# EXTENDED TO NOVEMBER 15, 2017

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Α	For the	e 2016 calendar year, or tax year beginning and	d ending		
В	Check if applicab	C Name of organization		D Employer identif	ication number
_	— Addre	MOJERES DE LA TIERRA			
F	chang	e C/O KLEIN MANDELBLATT & CO., LLP			
느	chang	Doing business as			270350
Ļ	return	, , , , , , , , , , , , , , , , , , , ,	Room/suit		
L	Final return termir	1.	350		·595-0905
_	ated Amen	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	175,193.
F	return	LOS ANGELES, CA 90024		H(a) Is this a group r	
_	tion pendi	F Name and address of principal officer: 1 KMA MUNUZ	0000		s? Yes X No
_	<del>-</del>		90008	H(b) Are all subordinates	
	_	empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1	) or 52	⊣ :	a list. (see instructions)
_		te: ► WWW.MUJERESDELATIERRA.ORG  Forganization: X Corporation Trust Association Other ►	I Van	H(c) Group exemption	
	art I	Summary	L Yea	rorrormation: 2006[1	M State of legal domicile: CA
	1	Briefly describe the organization's mission or most significant activities: MUJI	מ ספס	ב דא שודה הא	WA C
Activities & Governance	'	ESTABLISHED TO SUPPORT THE BUILDING OF A			
nar	2				
Ver	3	Check this box if the organization discontinued its operations or disposition of voting members of the governing body (Part VI, line 1a)	RECEP	ral's Office 3	4
ဇိ	4	Number of voting members of the governing body (Part VI, line 1a)Attorn Number of independent voting members of the governing body (Part VI, line 1b)	ey Gene	rai.s.Omce 3	3
ళ	5			·····	3
iţie	6	Total number of individuals employed in calendar year 2016 (Part V, line 2a)  Total number of volunteers (estimate if necessary)		20,,	5
댫	7 a	Total unrelated business revenue from Part VIII. column (C). line 12		7a	_
Š	'b	Total unrelated business revenue from Part VIII, column (C), line 12  Net unrelated business taxable income from Form 990-T, Ine 34  Registi	ry of Cha	intable truste 7b	
	1		<u> </u>	Prior Year	Current Year
as	8	Contributions and grants (Part VIII, line 1h)		42,825.	
Revenue	9	Program service revenue (Part VIII, line 2g)		16,600.	
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	<del></del>
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		70,162.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		129,587.	161,922.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		41,310.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Š	b	Total fundraising expenses (Part IX, column (D), line 25)	0.	a significan	in the second
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		42,759.	61,660.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		84,069.	
	19	Revenue less expenses. Subtract line 18 from line 12		45,518.	-22,285.
Net Assets or Fund Balances			В	eginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)		95,822.	72,354.
nd A	21	Total liabilities (Part X, line 26)		1,721.	538.
		Net assets or fund balances. Subtract line 21 from line 20		94,101.	71,816.
	art II	Signature Block			
		Ities of perjury, I declare that I have examined this return, including accompanying schedul			y knowledge and belief, it is
ue	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of v	vnich prepare	er has any knowledge.	
Sig	_	Signature of officer		l Date	
Her		IRMA MUNOZ, PRESIDENT		Date	
ner	е	Type or print name and title			
		D. A. E.		Date Check	PTIN
Paid	, İ	Print/Type preparer's name  CARL MANDELBLATT  Preparer's signature	1	į if	<b>-</b>
	parer	The state of the s	DUIND	self-employ	
	Only	Firm's name KLEIN, MANDELBLATT, BLACKLINE PA	KINKS	, LLC   Firm's EIN	80-0840178
	,	LOS ANGELES, CA 90024		Dhana 21	0 470 0200
May	the IF	S discuss this return with the preparer shown above? (see instructions)		Phone no. 3 1	0-470-8300
		So discuss this return with the preparer shown above? (see instructions)	<u></u>		X Yes No

### MUJERES DE LA TIERRA

C/O KLEIN MANDELBLATT & CO., LLP

20-5270350

Page 7

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

-	_	•	•						
Chook	if Caba	adula O a	ontaine a re	20000	r nata ta .	anı ı lina ir	s this Do	⊶ \ /II	

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- 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."

