Form 990-T	E	EXTENDED TO MA Exempt Organization Bus	ine	ss Income Ta	ax Return	L	OMB No 1545-0687			
	(and proxy tax under section 6033(e))									
	For cal	<u>9</u>	2018							
Department of the Treasury	Go to www.irs.gov/Form990T for instructions and the latest information. Open to Public Inspection for									
	ernal Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). S01(c)(3) Organizations Only									
A Check box if address changed		(Employees' trust, see								
B Exempt under section	Print									
X 501(c <u>1/3</u>)	Type	((See instructions)								
408(e) 220(e) 408A 530(a)	"	4417 N. OTH SI.								
408A 530(a) 529(a)		City or town, state or province, country, and ZIP or foreign postal code PHILADELPHIA, PA 19140 900099								
Book value of all assets	<u> </u>	F Group exemption number (See instructions.)	<u> </u>	=						
- At end of vear	06.	G Check organization type ► X 501(c) corp	oration	501(c) trust	401(a)	trust	Other trust			
H Enter the number of the	organıza	tion's unrelated trades or businesses.	1	Describe t	the only (or first) un	related				
trade or business here	► DIS	SALLOWED PARKING BENEFIT	rs	If only one,	complete Parts I-V.	If more	than one,			
doscribe the first in the b	olank spa	co at the end of the provious sentence, complete Pa	rts I an	d II, comploto a Schodulo	M for each addition	al trade	or			
business, then complete							(V).,			
		oration a subsidiary in an affiliated group or a paren tifying number of the parent corporation.	it-subsi	diary controlled group?	•	Yc	s X No			
		KENNETH SMITH, INTERIM FINAN	CE I	TRECTOR Telenho	ne number 🕨 2	15-8	807-8613			
		de or Business Income		(A) Income	(B) Expenses		(C) Net			
1a Gross receipts or sale	es				• • •		1			
b Less returns and allo	wances	c Balance	10				i			
23 Cost of goods sold (S	Schedule	A, line 7)	2				1			
🔀 Gross profit. Subtrac	t line 2 fr	rom line 1c	3_							
44 Capital gain net incor	,	•	4a		1					
	by Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)									
	Capital loss deduction for trusts Income (loss) from a partnership or an S corporation (attach statement) 5									
Income (loss) from a		ship of an 3 corporation (attach statement)	5 6 ·							
Unrelated debt-finance		ne (Schedule E)	7	-		i				
		nd rents from a controlled organization (Schedule F)	8							
9 Investment income o	f a soctio	on 501(c)(7), (9), or (17) organization (Schodulo G)	9							
10 Exploited exempt act	-	,	10							
11 (Advertising income (11			,				
12 Other income (See in			12	0.						
Part II Deduction		ot Taken Elsewhere (See instructions fo	13 r limits			ل				
(Except for	contribi	utions, deductions must be directly connected	with t	he unrelated business	income)					
14 Compensation of of	ficers, di	rectors, and trustees (Schedule K)		··· . · · · · · · · · · · · · · · · · ·		14				
15 Salaries and wages	·	, , ,				15				
16 Repairs and mainter	nance					16				
17 Bad debts										
	microst (ditatin strictatio) (see manufactions)									
19 Taxes and licenses	19									
20 Charitable contribut21 Depreciation (attach	1011S (56)	e instructions for linguity rules 2	(E)	21		20				
23 Depletion	Depletion 123									
·										
	Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) Other deductions (attach schedule) Total deductions (Attach schedule) 28									
	Excess exempt expenses (Schedule I)									
	7 Excess readership costs (Schedule J)									
28 Other deductions (a	28	0.								
29 Total deductions. A		14 through 28 ncome before net operating loss deduction. Subtrac		a from line 12		29 30	0.			
		loss arising in tax years beginning on or after Janua				31	, ,			
	_	ncome. Subtract line 31 from line 30	., ., 20	(000 11101 00110110)		32	0.			
823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions. Form 990-T (2018)										

