Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public

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.

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

Inspection

| Ā | For the | 2016 cale | ndar year, or tax year beginning 01/01 , 2016, and ending 1 | 2/31 | , 20 16 | | | | | | | | |
|--------------------------------|--------------|--|---|----------------------------------|---------------------|---------------|--|--|--|--|--|--|--|
| В | Check if a | pplicable. | C Name of organization NUEVA ESPERANZA COMMUNITY CREDIT UNION | D Employer identification number | | | | | | | | | |
| | Address o | hange | Doing business as | | 27-2873365 | | | | | | | | |
| | Name cha | - | Number and street (or P O box if mail is not delivered to street address) Room/suite | E Telepho | one number | | | | | | | | |
| П | Initial retu | _ | PO BOX 9875 | | 419-438-5490 | | | | | | | | |
| $\bar{\sqcap}$ | | /terminated | City or town, state or province, country, and ZIP or foreign postal code | | | | | | | | | | |
| $\overline{\Box}$ | Amended | | Toledo, OH, 43697 | G Gross r | receints \$ | 106,743 | | | | | | | |
| $\overline{\Box}$ | | | | 4 | subordinates? Yes | | | | | | | | |
| _ | , dobuodiio | Tr portaing | 1,44, | | es included? Yes | | | | | | | | |
| _ | Tax-exem | nt etatue | | | see instructions) | L NO | | | | | | | |
| <u>'</u> | Website: | | 2 se (e)(-) - 2 se (e)(-) - 3 | p exemption | • | | | | | | | | |
| <u>к</u> | | | | | | | | | | | | | |
| | art I | Summ | | IN State | e of legal domicile | ОН | | | | | | | |
| | | | | | | | | | | | | | |
| • | 1 | | scribe the organization's mission or most significant activities: To provide basic | | | | | | | | | | |
| Activities & Governance | | to persons who live, work, worship, matriculate, or volunteer in Lucas County, Ohio. The credit union focuses on the Latino (Continued on Schedule O, Statement 1) | | | | | | | | | | | |
| Ē | | | | | | | | | | | | | |
| 8 | 1 | | is box > if the organization discontinued its operations or disposed of more that | 1 - | its net assets. | _ | | | | | | | |
| Ğ | 1 | | of voting members of the governing body (Part VI, line 1a) | . 3 | | 5 | | | | | | | |
| S. | 1 | | of independent voting members of the governing body (Part VI, line 1b) | . 4 | ļ | 5 | | | | | | | |
| įįį | 1 | | nber of individuals employed in calendar year 2016 (Part V, line 2a) | . 5 | | 0 | | | | | | | |
| 姜 | 1 | | nber of volunteers (estimate if necessary) | 6 | | 7 | | | | | | | |
| ⋖ | 1 | | elated business revenue from Part VIII, column (C), line 12. MEGE.V.E.D | 7a | | 0 | | | | | | | |
| | b l | Net unre | ated business taxable income from Form 990-T, line 34 | -ე C 7b | | 0 | | | | | | | |
| | 1 | | MAY J 5 2005 | ear | Current Ye | ar | | | | | | | |
| ē | 1 | | tions and grants (Part VIII, line 1h) | 0 | ļ | 0 | | | | | | | |
| Ę | 1 | _ | service revenue (Part VIII, line 2g) | (102,598 | | 106,743 | | | | | | | |
| Revenue | 10 1 | nvestme | nt income (Part VIII, column (A), lines 3, 4, and 7d) | 0 | | 0 | | | | | | | |
| _ | | | enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | <u> </u> | | 0 | | | | | | | |
| | | | enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 102,598 | | 106,743 | | | | | | | |
| | | | nd similar amounts paid (Part IX, column (A), lines 1-3) | 0 | | 0 | | | | | | | |
| | 14 8 | Benefits | paid to or for members (Part IX, column (A), line 4) | 0 | | 0 | | | | | | | |
| Ø | 15 5 | Salaries, | other compensation, employee benefits (Part IX, column (A), lines 5-10) | 68,096 | | 66,876 | | | | | | | |
| Expenses | 16a 6 | Professio | nal fundraising fees (Part IX, column (A), line 11e) | 0 | | 0 | | | | | | | |
| 8 | b 1 | Total fun | draising expenses (Part IX, column (D), line 25) ▶ 0 | | | | | | | | | | |
| ū | 17 (| Other ex | penses (Part IX, column (A), lines 11a-11d, 11f-24e) | 69,580 | | 51,217 | | | | | | | |
| | 18 1 | Fotal exp | enses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 137,676 | | 118,093 | | | | | | | |
| | | | less expenses. Subtract line 18 from line 12 | -35,078 | | -11,350 | | | | | | | |
| > 8 | | | Beginning of C | urrent Year | End of Yea | | | | | | | | |
| a Series | 20 | Total ass | ets (Part X, line 16) | 1,642,717 | 1. | 741,956 | | | | | | | |
| A B | 21 1 | | | 1,507,097 | T | 617,686 | | | | | | | |
| Net Assets or Fund Balances | 22 1 | | ts or fund balances. Subtract line 21 from line 20 | 135,620 | | 124,270 | | | | | | | |
| | art II | | ure Block | | · | | | | | | | | |
| Un | der penalt | es of pegu | ry, I declare that I have examined this return, including accompanying schedules and statements, and to | the best of | my knowledge and | belief, it is | | | | | | | |
| | | | ete. Declaration of preparer (other than officer) is based on all information of which preparer has any know | | | | | | | | | | |
| | - 1 | 4 | 2 Ive - (1 1 4 4 4 4 4) | 5-11 | 0-17 | | | | | | | | |
| Sig | jn | Sign | ature of officer D | ate | | | | | | | | | |
| He | | Sur | Cuevas, Chief Executive Officer | | | | | | | | | | |
| | | _ | or print name and title | | | | | | | | | | |
| | | | pe preparer's name Preparer's signature Date | 7 | PTIN | | | | | | | | |
| Pa | | i i | | Check self-em | □ # | | | | | | | | |
| | eparer | I | 2000 | | | | | | | | | | |
| US | e Only | | 177 | m's EIN ▶ | | | | | | | | | |
| Ma | v the IP | | ddress > Ph s this return with the preparer shown above? (see instructions) | one no. | | | | | | | | | |
| ivid | y une inc | J GIOCUS | state return with the preparer shown abover (see abstructions) | <u> </u> | · · · L Yes | □ No ′ | | | | | | | |

