		1
	Federal Filing Instructions	2013
Name(s) as shown on return		Your Social Security Number
Resplandece		46-2742791

Date to file by: 05-15-2014

Form to be filed: Form 990-EZ and supplemental forms and schedules

Sign and date: An officer must sign and date Form 990-EZ on page 4.

Address to file: Department of the Treasury

Internal Revenue Service

Ogden, UT 84201-0027

Refund: Neither a refund nor a balance due

Other Instructions: If the return is not filed by the due date

(including any extension granted), attach a

statement giving the reason for not filing on time.

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

OMB No. 1545-1150

Do not enter Social Security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Α	For the	2013 calenda	ar year, or tax year beginning , 2013, an	a enaing			, 20
В	Check if ap	oplicable:	C Name of organization		D Emplo	yer ide	ntification number
	Address ch	nange	Resplandece		46-	27427	91
	Name char	nge	Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	E Telepho	one nun	nber
X	Initial retur	n					
	Terminated		P.O Box 240		(54	0)270	-9935
	Amended r	return	City or town, state or province, country, and ZIP or foreign postal code		F Group I		
X	Application		Orlean, VA 20128		Numbe		
		ting Method:	X Cash	Н			he organization is not
ı			resplandeceiniciativa.org		required to		-
i			check only one) - 501(c)(3) 501(c)() (insert no.) 4947(a)(1) c	or 527	•		', or 990-PF).
		organization:	X Corporation ☐ Trust ☐ Association ☐ Other	327	(1 01111 000,	000 LZ	., 01 000 1 1).
		-	7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more	or if total asse	ate		
						D C	2,519
	art I		e, Expenses, and Changes in Net Assets or Fund Balar				
	aiti		e organization used Schedule O to respond to any question in this Part I				
_	1			• • • • •	• • • • •		
	1		s, gifts, grants, and similar amounts received	• • • • • •	• • • • •	1	1,544
	2	ū	vice revenue including government fees and contracts		• • • • • •	2	
	3		dues and assessments	• • • • • • •	• • • • •	3	
	4	Investment in	l I	• • • • • •	• • • • •	4	
	5a		nt from sale of assets other than inventory			-	
			other basis and sales expenses)		_	
		, ,	• • • • • •	5c			
	6	•	fundraising events				
a)	а		e from gaming (attach Schedule G if greater than	ı			
Revenue		,,					
eve	b		e from fundraising events (not including \$	of contribution	ns		
Œ			sing events reported on line 1) (attach Schedule G if the	ı			
			gross income and contributions exceeds \$15,000) 6b				
			expenses from gaming and fundraising events			-	
	d	Net income of	or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	t			
		line 6c) .	• • • • • • • • • • • • • • • • • • • •			6d	
	7a	Gross sales	of inventory, less returns and allowances	1	975		
	b	Less: cost of	goods sold)	571		
	С	Gross profit of	or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	404
	8	Other revenu	ue (describe in Schedule O)			8	
	9	Total reven	ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		<u></u>	9	1,948
	10	Grants and s	imilar amounts paid (list in Schedule O)			10	
	11	Benefits paid	to or for members			11	
s	12	Salaries, other	er compensation, and employee benefits			12	
JSe	13	Professional	fees and other payments to independent contractors			13	
Expenses	14	Occupancy, r	rent, utilities, and maintenance			14	
	15	Printing, publ	lications, postage, and shipping			15	124
	16	Other expens	ses (describe in Schedule O)			16	658
_	17	Total expen	ses. Add lines 10 through 16	<u></u>	<u>.</u> .	17	782
	18	Excess or (de	eficit) for the year (Subtract line 17 from line 9)			18	1,166
Net Assets	19		r fund balances at beginning of year (from line 27, column (A)) (must agree wit	h			
Ass			igure reported on prior year's return)			19	
et/	20		es in net assets or fund balances (explain in Schedule O)			20	
Z	21	-				21	1,166
_							

