTION, MUTUAL HELP, AND PEER MENTORING IN REGULAR MEETINGS THAT UTILIZE THE "SUCCESS - 6 PS AND THE Q" AND "NEIGHBORS WORKING TOGETHER" CURRICULUM, PARTICIPANTS BECOME SELF-RELIANT AS THEY LEARN AND WORK TOGETHER TO IMPROVE THEIR LIVES AND BUSINESSES WITH SOCIAL BUSINESSES AND COMMUNITY EMPOWERMENT, JOINING OUTSTANDING LOCAL ORGANIZATIONS TO ENABLE THOUSANDS OF FAMILIES AND COMMUNITIES TO GENERATE THEIR OWN LASTING SOLUTIONS FOR INCOME, HEALTH, AIDS, HUMAN RIGHTS, PEACE, ENVIRONMENT AND EDUCATION
ADDITIONAL INFORMATION	FORM 990	THE ORGANIZATION ALSO PROMOTES ITS PROGRAMS THROUGH THE WEBSITES WWW ELGRITODELAPROSPERIDAD ORG AND WWW EDUCATIONCATCHTHEDREAM ORG
ANY SIGNIFICANT NEW PROGRAM SERVICES NOT LISTED ON A PRIOR RETURN	FORM 990, PAGE 2, PART III, LINE 2	EDUCATION CATCH THE DREAM (WWW EDUCATIONCATCHTHEDREAM COM) AND EL GRITO DE LA PROSPERIDAD ARE NEW PROGRAMS CREATED TO MOTIVATE STUDENTS TO ATTEND COLLEGE. THIS IS ACCOMPLISHED THROUGH THE FORMATION OF PARENT INVOLVEMENT GROUPS AND SUPPORT AND TRAINING MATERIALS TO CHANGE THE LANGUAGE USED BY PARENTS, PEERS, EDUCATORS, AND THEMSELVES WHEN THEY SPEAK ABOUT ATTENDING COLLEGE.
RELATED PARTY INFORMATION AMONG OFFICERS	FORM 990, PAGE 6, PART VI, LINE 2	LYNN CURTIS DEAN CURTIS CEO BOARD MEMBER FAMILY RELATIONSHIP LYNN CURTIS DAVE CURTIS CEO COO FAMILY RELATIONSHIP
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	CEO, COO, AND BOARD MEMBER WILL REVIEW AND APPROVE FILING OF FORM 990
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	CONFLICTS OF INTEREST ARE DISCLOSED, COMPLIANCE IS MONITORED BY THE BOARD
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	SALARIES OR COMPENSATION FOR COMPARABLE POSITIONS ARE REVIEWED THE COMPENSATION SUGGESTION IS PRESENTED TO THE BOARD WITH THE INFORMATION ABOUT WHERE DATA WAS OBTAINED AND AMOUNT THE SUGGESTED COMPENSATION IS DISCUSSED AND VOTED ON BY THE BOARD
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	SALARIES OR COMPENSATION FOR COMPARABLE POSITIONS ARE REVIEWED THE COMPENSATION SUGGESTION IS PRESENTED TO THE BOARD WITH THE INFORMATION ABOUT WHERE DATA WAS OBTAINED AND THE AMOUNT SUGGESTED COMPENSATION IS DISCUSSED AND VOTED ON BY THE BOARD
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST JUST AS FORMS 990