| Form 99 | 3 0 (2016) | | | | Page 2 |
|---------|--------------------------------------|-------------------|---------------------------|---------------------------------------|---------------------------------------|
| Part | • | | | in Dort III | [-7] |
| 1 | Briefly describe the organization's | | or note to any line in th | is Part III | · · · · · · · · · · · · · · · · · · · |
| • | See page one of return. | | | | |
| | | | ******* | | |
| | | | | | |
| 2 | Did the organization undertake an | v significant pro | gram services during th | e year which were not listed on the | |
| _ | prior Form 990 or 990-EZ? | | | | ☐ Yes ☑ No |
| 3 | If "Yes," describe these new service | | | in how it conducts, any program | |
| J | | | | in now it conducts, any program | ☐ Yes ☑ No |
| | If "Yes," describe these changes of | | | | |
| 4 | | | mplishments for each o | of its three largest program services | . as measured by |
| | | | | eport the amount of grants and allo | |
| | the total expenses, and revenue, if | | | | |
| 4a | (Code:) (Expenses \$ | 118,093 ir | ncluding grants of \$ |) (Revenue \$ | 106,743) |
| | See page one of return. | | | | |
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| | | | | | |
| 4b | (Code:) (Expenses \$ | ir | ncluding grants of \$ |) (Revenue \$ |) |
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| | (Code: \(\frac{1}{2}\)Expenses \$ | | coluding greats of ¢ | \/Dayanya ¢ | |
| 4c | (Code:) (Expenses \$ | " | icluding grants of \$ |) (Revenue \$ | |
| | | | | | |
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| 4d | Other program services (Describe | in Schedule O \ | | | |
| 10 | (Expenses \$ 0 inclu | ding grants of \$ | 0) (Reve | nue \$ 0) | |
| 4e | Total program service expenses | | 118,093 | | |

| Part | IV Checklist 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 | | , |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | | 1 |
| 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 | | 1 |
| 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 | | - |
| 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 | | 1 |
| 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 | | 1 |
| 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 | | 1 |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | 1 |
| 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 | 9 | | 1 |
| 10 | 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 | | 1 |
| 11 | 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 | | √ · |
| 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 | √ | |
| C | 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 | | 1 |
| 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 | | 1 |
| e f | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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. | 11e | 1 | 1 |
| 12 a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | | 1 |
| 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 | | 1 |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | √ |
| 14 a | J | 14a | | ✓ |
| 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 | | ✓ |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | 1 |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. | 16 | | 1 |
| 17 | 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 | | 1 |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | 1 |
| 19 | 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 | | 1 |
| | | | | |