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization n	or any related	orga	aniza	ation	100	npe	nsat	ed any current officer, of	director, or trustee.		
(A)	(B) (C)							(D)	(E)	(F)	
Name and Title	Average	(do	Position (do not check more than one					Reportable	Reportable	Estimated	
	hours per	box, unless person is both an officer and a director/trustee)				is bot	h an	compensation	compensation	amount of	
	week	$\vdash$	cer an	dad	irecto	y/trus	itee)	from	from related	other	
	(list any	irecto						the	organizations	compensation	
	hours for related	eord	te e			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization	
	organizations	ruste	trus		8	mpen		(***2/1033*14113C)		and related	
	below	dualt	tiona	_	9	st co	_			organizations	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Ę				
(1) IRMA MUNOZ	30.00										
PRESIDENT		X		X	L	<u> </u>	<u> </u>	60,000.	0.	0.	
(2) TRACY OGESCUE	2.00										
TREASURER		X	_	X	ļ			0.	0.	0.	
(3) ADAN ORTEGA	2.00	ŀ									
CHAIRMAN		X					ļ	0.	0.	0.	
(4) ELSA LOPEZ	2.00										
SECRETARY		<u> </u>		X			<u> </u>	0.	0.	0.	
(5) SAMANTHA MARTINEZ	2.00										
BOARD MEMBER				X				0.	0.	0.	
(6) TERESA VILLEGAS	2.00								_		
BOARD MEMBER		ļ		X				0.	0.	0.	
(7) LYNDA NORIEGA	2.00								_		
BOARD MEMBER				X		_	_	0.	0.	0.	
										==	
						-					
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Form 990 (2016)

Form 990 (2016) C/O KLE
Part VIII Statement of Revenue

L		Check if Schedule O contains	e a roenoneo	or note to any lin	e in this Part VIII			
		Officer if Schedule O Contains	s a response	or note to any iii	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
aifts, Grants ar Amounts	1 a	Federated campaigns     Membership dues     Fundraising events     Related organizations	1b	87,298.		:		
Contributions, Gifts, Grants and Other Similar Amounts	e	Government grants (contributions All other contributions, gifts, grants, a similar amounts not included above	s) 1e   and 1f	11,359.				
and D	9 h	Noncash contributions included in lines 1a- Total. Add lines 1a-1f		<b>&gt;</b>	98,657.			64.
e N	2 a	BOEING		Business Code 900099	30,000.	30,000.	in the second se	
Program Service Revenue		MISCELLANEOUS		900099	14,015.	14,015.		
n Sr		RESOURCES LEGACY		900099	10,000.	10,000.		
Rev	d	COUNTY OF LOS AND		900099	4,500.	4,500.		
Pro	е	UNION OF CONCERNI		900099	3,000.	3,000.		
_		All other program service revenue Total, Add lines 2a-2f		900099	1,750. 63,265.	1,750.		Committee Committee
	3	Investment income (including div	idends, intere	est, and	03,203.			
		other similar amounts)		<b>&gt;</b>				
	4 5	Income from investment of tax-ex						
	3	Royalties	(i) Real	(ii) Personal				er e
	6 a	Gross rents	(I) Neal	(ii) Fersonai	and the second s			
	b				1.00			
	С	5						
	d	Net rental income or (loss)		<b>&gt;</b>				·
	7 a	F-	) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis				in the second second		
	_	and sales expenses			and the state of t	and the second second		
		Net gain or (loss)						
anc		Gross income from fundraising evincluding \$ 87,298	ents (not				- H .	
Other Revenue		contributions reported on line 1c)						
er B		Part IV, line 18		13,206.				
£	b			13,206.				
	С	Net income or (loss) from fundrais	-		0.			
ĺ	9 a	and the same of th						30
	b	Part IV, line 19 Less: direct expenses			*			
		Net income or (loss) from gaming						-
ĺ		Gross sales of inventory, less retu						
		and allowances		65.				
ľ	b	Less: cost of goods sold	b	65.				
ŀ	С	Net income or (loss) from sales of	inventory		0.			
}		Miscellaneous Revenue		Business Code				
	11 a							
	b							
	C d	All other revenue	·					
	-			<b>&gt;</b>				· · · · · · · · · · · · · · · · · · ·
	12	Total revenue. See instructions.			161,922.	63,265.	0.	0.