Form 990-EZ (2013) 46-2742791 Page 2 Resplandece Part II Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to respond to any question in this Part II (B) End of year (A) Beginning of year 22 Cash, savings, and investments 0 22 1,066 23 Land and buildings 23 0 0 24 Other assets (describe in Schedule O) 24 0 500 25 25 Total assets 0 1,566 26 Total liabilities (describe in Schedule O) 26 0 400 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 27 o 1,166 Statement of Program Service Accomplishments (see the instructions for Part III) Expenses Check if the organization used Schedule O to respond to any question in this Part III (Required for section What is the organization's primary exempt purpose? 501(c)(3) and 501(c)(4) Schedule 0 organizations and section Describe the organization's program service accomplishments for each of its three largest program services, 4947(a)(1) trusts; optional as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. for others.) 28 Resplandece operates a coffee program that aims to generate economic opportunity in underprivileged areas of Guatemala. Please see Schedule O for more. (Grants \$) If this amount includes foreign grants, check here 28a 0 29 Resplandece supports community development led by local Guatemalans in Amatitlan, Guatemala. Please see Schedule O for more. (Grants \$) If this amount includes foreign grants, check here 29a 400 30 The remainder of funds went towards start-up costs as the organization was founded in 2013 and began receiving donations in October 2013. (Grants \$ 30a) If this amount includes foreign grants, check here 0 **31** Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here 31a **32 Total program service expenses** (add lines 28a through 31a) 32 400 List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated (see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV (c) Reportable (d) Health benefits. (b) Average (e) Estimated amount of compensation contributions to employee (a) Name and title hours per week (Form W-2/1099-MISC) other compensation benefit plans, and devoted to position (if not paid, enter -0-) deferred compensation Gregory Lowden DIRECTOR AND PRESIDENT 35 0 0 JOHN SWEENEY 0 DIRECTOR 1 O 0 BRAD BROWN DIRECTOR 3 0 0 0 JUDITH HERMIS TREASURER 1 0 0 GARY LOWDEN SECRETARY 1 0

Form 9	990-EZ ((2013) Resplandece 46-274279	1	F	age
Pai	rt V	Other Information (Note the Schedule A and personal benefit contract statement requirements in the			
		instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V	<u></u>		<u>- Ll</u>
				Yes	No
33		ne organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
		led description of each activity in Schedule O	33		X
34		e any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			1
		of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			37
05 -		ge on Schedule O (see instructions)	34		X
35 a		ne organization have unrelated business gross income of \$1,000 or more during the year from business	05-		v
		ties (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
		es," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С		the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	250		v
26		ting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		Х
36		ne organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	26		v
27.0		g the year? If "Yes," complete applicable parts of Schedule N	36		X
		r amount of political expenditures, direct or indirect, as described in the instructions 37a he organization file Form 1120-POL for this year?	27h		Х
		,	37b		$\stackrel{\Lambda}{\vdash}$
30 a		he organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	38a		Х
h	-	such loans made in a prior year and still outstanding at the end of the tax year covered by this return? s."	Joa		$\stackrel{f \Lambda}{=}$
39		on 501(c)(7) organizations. Enter:			
		tion fees and capital contributions included on line 9			
a h		s receipts, included on line 9, for public use of club facilities			
ں د ۱۸		on 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
40 a		on 4911 • ; section 4912 • ; section 4955			
h		on 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
		action during the year, or did it engage in an excess benefit transaction in a prior year that has not been			
		ted on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Х
С		on 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	100		
·		nization managers or disqualified persons during the year under sections 4912,			
	-	, and 4958			
d		on 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c			
-		bursed by the organization			
е		ganizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
		action? If "Yes," complete Form 8886-T	40e		Х
41		he states with which a copy of this return is filed VA			
42 a		organization's books are in care of Gregory Lowden Telephone no. 540–27	0-99:	35	
		ted at P.O Box 240, Orlean, VA ZIP+4 20128			
b		by time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
			42b		Х
	If "Ye	es," enter the name of the foreign country:			
		the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and F	Financial Accounts.			
С	At any	y time during the calendar year, did the organization maintain an office outside the U.S.?	42c	Х	
	If "Ye	es," enter the name of the foreign country:			
43	Section	ion 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here			
	and e	enter the amount of tax-exempt interest received or accrued during the tax year			
				Yes	No
44 a	Did th	ne organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	comp	pleted instead of Form 990-EZ	44a		X
b	Did th	ne organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	comp	oleted instead of Form 990-EZ	44b		X
С	Did th	ne organization receive any payments for indoor tanning services during the year?	44c		Х
d	If "Ye	es," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	expla	anation in Schedule O	44d		
45 a	Did th	ne organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
45 b	Did th	ne organization receive any payment from or engage in any transaction with a controlled entity within the			
	mean	ning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
_	Form	990-EZ (see instructions)	45b		X