| Part | Checklist of Required Schedules (continued) | | | |
|----------|--|------------|-----|----------|
| 20 a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | Yes | No |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20a | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | 1 |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | 1 |
| 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 | | 1 |
| 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 25a | 24a | | 1 |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24b 24c | | |
| d 25a | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 24d 25a | | |
| 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 | | |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II | 26 | | 1 |
| 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 | | 1 |
| 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): | | | |
| a b | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a 28b | | 1 |
| С | 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 | | 1 |
| 29 30 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 29 30 | | √ |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | 1 |
| 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 | | 1 |
| 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 | | 1 |
| 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 | | 1 |
| 35a b | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a 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 | | |
| 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? <i>If "Yes," complete Schedule R,</i> | | | |
| 38 | Part VI | 37 | 1 | 1 |
| | | | 990 | (201E |

| Part | | | | _ |
|----------|--|-----|-----------|--|
| | Check if Schedule O contains a response or note to any line in this Part V | ••• | Yes | . L |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a | , | 103 | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1 ! | | 1 |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and | 1 ! | | [|
| | reportable gaming (gambling) winnings to prize winners? | 1c | 1 | 1 |
| 2a | 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 2a | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . | 2b | | İ |
| _ | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | 1 |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | | <u> </u> |
| 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 | | | 1 |
| | account)? | 4a | | 1 |
| b | If "Yes," enter the name of the foreign country: ▶ | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts | | | |
| | (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | 1 |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | 1 |
| C | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | 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 | | ✓ |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | |
| _ | gifts were not tax deductible? | 6b | | <u> </u> |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | ļ |
| 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? | 1_1 | | |
| L | · | 7a | | } |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | 7b | | - |
| · | required to file Form 8282? | 7c | | ĺ |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 1 | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | 1 |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?. | 7f | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| ň | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | 1 |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | <u>L</u> |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b | 1 1 | | 1 |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| a | Gross income from members or shareholders | | | 1 |
| р | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | | ļ |
| 100 | <u></u> | 10- | |) |
| 12a b | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | 12a | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | 1 1 | | 1 |
| a | Is the organization licensed to issue qualified health plans in more than one state? | 13a | . | ├ |
| u | Note. See the instructions for additional information the organization must report on Schedule O. | -54 | | 1 |
| 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 | | | 1 |
| C | Enter the amount of reserves on hand | 1 | | 1 |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | 1 |
| b | If "Yes" has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule O | 14h | | |

| Part | | | | |
|-------------------|--|-------------|----------|----------------------|
| · | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S | | | |
| Secti | Check if Schedule O contains a response or note to any line in this Part VI | | • | <u> </u> |
| <u> </u> | on 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 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. | | | |
| ь 2 | Enter the number of voting members included in line 1a, above, who are independent . 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 | | 1 |
| 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 | _ | 1 |
| 4 5 6 7a | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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? | 4 5 6 | √ | √ √ |
| b 8 | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | V | 1 |
| a b 9 | The governing body? | 8a 8b | 1 | |
| | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | ✓ |
| Secti | on B. Policies (This Section B requests information about policies not required by the Internal Rever | ue C | | |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | Yes | No |
| b | 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? | 10b | | _ |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | 1 | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | 1 | |
| b c | 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," | 12b | ✓ | |
| 40 | describe in Schedule O how this was done | 12c | | 1 |
| 13 14 | Did the organization have a written whistleblower policy? | 13 | 1 | / |
| 15 | 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? | 14 | _ | |
| а | The organization's CEO, Executive Director, or top management official | 15a | ✓ | <u></u> |
| b | Other officers or key employees of the organization | 15b | ✓ | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | / |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | | |
| | on C. Disclosure | | | |
| 17 18 | List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply. | n 501(| c)(3)s | only) |
| 19 | Own website Another's website Dupon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interpretable financial statements available to the public during the tax year. | erest | polic | y, and |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and re Sue Cuevas, (419)438-5490 | cords | :▶ | |