# EXTENDED TO NOVEMBER 15, 2018

**Return of Organization Exempt From Income Tax** 

Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2017 calendar year, or tax year beginning and ending

B	Check if pplicabl	C Name of organization		D Employer ident	ification number
	- Addre	MODERES DE LA TIERRA			
	chang	• C/O KLEIN MANDELBLATT & CO., LLP			
<u></u>	Name chang	Doing business as		20-	5270350
<u></u>	]Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/si	uite <b>E</b> Telephone num	ber
	Final return		350	213	<u>-595-0905</u>
	termin ated	City or town, state or province, country, and ZIP or foreign postal cod	le	G Gross receipts \$	190,093.
	Ameno	LOS ANGELES, CA 90024		H(a) Is this a group	return
	Application	F Name and address of principal officer: IRMA MUNOZ	·	for subordinat	
	pendir	9 4154 MANTOVA DRIVE, LOS ANGELES, CA	90008		·····
1 7	Гах-ех			· · ·	a list. (see instructions)
		te: > WWW.MUJERESDELATIERRA.ORG	(-)(-)	H(c) Group exemp	
		organization: X Corporation Trust Association Other	11.4		M State of legal domicile: CA
	art I	Summary	<u>,</u>	our or formation. 2000	I W Ctate of logar dofficie. C22
	1	Briefly describe the organization's mission or most significant activities: M	IJERES	DE LA TTERRA	WAS
Activities & Governance		ESTABLISHED TO SUPPORT THE BUILDING OF			
<u>na</u>	ł	Check this box  if the organization discontinued its operations or			
Ve	i	Number of voting members of the governing body (Part VI, line 1a)	•	1.	3 4
ၓ	4	Number of independent veting members of the governing body (Part VI, line 1a)		<u> </u>	4 3
ళ	4	Total number of individuals ampleyed in salandar year 2017 (Det V. line 2s)	LUED CH	fice	
ţį	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	Elvisis	·····	
Ξ.	6	Total number of volunteers (estimate if necessary)	eue,		6 0
Ac	/ a	Number of independent voting members of the governing body (Part VI, line Total number of individuals employed in calendar year 2017 (Part V, line 2a) Total number of volunteers (estimate if necessary)  Total unrelated business revenue from Part VIII, column (C), line 12  Net unrelated business taxable income from Form 990-T, line 34450	5 <i>01</i> 2	)	<u>0.</u>
—	D.	Net unrelated business taxable income from Form 990-1, Ine 351.9	A.J. D		ъ 0.
	_	Total number of individuals employed in calendar year 2017 (Part V, line 2a) Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, ine 34tt.  Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)	-113	ole Prior Year	Current Year
ne	8	Contributions and grants (Part VIII, line 1h)	Chai.	98,657	
/en	9	Program service revenue (Part VIII, line 2g)	70,	63,265	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0	0.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0	. 34,970.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line	12)	161,922	. 175,726.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines	5-10)	122,547	. 131,281.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	. 0.
ă	b	Total fundraising expenses (Part IX, column (D), line 25)	0.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		61,660	. 68,477.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		184,207	
	19	Revenue less expenses. Subtract line 18 from line 12		-22,285	-24,032.
ces	İ			Beginning of Current Yea	r End of Year
Net Assets ( Fund Balanc	20	Total assets (Part X, line 16)		72,354	
SE SE	21	Total liabilities (Part X, line 26)		538	
캺	22	Net assets or fund balances. Subtract line 21 from line 20		71,816	
Pa	art II	Signature Block			
Und	er pena	Ities of perjury, I declare that I have examined this return, including accompanying sci	hedules and sta	tements, and to the best of	my knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information		•	,
Sigi	n	Signature of officer		Date	
Her		IRMA MUNOZ, PRESIDENT			
	•	Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid	ı	CARL MANDELBLATT		if	
	arer	Firm's name  KLEIN, MANDELBLATT FINANCIAL (	מזוחמב	Self-em	
	Only		3KOOL	Firm's EIN	01-3330394
U36	Uniy	Firm's address 10850 WILSHIRE BLVD #350		DL	10 470 0200
		LOS ANGELES, CA 90024		Phone no. 3	10-470-8300
мау	tne IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Form 990 (2017) C/O KLEIN MANDELBLATT & CO.,  $_{
m LLP}$ Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors** 