Form	990-EZ (201	Resplandece					46-27	42791	L	F	age 4
										Yes	No
46	Did the	organization engage, directly or indirectly, in p	political campaign activities	on behalf of	or in opposition	on					
		dates for public office? If "Yes," complete Sc							46		X
Pai		Section 501(c)(3) organizations									
		All section 501(c)(3) organizations	must answer questi	ons 47-49	b and 52,	and comp	lete the ta	bles	for lii	nes	
		50 and 51.									
	(Check if the organization used Sc	nedule O to respond	to any qu	estion in t	his Part V					<u>. U</u>
										Yes	No
47	Did the	organization engage in lobbying activities or h	nave a section 501(h) electi	on in effect d	uring the tax						
	year? If	"Yes," complete Schedule C, Part II	• • • • • • • • • • •					• •	47		
48	Is the or	ganization a school as described in section 1	70(b)(1)(A)(ii)? If "Yes," cor	mplete Sched	dule E			•	48		X
49a	Did the	organization make any transfers to an exemp	t non-charitable related org	janization?				•	49a		
b		was the related organization a section 527 o	•	• • • • •	• • • • •	• • • • •	• • • • • •	•• [49b		
50	Complet	te this table for the organization's five highest	compensated employees	other than of	ficers, directo	ors, trustees a	nd key				
	employe	ees) who each received more than \$100,000	of compensation from the o	organization.	If there is no	ne, enter "No	ne."				
			(b) Average	(c) Rep	oortable	(d) Health contributions		(e) F	stimate	ed amou	nt of
		(a) Name and title of each employee	hours per week		ensation	benefit plans,				mpensat	
			devoted to position	(Forms W-2	2/1099-MISC)	compe	nsation				
NON	2										
f		mber of other employees paid over \$100,000									
51	•	te this table for the organization's five highest	·		who each red	ceived more t	nan				
	\$100,00	0 of compensation from the organization. If t	nere is none, enter "None."	· 							
	(a)	Name and business address of each independent cont	ractor	(b) Type of servic	е	(c) Comp	ensatio	n	
	_										
NON	5										
	Total nu	mhar of other independent contractors cook	receiving ever \$100,000	1							
		mber of other independent contractors each	3 , ,		d 4047(a)(1)						
52		organization complete Schedule A? Note:	` ` ` ` ` ` `	mizations an	u 4947(a)(1))		X	Yes	П	No
		mpt charitable trusts must attach a completed		· · · · · ·		· · · · · ·		Δ	res		No
	•	f perjury, I declare that I have examined this return, incl				f my knowledge	and belief, it is				
true, c	orrect, and	complete. Declaration of preparer (other than officer) is	based on all information of which	n preparer has a	ny knowledge.		02.25.0	2014			
Sia	_	Signature of officer				Date	03-25-2	2014			
Sig Her	l l	oliginature of officer				Date					
пеі	e	Type or print name and title									
		Print/Type preparer's name	Preparer's signature		Date	T	🗔	PTIN	1		
D-··							check X if elf-employed				
Paid			RAMIN MOHAMMAD		04-03-201	-		P010	3568	ΣŢ	
Prep		Firm's name My Personal Tax C				Firm's E	IN F				
Use	Only	Firm's address 16760 SWEENEY LAN									
	u 150 :	Woodbridge VA 221				Phone r	no. 703-8	55-54		₹	
мау	tne IHS d	iscuss this return with the preparer shown ab	ove? See instructions	• • • • •	• • • • • •	• • • • •	<u> </u>	<u> </u>	Yes	X	No (0040)

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

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.

OMB No. 1545-0047

2013

▶ Attach to Form 990 or Form 990-EZ. Department of the Treasury Internal Revenue Service