| Form | 990 | (2016) | |
|------|-----|--------|--|

Page 7

| 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 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 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 nor | any relate | d orga | aniz | atio | n c | ompe | nsa | ited any curren | t officer, director | r, or trustee. |
|--|--|--|-----------------------|----------|--------------|------------------------------|----------------|--|---|--|
| (A) Name and Title | (B) Average hours per week (list any | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable | (E) Reportable compensation from related | (F) Estimated amount of other |
| | hours for related organizations below dotted 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 |
| Marta Delgado | 1 | | | | | | | | | |
| Board Member | 0 | 1 | L. | L | L | <u></u> | L | 0 | 0 | |
| Adam Martinez | 1 | | | [| | | | | | |
| Board Chair | 0 | | | 1 | | | | 0 | 0 | |
| Joe Balderas | 1 | | | | | | | | | |
| Board Secretary | 0 | | | ✓ | | | <u>.</u> | 0 | 0 | |
| Robert Martinez | 1 | | | | | | | | | |
| Treasurer | 0 | | | ✓ | | | | 0 | 0 | |
| Sue Cuevas | 40 | | | | | | | | | |
| CEO | 0 | | | | 1 | | <u>.</u> | 51,500 | 0 | |
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| | | | | | | | | | | |

| Part | VII Section A. Officers, Directors, Trust | ees, Key E | mplo | yees | s, ar | nd H | lighe | st C | ompensated E | mployees (co | ntiņue | ed) | | |
|---------|--|--|-----------------------------|-----------------------|----------|--------------|------------------------------|-------------|--|-------------------------------|---|----------------|------------------------------|-------------|
| • | (A) Name and title | (B) Average hours per | officer and a director/trus | | | | | an | (D) Reportable compensation | (E) Reportable compensation f | rom | Esti amo | (F) mated ount of | |
| | | week (list any hours for related organizations below dotted line) | | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | (W-2/1099-MIS | organizations (W-2/1099-MISC) from the organizate and relate organization | | m the nization related | n I |
| | | | | | | | | | | | | | | |
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| | | | | | | | | _ | | | | | | |
| | | | | | | | | | | | | | | |
| 1b c | Sub-total | VII, Sectio | n A | | | | | > | 51,500 | | 0 | | | 0 |
| d 2 | Total number of individuals (including but | | | | | ed a | above | e) w | | | 0] 0,000 (| of | | 0 |
| 3 | Did the organization list any former of | | tor c | or tr | ıstı | | kev e | | olovee or high | est compen | sated | | Yes | No |
| | employee on line 1a? If "Yes," complete | Schedule J | for s | uch | ind | ividu | ıal | | | | | 3 | · | 1 |
| 4 | For any individual listed on line 1a, is the organization and related organizations individual | | | | | | | | | | | 4 | | 1 |
| 5 | Did any person listed on line 1a receive of for services rendered to the organization | | | | | | | | | ation or indiv | | 5 | | 1 |
| Secti | on B. Independent Contractors | | | | _ | | | | | | | -4 | | |
| 1 | Complete this table for your five highest compensation from the organization. Repyear. | | | | | | | | | | | | | ax |
| - | (A) Name and business add | iress | | | | | | | (B) Description of s | ervices | c | (C) compens | sation | |
| None | | | | | | | · - | | | | | | | |
| | | | | | | | | | | | | | | |
| _ | Table and a second seco | | | | | | | Ļ | | | | | | |
| 2 | Total number of independent contractor received more than \$100,000 of compens | | | | | | |) th | iose listed ab | ove) who | | | | |

Form **990** (2016)