Form 990-	T(2018) ESPERANZA HEALTH CENTER, INC. 23-24	80701	Page Z
Part	II Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	0.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of	-	
30	N 22 and 24	36	
	Innes 33 and 34 Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	30	1,000.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	21	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,		^
	enter the smaller of zero or line 36	38	0.
Part	V Tax Computation	, ,	
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:	_ <u>-</u> -	
	Tax rate schedule or Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0.
Part '		1 44 1	
		1	
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a	⊣	
b	,	⊣ ⋅ I	
C	General business credit. Attach Form 3800	- -	
	Credit for prior year minimum tax (attach Form 8801 or 8827)	<u> </u>	
е	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
50 a	Payments: A 2017 overpayment credited to 2018	· •	
	2018 estimated tax payments 50b 1,200	7 ·	
	Tax deposited with Form 8868 2,300		
	Foreign organizations; Tax paid or withheld at source (see instructions) 50d	Ħ, I	
	,	-(
	Backup withholding (see instructions) 50e	⊣	
	Credit for small employer health insurance premiums (attach Form 8941) 50f	┥	
9	Other credits, adjustments, and payments: Form 2439		
	Form 4136 Other Total ▶ 50g		2 500
51	Total payments. Add lines 50a through 50g	51	<u>3,500.</u>
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	5445	3,500.
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	<u> </u>	3,500.
'Part	VI Statements Regarding Certain Activities and Other Information (see instructions)	<i>-</i>	
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Yes No
= =	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		4
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		
	here >		X
E7	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		$-\frac{1}{x}$
57			
	If "Yes," see instructions for other forms the organization may have to file.		'}
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$	ledge and heliof it	ie truo
Sign	Under penetries of perjury, I declare that have examined this return, including accompanying schedules and statements, and to the best of my know correct, and compile the Bookerstong preparer (other than taxpayer) is based on all information of which preparer has any knowledge	ieoge and belief, it	
Here	17/5/2020 DEPOSITION OF THE PROPERTY OF THE PR	May the IRS discu	ss this return with
Here	INTERIM FINANCE DIRECTOR	the preparer show	_
	Signature of efficer Date Title	instructions)?	Yes No
	Print/Type preparer's name Preparer's signature Date Check	ıf PTIN	
Paid	7/15/2020 self-employe	d	
Prep	WEDDIN BOCDA CDA 14000 DO COL 1/13/2020		60402
•	DAVED WILLY VIDOUOU PRAUCE LLD		859910
Use (1570 FRUITVILLE PIKE, SUITE 400		
		717.740	.4863
823711 0			m 990-T (2018)

Schedule A - Cost of Good	s Sold. Enter n	nethod of inver	itory v	aluation N/A		-		
1 Inventory at beginning of year 1				Inventory at end of yea		6		
Purchases 2] 7	Cost of goods sold. St	ine 6	-		
Cost of labor 3 from line 5. Enter here				and in F	Part I,			
4a Additional section 263A costs			line 2					
(attach schedule)	4a		_ 8	Do the rules of section	with respect to		Yes No	
b Other costs (attach schedule)	4b		╛	property produced or a	acquired	for resale) apply to		7 Y Y Y
5 Total. Add lines 1 through 4b	5		<u> </u>	the organization?				
Schedule C - Rent Income (see instructions)	(From Real P ———	roperty and	Pers	sonal Property L	.ease	d With Real Propo	erty) 	
1. Description of property								
(1)								
(2)								
(3)								
(4)								
	2. Rent received							
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	than	of rent for p	personal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) an		
(1)								
(2)								
(3)								
(4)								
Total	0.	Total			0.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)	-			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)		0.
Schedule E - Unrelated Deb	ot-Financed I	ncome (see	ınstru	ctions)				
			2	. Gross income from or allocable to debt-		3. Deductions directly conn to debt-finance	ed property	
1. Description of debt-fir	nanced property			financed property	(a)	Straight line depreciation (attach schedule)		er deductions h schedule)
(1)						-	1	
(2)			1					
(3)								
(4)								
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	debt-financ	djusted basis ocable to sed property schedule)	6	. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(column 6	cable deductions x total of columns a) and 3(b))
(1)			1 -	%				
(2)				%				
(3)				%				
(4)				%				
	··· ——-					nter here and on page 1, Part I, line 7, column (A)		e and on page 1, e 7, column (B).
Totals				•		0.	.	0.
Total dividends-received deductions in	ncluded in column l	3						0.