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

Res	lan	dece							46-27	742791			
Pai	tΙ	Reason for P	Public Charity	Status (All organiza	ations mu	ust comp	lete this	part.) S	ee instru	uctions.			
The o	rgar	ization is not a private	foundation because	e it is: (For lines 1 through	11, check	only one bo	ox.)						
1	Ш	A church, convention	n of churches, or a	ssociation of churches d	lescribed ir	section 1	170(b)(1)(<i>i</i>	A)(i).					
2		A school described i	in section 170(b)(1)(A)(ii). (Attach Schedu	ıle E.)								
3		A hospital or a coop	erative hospital se	rvice organization descri	bed in sec	tion 170(b)(1)(A)(iii)						
4		A medical research	organization opera	ated in conjunction with a	hospital d	escribed ir	section :	170(b)(1)(A)(iii). Ent	er the			
		hospital's name, city,	and state:										
5		An organization opera	ated for the benefit o	of a college or university o	wned or op	erated by a	a governme	ental unit de	escribed in				
		section 170(b)(1)(A	(Complete P	art II.)									
6		A federal, state, or lo	ocal government o	r governmental unit desc	cribed in se	ction 170	(b)(1)(A)(v	<i>'</i>).					
7	X	An organization that r	normally receives a	substantial part of its supp	oort from a	governmen	tal unit or f	rom the ge	neral public	5			
		described in section	n 170(b)(1)(A)(vi).	(Complete Part II.)									
8		A community trust d	escribed in sectio	n 170(b)(1)(A)(vi). (Com	plete Part	II.)							
9		An organization that r	normally receives: (1) more than 33 1/3% of it	s support fr	om contrib	utions, mer	nbership fe	es, and gr	oss			
		receipts from activitie	s related to its exem	npt functions - subject to c	ertain exce _l	otions, and	(2) no mor	e than 33 1	1/3% of its				
		support from gross in	vestment income a	nd unrelated business tax	able income	e (less sect	ion 511 tax) from bus	inesses				
	_	acquired by the orga	anization after June	e 30, 1975. See section	509(a)(2).	(Complete	Part III.)						
10	Ц	An organization orga	anized and operate	ed exclusively to test for	public safe	ty. See se	ction 509	(a)(4).					
11	Ш	An organization organ	nized and operated	exclusively for the benefit	of, to perfo	rm the fund	ctions of, or	to carry ou	ut the				
		purposes of one or r	more publicly supp	orted organizations desc	cribed in se	ction 509(a)(1) or se	ction 509(a)(2). See	section			
		509(a)(3). Check the	e box that describe	es the type of supporting	organizatio	on and con	nplete line:	s 11e thr <u>o</u> u	ugh 11h.				
		a 🗌 Type I	b 📙 Typ	e II c 🗌 Type	III-Function	ally integra	ted	d L	Type III-	Non-funtio	nally inte	grated	
е	Ш	By checking this box,	I certify that the org	ganization is not controlled	directly or	indirectly by	y one or mo	ore disqual	ified persor	าร			
		other than foundation	managers and other	er than one or more public	cly supporte	ed organiza	tions descr	ibed in sec	tion 509(a)	(1)			
		or section 509(a)(2).											
f		If the organization rec	ceived a written dete	ermination from the IRS th	at it is a Ty	oe I, Type I	I, or Type I	II supportin	ıg				
		organization, check the	his box	• • • • • • • • • • • •	• • • • •	• • • • •	• • • • •	• • • • •	• • • • •	• • • • •	• • • •	• • •	• • □
g		Since August 17, 200	06, has the organiza	ition accepted any gift or c	contribution	from any o	f the						
		following persons?											
		• •	•	controls, either alone or to		persons de	scribed in	(ii) and				Yes	No
		. ,		e supported organization?	•	• • • • •	• • • • •	• • • • •	• • • • •	• • • • •	11g(i)		
		` '	er of a person descr	•	• • • •	• • • • •	• • • • •	• • • • •	• • • • •	• • • •	11g(ii)		
		` '		described in (i) or (ii) above		• • • • •	• • • • •	• • • • •	• • • • •	• • • • •	11g(iii))	<u> </u>
<u>h</u>				ne supported organization	ì				1		1		
	(i) Na	me of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) Is the or in col. (i) list		(v) Did yo		(vi) Is organizati		(vii) Amo	unt of mo support	onetary
				above or IRC section	governing o	,	col. (i) c	f your	(i) organiz	ed in the			
				(see instructions))				port?	U.	1	-		
/A\					Yes	No	Yes	No	Yes	No			
(A)													
/D\					+					-			
(B)													
(C)					+								
(C)													
(D)					+								
(D)													
(E)					+								
(=)													
Tota													