| Par | VIII | | | | | | | |
|--|----------|---|-------------|-----------------|---------------------------------------|--------------------------------|--------------------------------|---|
| | • | Check if Schedule O contain | is a res | ponse ar note t | o any line in this (A) Total revenue | (B) Related or exempt function | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections |
| | 1a | Federated campaigns | 1a | 1 | | revenue | | 512-514 |
| ant | Ι. | Membership dues | | | | | j | Ji |
| عَ ق | b | • | | | | | | |
| ī, ∯ | C | Fundraising events Related organizations | | | | į | | 11 |
| ල 를 등 | d e | Government grants (contributions | | | | | | |
| Ses | f | All other contributions, gifts, grant | | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | and similar amounts not included above | | 1 | | | | ii |
| Ę ō | g | Noncash contributions included in lines | | | | | | |
| S E | h | Total. Add lines 1a-1f | | | 0 | | | |
| <u> </u> | | rotali Add into Tu Tr | | Business Code | | | | ····· |
| en E | 2a | Credit Union | | 522100 | 106,743 | 106,743 | 0 | o |
| æ | ь | | | 322.00 | 100,743 | 100,743 | | |
| Program Service Revenue | c | | | | | | | |
| 2 | d | | | | · · · · · · · · · · · · · · · · · · · | | | |
| S E | e | | | | | | | |
| <u> 6</u> | f | All other program service reve | nue . | | 0 | 0 | 0 | 0 |
| Æ | g | Total. Add lines 2a-2f | | > | 106,743 | | | |
| | 3 | Investment income (including | g divid | ends, interest, | | | | |
| | | and other similar amounts) | | > | | | | |
| | 4 | Income from investment of tax-e | xempt b | ond proceeds ► | | | | |
| | 5 | Royalties | <u> </u> | | | | | |
| | | (i) F | eal | (iı) Personal | | | | |
| | 6a | Gross rents | | | | | l | 1 |
| | b | Less: rental expenses | | | į į | | | II |
| | С | Rental income or (loss) | 0 | 0 | | | | |
| | _d | Net rental income or (loss) | | <u> ▶</u> | | | | , |
| | 7a | Gross amount from sales of (i) Sec | unities | (II) Other | | | | |
| | | assets other than inventory | | | ļ | | | |
| | Ь | Less: cost or other basis | | | | ļ | | |
| | | and sales expenses . | | | | | | |
| | C | Gain or (loss) | 0 | 0 | Ì | | | |
| | d | Net gain or (loss) | • • | <u> ▶</u> | | | | |
| Other Revenue | 8a | Gross income from fundraisin events (not including \$ | g | 1 | | | İ | |
| er Re | | of contributions reported on line See Part IV, line 18 | | | | | | |
| 돌 | b | Less: direct expenses | b | |] | | | |
| | С | Net income or (loss) from fund | draising | events . > | | | | |
| | 9a | Gross income from gaming ac | | | | | | |
| | | See Part IV, line 19 | · a | | | | | |
| | ь | Less: direct expenses | | | | | | |
| | | Net income or (loss) from gan | - | ivities ► | | | | |
| | 10a | Gross sales of inventory | | | | | | |
| | | returns and allowances . | · a | | | | | |
| | ь | Less: cost of goods sold . | | | | : | | |
| | <u> </u> | Net income or (loss) from sale | s of inv | | | | | |
| | ļ | Miscellaneous Revenue | | Business Code | | | | |
| | 11a | | | <u> </u> | | | | ļ |
| | b | | | | | | | |
| | C | | | | ļ | | | |
| | d | All other revenue | | | | | | |
| | е | Total. Add lines 11a-11d . | | | 0 | | | |
| | 1 12 | Total revenue. See instruction | nc | - | 100 742 | 106 742 | ^ | |

| Part | IX Statement of Functional Expenses | | | | |
|-----------------|---|----------------------|---------------------------------------|--------------------------------------|--------------------------|
| | n 501(c)(3) and 501(c)(4) organizations must con | nnlete all columns A | Il other organization | as must complete coli | ımn (A) |
| | Check if Schedule O contains a respon | | | | |
| Do no 8b, 9b | t include amounts reported on lines 6b, 7b, , and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundralsing expenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments, See Part IV, line 21 | | · | 3 | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. | | | | |
| 4 5 | Benefits paid to or for members | 51,500 | | | |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0 | | | |
| 7 | Other salaries and wages | 10,360 | | | ·········· |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 0 | | | |
| 9 | Other employee benefits | 0 | | | |
| | Payroll taxes | | | | |
| 10 | - | 5,016 | | | |
| 11 | Fees for services (non-employees): | | | | |
| a | Management | 0 | | | |
| b | Legal | 0 | | | · |
| C | Accounting | 0 | | | |
| d | Lobbying | 0 | | | |
| e | Professional fundraising services. See Part IV, line 17 | 0 | | | |
| f | Investment management fees | 0 | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | - | | | |
| 12 | Advertising and promotion | 0 | | | |
| 13 | Office expenses | 25,482 | | | |
| 14 | Information technology | 5,915 | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 11,105 | | | |
| 17 | Travel | 0 | | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| 10 | for any federal, state, or local public officials | ا | | | |
| 40 | | 0 | | | |
| 19 | Conferences, conventions, and meetings . | 2,674 | | | |
| 20 | Interest | 0 | | | |
| 21 | Payments to affiliates | 0 | | | |
| 22 | Depreciation, depletion, and amortization . | 0 | · · · · · · · · · · · · · · · · · · · | | |
| 23 | Insurance | 4,102 | | | |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If tine 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| а | Loan Servicing | 1,906 | | | |
| b | Miscellaneous | 33 | | | |
| c | | | | | |
| ď | | | | | |
| e | All other expenses | | | | |
| _ | All other expenses Total functional expenses. Add lines 1 through 24e | 440.000 | | | |
| 25_ | Joint costs. Complete this line only if the | 118,093 | 0 | 0 | 0 |
| 26 | organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here | | | | |