Schedule F - Interest,				ontrolled O				(see instr			
1. Name of controlled organiza	ıdentı	nployer fication mber		lated income nstructions)		al of specified ments made	5. Part of column 4 that is included in the controlling organization's gross income		ling	g connected with income	
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organ	zations										
7. Taxable Income	8. Net unrelated inco (see instruction		9. Total o	f specified payn made	nents	10. Part of column the controlling gross			11. Dedu with in	ictions directly connected in column 10	
(1)			-								
(2)											
(3)											
(4)											
						Enter here and	nns 5 and 10 on page 1, F column (A)		Enter her	columns 6 and 11 e and on page 1, Part I, ne 8, column (B)	
Totals					▶			0.		0.	
Schedule G - Investme		Section 5	01(c)(7)), (9), or (⁻	17) Org	ganization					
	cription of income			2. Amount of	ıncome	3. Deductio directly conne (attach sched	cted	4. Set-as		5. Total deductions and set-asides (col 3 plus col 4)	
(1)						(anaon como				(66: 5)// (65: 4)	
(2)											
(3)		<u> </u>			-						
(4)											
Totals				Enter here and o Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)	
Schedule I - Exploited		/ Income,	Other	Than Adv		g Income			,	•	
. (see instri	2. Gross unrelated business income from trade or business	3. Exper directly con- with produ- of unrela business in	nected iction ited	4. Net incomfrom unrelated business (cominus colum gain, compute through	Itrade or lumn 2 n 3). If a e cols 5	5. Gross inco from activity is not unrelal business inco	hat ed	6. Experatorio	le to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)	 	1				_					
(2)		1					į				
(3)	···		i i								
(4)		İ									
	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, P line 10, co	arti, ol(B)	The state of the s						Enter here and on page 1, Part II, line 26	
Totals Schedule J - Advertisi	na Income (see	Instructions)	0.	10 E F. 10 E F. 17 17 17 17 17 17 17 17 17 17 17 17 17	522 . LE 143	3 x9-21 x 1 x 1 x 1 x 1	gryper of aring	' # ".".	y rwitiling.	0.	
	Periodicals Rep			olidated	Basis		·	. ,			
1. Name of periodical	2. Gross advertising income		Direct sing costs	or (loss) (c col 3) If a g cols 5 th	rough 7	te income		6. Readers		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)					A log r qual la resoj "elita kelit regulije ling voj r	f fe			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
(2)	·					i i			5		
(3)						j¢ r4			17		
(4)					" <u> </u>	201 ₁			,	1. The state of th	
Totals (carry to Part II, line (5))	•	0.	0							0.	
Totals (our y to rait ii, iiio (o))				-						Form 990-T (2018	

Form 990-T (2018) ESPERANZA HEALTH CENTER, INC. 23-24807 Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)			•	_		
(2)						
(3)						
(4)						
Totals from Part 1	0.	0.			ا الله الله الله الله الله الله الله ال	0.
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)	المراقع المراق المراقع المراقع المراق			Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶ 0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2018)

FOOTNOTES

STATEMENT 1

THE ORGANIZATION FILED AN EXTENSION FOR THE FORM 990-T BY NOVEMBER 15,2019, BEFORE THE DATE OF ENACTMENT OF PUBLIC LAW 116-94 WHICH REPEALED IRC SECTION 512(A)(7) DISALLOWING CERTAIN FRINGES. THE ORGANIZATION HAD NO OTHER REPORTABLE UNRELATED BUSINESS INCOME AND IS FILING THE FORM 990-T FOR THE PERIOD ENDED JUNE 30, 2019 TO REQUEST A REFUND OF FEDERAL TAXES PAID AS SHOWN ON PAGE 2 OF FORM 990-T.