Check if Schedule O contains a response or note to any line in this Part VII	

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)	(C) Position						(D)	(E)	(F)
Name and Title	Average		not c	heck	more	than		Reportable	Reportable	Estimated
	hours per week	offi	box, unless person is both an officer and a director/trustee)					compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) IRMA MUNOZ	30.00									
PRESIDENT		X		X				60,000.	0.	0
(2) TRACY OGESCUE	2.00	1								
TREASURER		X		X		L		0.	0.	0
(3) ADAN ORTEGA	2.00	1								
CHAIRMAN		X				<u> </u>	<u> </u>	0.	0.	0
(4) ELSA LOPEZ	2.00									
SECRETARY		<u> </u>		X		ļ		0.	0.	0
(5) SAMANTHA MARTINEZ	2.00	1							_	
BOARD MEMBER		<u> </u>		X				0.	0.	0
(6) TERESA VILLEGAS	2.00								_	
BOARD MEMBER		ļ		X		ļ		0.	0.	0
(7) LYNDA NORIEGA	2.00	-		l						•
BOARD MEMBER		<u> </u>		X		ļ		0.	0.	0
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Form **990** (2017)

Form 990 (2017)

C/O KLEIN MANDELBLATT & CO., LLP Part VIII Statement of Revenue

		Check if Schedule O cont	tains a response	or note to any line				
					(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	( <b>D)</b> Revenue excluded from tax under sections 512 - 514
ts	1 a	Federated campaigns	1a					1 012 011
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
, m	C							
ar /	d	5						
S, E	e							
Sign		All other contributions, gifts, gran				·		
but	-	similar amounts not included abo		134,256.				
ıt.	g							
Col	_	Total. Add lines 1a-1f		<b>D</b>	134,256.			
				Business Code				
ø	2 a	UNION PACIFIC F	OUNDATI	900099	5,000.	5,000.		
rvic	b			900099	1,500.	1,500.		
Program Service Revenue	С							
am eve	d					-		
ogr	е							
P.	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f			6,500.			
	3	Investment income (including						
		other similar amounts)		▶ [				
	4	Income from investment of ta						
	5	Royalties		<b>&gt;</b>				
			(i) Real	(ii) Personal		1		
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)		<b>&gt;</b>				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
i	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)			. *			
	d	Net gain or (loss)		·				
ě	8 a	Gross income from fundraisin	g events (not					
		including \$						
Other Reve		contributions reported on line			£ *			
ē		Part IV, line 18						
듄	b	Less: direct expenses	b	14,367.				
		Net income or (loss) from fund	-	<b>&gt;</b>	34,970.			34,970.
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam	_	······ •				
	10 a	Gross sales of inventory, less						
		and allowances	a					
		Less: cost of goods sold						
	С	Net income or (loss) from sale		1				
		Miscellaneous Revenu		Business Code				
	b							
	C							<del> </del>
		All other revenue						
		Total. Add lines 11a-11d			175 506	6 500		24 000
	12	Total revenue. See instructions.		<u></u>	175,726.	6,500.	0	
73200	9 11-28	3-17						Form <b>990</b> (2017)