Form 990 (2016)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 1 18,269 21,800 2 Savings and temporary cash investments 2 148,391 71,731 3 3 4 4 5 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 7 1,035,239 1,119,830 8 8 Prepaid expenses and deferred charges . . . 9 9 13,920 16,681 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a **b** Less: accumulated depreciation 10b 10c 11 Investments—publicly traded securities 11 Investments-other securities. See Part IV, line 11 12 12 412,852 496,238 13 Investments—program-related. See Part IV, line 11 . . . 13.853 13 15,051 14 14 15 15 193 625 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 1,642,717 16 1,741,956 17 Accounts payable and accrued expenses 1,990 17 1,349 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 24 Unsecured notes and loans payable to unrelated third parties . . . Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 1,505,107 25 1,616,337 26 Total liabilities. Add lines 17 through 25 1,507,097 26 1,617,686 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here > [7] and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 ol 0 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 0 0 32 Retained earnings, endowment, accumulated income, or other funds. 135,620 32 124,270 33 33 135,620 124,270 Total liabilities and net assets/fund balances 34 1,642,717 1,741,956

| om 99 | 0 (2016) | | | Pa | ige 12 |
|-------|--|----------|----------|-----|---------|
| Part | XI Reconciliation of Net Assets | | | | |
| • | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 10 | 6,743 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 11 | 8,093 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | -1 | 1,350 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 13 | 5,620 |
| 5 | Net unrealized gains (losses) on investments | 5 | | | 0 |
| 6 | Donated services and use of facilities | 6 | | | 0 |
| 7 | Investment expenses | 7 | | | 0 |
| 8 | Prior period adjustments | 8 | | | 0 |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | 0 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | _ | |
| | 33, column (B)) | 10 | | 12 | 4,270 |
| Part | XII Financial Statements and Reporting | | | - | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | <u> </u> | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," ex | plain in | | | Ì |
| | Schedule O. | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | 1 | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were comp | oiled or | | | - |
| | reviewed on a separate basis, consolidated basis, or both: | | | | ĺ |
| | ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | ✓ | L |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited | ed on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | | ļ |
| C | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over | | ĺ | | |
| | of the audit, review, or compilation of its financial statements and selection of an independent accou | | 2c | ✓ | <u></u> |
| | If the organization changed either its oversight process or selection process during the tax year, ex | plain in | | | |
| | Schedule O. | | | | |
| 3a | 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? | | 3a | | ✓ |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not under | | | | |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a | udits. | 3b | | [|

Form **990** (2016)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.
► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016
Open to Public

Inspection

Name of the organization **Employer identification number NUEVA ESPERANZA COMMUNITY CREDIT UNION** 27-2873365 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) ☐ Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art. historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Assets included in Form 990, Part X