Schedule A (Form 990 or 990-EZ) 2013 Resplandece 46-2742791 Page 2

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

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

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					1,544	1,544
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					1,544	1,544
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						1,544
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4					1,544	1,544
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business 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 10 .						1,544
12	Gross receipts from related activities, etc. (see	e instructions)				12	2,518
13	organization, check this box and stop here						> X
Sec	tion C. Computation of Public Su	pport Percent	age				
14	Public support percentage for 2013 (line 6, co	``	, ,,,	• • • • •	• • • • • • • •		0.00 %
15							%
16a					3 1/3% or more, ch	eck this	, _
	box and stop here. The organization qualit						▶ ⊔
b							. —
				-			▶ ⊔
17a		•	age ine 11, column (f)) ∴ the box on line 13, and line 14 is 33 1/3% or more, check this 12 2,518 2,518 2,518 2,518 2,518 2,518 2,518 2,518 2,518 2,518 2,518 2,518 2,518 2,518 2,518 2,518 2,518 2,518				
	_					n in	
	Part IV how the organization meets the "facts		_				. —
	organization						▶ ⊔
b	10%-facts-and-circumstances test - 2012	=				line	
	15 is 10% or more, and if the organization				•		
	Explain in Part IV how the organization meets						L —
40						• • • • • • • • •	▶ ⊔
18	Private foundation. If the organization did		, ,				▶ □
	instructions	<u></u>	<u></u>	<u></u>	<u> </u>	<u></u>	· · · · · · ·

 Schedule A (Form 990 or 990-EZ) 2013
 Resplandece
 46-2742791
 Page 3

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

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

Sec	ction A. Public Support			, .	•	,	
Cale	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	<u> </u>					
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 bus. under sec 513 • • • •						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year • •						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
Sec	etion B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6		(2) 2010	(0) = 0	(4) 23.2	(0) 20 10	(1) 10101
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources • •						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b • • • • • • • • • •						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on • • •						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the o organization, check this box and stop here						▶ □
Sec	ction C. Computation of Public Su						
15	Public support percentage for 2013 (line 8, colo	umn (f) divided by li	ine 13, column (f))			15	%
16	Public support percentage from 2012 Schedule					16	%
Sec	ction D. Computation of Investmen	nt Income Per	centage				
17	Investment income percentage for 2013 (line	e 10c, column (f) c	divided by line 13,	column (f))		17	%
18	Investment income percentage from 2012 S	chedule A, Part III	l, line 17			18	%
19a	33 1/3% support tests - 2013. If the organization is not more than 33 1/3%, check this box						▶ □
b	33 1/3% support tests - 2012. If the organization line 18 is not more than 33 1/3%, check this	zation did not ched	ck a box on line 14	or line 19a, and li	ne 16 is more than	33 1/3%, and	▶□
20	Private foundation. If the organization did		=			-	▶ ቯ

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Resplandece

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public

Inspection

Employer identification number

46-2742791

01. General explanation attachment
FORM 990 EZ PART III, PRIMARY PURPOSE
Resplandece seeks long-term solutions to the poverty and violence cycle that affects
Guatemala, focusing on ways to provide holistic care for youth-at-risk and economic
opportunity for underprivileged areas.
FORM 990 EZ PART III, Exempt Purpose Achievement Line 28
Resplandece operates a coffee program that aims to generate economic opportunity in
underprivileged areas of Guatemala, seeking communities that have some sort of governing
board that looks after the well-being of its people. Resplandece has developed a
relationship with Apolo, a group of farmers in Olopa, Guatemala. These farmers created a
board to oversee the health of the community, especially since the 22,000+ inhabitants
rely heavily on coffee for economic opportunity. Roughly 50-75% of the community lives in
poverty, making the town an ideal partner for generating opportunity. Resplandece supports
the growth and development of the community by purchasing coffee and selling the coffee in
a roasted form to US supporters. FORM 990 EZ PART III, Exempt Purpose Achievement Line
29
Resplandece supports community development led by local Guatemalans in Amatitlan,
Guatemala. This community is just outside the capital of Guatemala and suffers from
poverty and violence related to delinquency, gangs, and drug trafficking. Resplandece
worked together with local organizations and non-profits to design programs that would
provide care to youth-at-risk in the form of health, psychological care, tutoring,
scholarships food shelter and community events. Due to the timing of donations and

Resplandece	46-2742791							
programs, Resplandece supported two community event around the holiday season in December								
that provided food for children in the community as well as clothes and toys for two								
nundred participants.								
•								
02. Description of other expenses (Part I, line 16)								
Description Amount								
BANK CHARGES 40								
PROMOTIONAL 58								
FAXES AND LICENSES 124								
NEW HORIZONS 400								
GEN AND ADMIN 36								
03. Description of other assets (Part II, line 24)								
Category Beginning of Year End of Year								
Inventory 0 500								
04. Description of total liabilities (Part II, line 26)								
Category Beginning of Year End of Year								
Advance Coffee Sales 0 400								

990	Overflow Statement		2013 Page 1
Name(s) as shown on return Resplandece			46-2742791
Description			Amount
Description Supplies		Total:	\$ 124 \$ 124
		iocai.	