# EXTENDED TO NOVEMBER 15, 2019

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

AF	or the	2018 calendar year, or tax year beginning	and	enaing		
<b>B</b> c	heck if oplicable	C Name of organization  MUJERES DE LA TIERRA			D Employer identifi	cation number
	Address change	C/O KLEIN MANDELBLATT	& CO., LLP			0.700.50
	Name change	Doing business as		<del> </del>	<u> </u>	270350
	]Initial  return  Final	Number and street (or P.O. box if mail is not del	ivered to street address)	Room/suite 3 5 0	E Telephone numbe	595-0905
	return/ termin-	10850 WILSHIRE BLVD.		330	<del></del>	281,662.
	ated Amende	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$	
_	Jreturn ∏Applica	TOS ANGELLES, CA 30024	A MIINOZ		H(a) Is this a group re	
L,	_tion pending	F Name and address of principal officer:	AMUNUZ AMURITEG CA O	8000	for subordinates	
		4154 MANTOVA DRIVE, LOS			H(b) Are all subordinates in	
1 1	ax-exe	mpt status: X 501(c)(3) 501(c) ( )		or 527	i	list. (see instructions)
		WWW.MUJERESDELATIERRA.		1 Vacr	H(c) Group exemption	on number ►  ✓ State of legal domicile: CA
		rganizadon. <u>Las</u>	sociation Other	L Year	of formation. 2000	VI State of legal domicile, CA
Pe		<b>Summary</b> Briefly describe the organization's mission or most	MILTE	יספיסי	T.A TTERRA	WAS
Se	1 E	sriefly describe the organization's mission or most ESTABLISHED TO SUPPORT TH	F RITTIDING OF A	HEALT.	HIER AND SI	STATNABLE
nan	-					
Veri	1	Check this box   If the organization discolution discolution for the governing body	(D-+) (Line 4-)		3	4
Ĝ					· · · · · · · · ·	3
ళ	4   N   5   T	Number of independent voting members of the go Total number of individuals employed in calendar y	(car 2018 (Part V. line 2a)	retarb Of	デンジン・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	4
ij	l	otal number of volunteers (estimate if necessary)	NOV 2	5 2019	6	0
Activities & Governance	l	otal unrelated business revenue from Part VIII, co		3 ZUI3	7a	0.
ĕ	, a ,	Net unrelated business taxable income from Form	990-T line-98			0.
		ter difficiated business taxable meems from a similar	Registry of Ch	antable 1	Prior Year	Current Year
4)	8 (	Contributions and grants (Part VIII, line 1h)			134,256.	197,091.
υğ		Program service revenue (Part VIII, line 2g)	******		6,500.	55,000.
Revenue		nvestment income (Part VIII, column (A), lines 3, 4	, and 7d)		0.	0.
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8d			34,970.	15,646.
		otal revenue - add lines 8 through 11 (must equal			175,726.	267,737.
		Grants and similar amounts paid (Part IX, column (			0.	0.
	l	Benefits paid to or for members (Part IX, column (A			0.	0.
S	15 8	Salaries, other compensation, employee benefits (	Part IX, column (A), lines 5-10)		131,281.	144,307.
Expenses	16a F	Professional fundraising fees (Part IX, column (A),	line 11e)		0.	0.
xpe	ь т	otal fundraising expenses (Part IX, column (D), lin	e 25) 🕨	0.		
Ω̈́	17 (	Other expenses (Part IX, column (A), lines 11a-11d	, 11f-24e)		68,477.	69,319.
	18 7	otal expenses. Add lines 13-17 (must equal Part I	X, column (A), line 25)		199,758.	213,626.
	19 F	Revenue less expenses. Subtract line 18 from line	12		-24,032.	54,111.
Net Assets or Fund Balances				Be	eginning of Current Year	End of Year
sets	20 1	Total assets (Part X, line 16)			51,219.	105,737.
器	21	otal liabilities (Part X, line 26)			3,435.	3,842.
쫉	22 1	Net assets or fund balances. Subtract line 21 from	line 20		47,784.	101,895.
	art II	Signature Block				and halfaf it is
		ties of perjury, I declare that I have examined this return,				ny knowledge and belief, it is
true,	, correct	, and complete. Declaration of preparer (other than office	er) is based on all information of v	vnich prepare	r nas any knowledge.	
٥.		Signature of officer			Date	
Sign		IRMA MUNOZ, PRESIDENT				
Her	e	Type or print name and title				
		Print/Type preparer's name	Preparer's signature		Date Check	PTIN
Paid		CARL MANDELBLATT	i roparor o orginaturo		if self-emplo	
	parer	Firm's name KLEIN, MANDELBLAT	T FINANCIAL GRO	)UP	Firm's EIN	81-5338392
	Only	Firm's address 10850 WILSHIRE B			7 11111 3 2114	
200	,	LOS ANGELES, CA			Phone no. 31	0-470-8300
Max	the IE	S discuss this return with the preparer shown abo		-	1. Hollo Ho. 9 2	X Yes No