| Schedul | e D (Form 990) 2016 | | | | | | | | Page 2 |
|------------|--|----------------------|---------------|--|--|-------------|------------------------|--------------|---------------|
| | III Organizations Maintaining | Collections of | Art. His | torical 1 | reasures. | or Otl | ner Similar As | sets (con | |
| | Using the organization's acquisition, collection items (check all that apply): | accession, and o | | | | | | | |
| а | ☐ Public exhibition | | d | ☐ Loan | or exchang | e progr | ams | | |
| | Scholarly research | | | | | | | | |
| | Preservation for future generations | s | | | · | | | | |
| 4 | Provide a description of the organiza XIII. | | and expl | ain how t | hey further | the orga | anization's exer | npt purpos | e in Part |
| 5 | During the year, did the organization assets to be sold to raise funds rather | | | | | | | | i □ No |
| Part | IV Escrow and Custodial Arra | | anica do | part or an | o organizati | | | 168 | l live |
| | Complete if the organization 990, Part X, line 21. | answered "Yes | | | | | | | Form |
| 1a | Is the organization an agent, trustee included on Form 990, Part X? | | | | | | | | i □ No |
| b | If "Yes," explain the arrangement in P | art XIII and comp | lete the fo | ollowing to | able: | | | | |
| | . • | • | | • | | | A | mount | |
| c | Beginning balance | | | | | 1c | | | |
| d | Additions during the year | | | | | 1d | | | |
| е | Distributions during the year | | | | | 1e | | | |
| f | Ending balance | | | | | 1f | | | |
| 2a | Did the organization include an amou | | | | | ıstodial | account liability | /? ☐ Yes | □ No |
| b | If "Yes," explain the arrangement in P | | | | | | | | |
| | V Endowment Funds. | | | <u>L</u> | | | | | |
| | Complete if the organization | answered "Yes | s" on For | m 990. F | Part IV. line | 10. | | | |
| | | (a) Current year | | or year | (c) Two years | | (d) Three years bac | k (e) Four y | ears back |
| 1a | Beginning of year balance | | | | | | | | |
| b | Contributions | | | | | | | + | |
| c | Net investment earnings, gains, and | | <u> </u> | | | | | | |
| | losses | | 1 | | | ļ | | | |
| d | Grants or scholarships | | | | | | | + | |
| e | Other expenditures for facilities and | | | | | | | - | |
| | programs | | | | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | | | | + | |
| | Administrative expenses | | - | | | | | + | |
| g | • | the current weer o | nd belone | /lina 1e | |) bold s | no: | | |
| | Provide the estimated percentage of | | | se (iii le 12 | g, column (a) |)) Helu a | 15. | | |
| a | Board designated or quasi-endowme Permanent endowment ▶ | | ⁷⁰ | | | | | | |
| b | | % | | | | | | | |
| С | Temporarily restricted endowment | | 1000/ | | | | | | |
| 20 | The percentages on lines 2a, 2b, and Are there endowment funds not in the | | | ization th | at are hold | and adr | ministered for t | 20 | |
| 3a | organization by: | ie hassessiau ai | ine organ | izalion lik | at ale Held i | ariu aui | iminoreien ini n | | es No |
| | • | | | | | | | | es No |
| | (i) unrelated organizations | | | | | | | 3a(i) | |
| L | (ii) related organizations | | | | | | | 3a(ii) | |
| ь 4 | Describe in Part XIII the intended use | | | | | | | 3b | L |
| | VI Land, Buildings, and Equip | | ion a citu | CAMILICIALI | J. 143. | | | | |
| r all t | | | o" on For | 000 I | Port IV line | 110 | 200 Earm 000 | Dort V li | no 10 |
| | Complete if the organization | | | , | | | | | |
| | Description of property | (a) Cost or (invest) | | 1 ' ' | or other basis other) | | Accumulated preciation | (d) Book | value |
| | lond | | | | | | | | |
| 1a | Land | . | | | | | | | |
| b | Buildings | . | | + | | | | ·· <u>·</u> | |
| C | Leasehold improvements | • } | | | | | | | |
| đ | Equipment | • | | | | | | | |
| e Tabel | Other | | 200 | <u> </u> | - (0) | | | | |
| Total. | Add lines 1a through 1e. (Column (d) i | must equal Form: | 990, Part . | x, columi | <u>n (</u> B), line 10 | ic.) | • | | |

| Part VII | Investments—Other Securities. | | | 441 0 5 | 000 5 |
|------------------|---|-----------------------|---------------------------------------|--|---|
| • | Complete if the organization answ | | | e 11b. See For | n 990, Part X, line 12. |
| | (a) Description of security or category (including name of security) | | (b) Book value | | ethod of valuation. d-of-year market value |
| (1) Financial | derivatives | | 0 | | |
| (2) Closely-i | neld equity interests | | 0 | | |
| | ertificates of Deposit w Federally Insured | CU | 496,238 | Cost | |
| (A) | | | | | |
| (B) | | | | | |
| (C) | | | | | |
| (D) | | | | | |
| (E) | | | | | |
| (F) | | | - | | |
| (G) | | | | | |
| (H) | | | | | ·· |
| Total. (Column (| b) must equal Form 990, Part X, col. (B) line 12.) | | 496,238 | | |
| Part VIII | Investments-Program Related |) <u>.</u> | · | <u> </u> | |
| | Complete if the organization answ | | m 990, Part IV, lin | e 11c. See Forn | n 990, Part X, line 13. |
| | (a) Description of investment | · | (b) Book value | | ethod of valuation |
| | | | | Cost or en | d-of-year market value |
| (1) | | | | | |
| (2) | ·· | | | | |
| (3) | ······································ | | | | |
| (4) | | | | | · · · · · · · · · · · · · · · · · · · |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | <u> </u> | · · · · · · · · · · · · · · · · · · · |
| (9) | | | | <u> </u> | |
| | b) must equal Form 990, Part X, col. (B) line 13.) | | | | |
| Part IX | Other Assets. | | <u></u> | 1 | |
| | Complete if the organization answ | vered "Yes" on For | m 990. Part IV. lin | e 11d. See For | n 990. Part X. line 15. |
| | |) Description | | | (b) Book value |
| (1) | | <u> </u> | | | |
| (2) | | | | | |
| (3) | | | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | |
| (4) | | | | | |
| | | | | · _ · · · · · · · · · · · · · · · · · · | |
| (5) (6) | | · | | | |
| | | | · | | |
| (7) (8) | | | | | |
| (9) | | ···· | | | |
| | mn (b) must equal Form 990, Part X, co | ol. (B) line 15.) | | | |
| Part X | Other Liabilities. | (2) | <u> </u> | <u> </u> | <u> </u> |
| T GIT X | Complete if the organization answ | vered "Ves" on Fo | rm 990 Part IV lin | e 11e or 11f Se | e Form 990 Part X |
| | line 25. | 100 011101 | 1111 000, r ait iv, iii | ic 110 or 111. oc | 36 1 3mm 330, 1 tare 21, |
| 1. | (a) Description of liability | (b) Book value | ··· · | | |
| (1) Federal II | | (5) 5501 12.55 | | | |
| | Deposits | 1.6 | 16 227 | | |
| (3) | Deposits | | 16,337 | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| | | | | | |
| (8) | | | | | |
| (9) | A) most and Fam 600 B-4V and 60 Fr 651 A | | | | |
| | b) must equal Form 990, Part X, col. (B) line 25.) | | 16,337 | | |
| | r uncertain tax positions. In Part XIII, provi | | | | |
| organization | s liability for uncertain tax positions under | TIN 48 (ASC 740). Che | SCK nere if the text of t | ine tootnote has be | sen provided in Part XIII 📋 |

| Part | | - | Return. |
|--------|--|------------------------------|-------------|
| • | Complete if the organization answered "Yes" on Form 990, | Part IV, line 12a. | |
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| а | Net unrealized gains (losses) on investments | 2a | |
| b | Donated services and use of facilities | 2b | 7 |
| C | Recoveries of prior year grants | 2c | 7 |
| d | Other (Describe in Part XIII.) | 2d | 7 } |
| е | Add lines 2a through 2d | | 7 2e |
| 3 | Subtract line 2e from line 1 | | 3 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | 1 1 | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | 7 |
| С | Add lines 4a and 4b | | 4c |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line | 12.) | 5 |
| Part | XII Reconciliation of Expenses per Audited Financial Statem | nents With Expenses p | er Return. |
| | Complete if the organization answered "Yes" on Form 990, | Part IV, line 12a. | |
| 1 | Total expenses and losses per audited financial statements | | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| а | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | 7 |
| c | Other losses | 2c | - |
| d | Other (Describe in Part XIII.) | 2d | 7 1 |
| е | Add lines 2a through 2d | | 2e |
| 3 | Subtract line 2e from line 1 | | 3 |
| 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.) | 4b |]. |
| C | Add lines 4a and 4b | | 4c |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin | e 18.) | 5 |
| | XIII Supplemental Information. | | |
| | e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | | |
| 2; Par | t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | to provide any additional in | nformation. |
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SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047 2016

Department of the Treasury Internal Revenue Service ► 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.

Open to Public Inspection

| Name of the organization | Employer Identification number |
|--|---|
| NUEVA ESPERANZA COMMUNITY CREDIT UNION | 27-2873365 |
| Form 990, Part VI, Section A, Line 6 - The credit union is mutually owned by its members | ers. |
| | |
| Form 990, Part VI, Section A, Line 7a - Every member has one vote to elect board men | ibers. |
| ······································ | |
| Form 990, Part VI, Section B, Line 11b - Board members receive a copy of the return. | |
| | |
| Form 990, Part VI, Section B, Line 15 - CEO salary is compared with that at comparabl | e organizations. |
| | |
| Form 990, Part VI, Section C, Line 19 - All are available upon request. | |
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