Form 990 (2018) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors** 

Check if Schedule O contains a response or note to any line in this Part VII	

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (Ď), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)	Desition						(D)	(E)	(F)	
Name and Title	Average	(do	(do not check more			nore than one		Reportable	Reportable compensation from related	Estimated	
	hours per week	box, unless person is both an officer and a director/trustee)				ıs bot or/trus	h an tee)	compensation from		amount of other	
	(list any	p						the	organizations	compensation	
	hours for	direc				ļ_		organization	(W-2/1099-MISC)	from the	
	related	ee 0r	stee			usate		(W-2/1099-MISC)	,	organization	
	organizations	trust	al tru		yee	ad unc				and related	
	below	Individual trustee or director	Institutional trustee	<b>.</b>	Key employee	Highest compensated employee	Je.			organizations	
	line)	ig E	lust	Officer	χ e	Em	휸				
(1) IRMA MUNOZ	30.00							60.000	0	0	
PRESIDENT		X	_	Х		<u> </u>	_	60,000.	0.	0.	
(2) TERESA VILLEGAS	2.00		1							0	
BOARD CHAIR PERSON	0.00	X	ļ	X		<u> </u>		0.	0.	0.	
(3) SAMANTHA MARTINEZ	2.00	,,		3,5					,	0	
TREASURER	2 00	Х	_	X		<u> </u>		0.	0.	0.	
(4) ELSA LOPEZ	2.00	x		х				0.	0.	0.	
SECRETARY	2.00	Δ	-			<u> </u>		0.	0.	0,	
(5) ADAN ORTEGA	2.00	x				ŀ		0.	0.	0.	
BOARD MEMBER (6) TRACY EGOSCUE	2.00	<u> </u>			-			0.	0.		
BOARD MEMBER	2.00	X						0.	0.	0 .	
(7) LYNDA NORIEGA	2.00	^			-		<del>                                     </del>	0.			
BOARD MEMBER	2.00	X					ļ	0.	0.	0.	
DOARD MEMBER			┼	-	$\vdash$	$\vdash$	$\vdash$				
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Form 990 (2018)

MUJERES DE LA TIERRA 20-5270350 C/O KLEIN MANDELBLATT & CO., LLP Page 9 Form 990 (2018) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under sections 512 - 514 (B) (C) Related or Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c 1d d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and 197,091. similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 197,091. h Total. Add lines 1a-1f Business Code 2 a BOEING 900099 40,000. 40,000. Program Service Revenue 15,000. b UNION PACIFIC FOUNDATI 900099 15,000. f All other program service revenue 55,000. g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) ... Income from investment of tax-exempt bond proceeds Royalties . . . (i) Real (ii) Personal 6 a Gross rents b Less. rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ of contributions reported on line 1c). See 29,571 Part IV, line 18 13,925 **b** Less. direct expenses 15,646. 15,646. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b d All other revenue

> 15,646. Form **990** (2018)

267,737.

55,000.

e Total. Add lines 11a-11d

Total revenue. See instructions