



Department of the Treasury Internal Revenue Service

# **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.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

A	For the	e 2017 cale	endar year, or tax year beginning 01/01 , 2017, and endir	ng 12	2/31	, 20 17
В	Check I	f applicable	C Name of organization NUEVA ESPERANZA COMMUNITY CREDIT UNION	1387	D Employe	er identification number
	Address	change	Doing business as			27-2873365
	Name c	hange	Number and street (or P O box if mail is not delivered to street address) Room/su	ııte	E Telephor	e number
	Initial re	-	PO BOX 9875			419-438-5490
$\bar{\Box}$	Final retu	ım/terminated	City or town, state or province, country, and ZIP or foreign postal code			
$\overline{\Box}$		ed return	Toledo, OH, 43697		<b>G</b> Gross re	ceipts \$ 189,853
$\overline{\Box}$		tion pending	F Name and address of principal officer Sue Cuevas	H(a) Is this a d	roup return for s	ubordinates? Yes Vo
_	. 40,002	po	PO BOX 9875, TOLEDO, OH 43967-3240	1		included? Yes No
_	Tay-eye	empt status	□ 501(c)(3)			e instructions)
<u>:</u>	Website		2 301(0)(0)	H(c) Group	exemption	number • 1990
K			✓ Corporation Trust Association Other ► L Year of forma			of legal domicile OH
_	art I	Summ				
	1		escribe the organization's mission or most significant activities. To pro-	ovide basic f	nancial se	ervices and education
Φ	1		ns who live, work, worship, matriculate, or volunteer in Lucas County, Ohio			
Activities & Governance			ed on Schedule O, Statement 2)			
Ĕ	2	Check th	nis box ▶☐ if the organization discontinued its operations or disposed	of more that	1 25% of	ts net assets.
Š	3	Alumaham	of victing members of the governing body (Port VII line 1a)		3	5
<u>ح</u>	4	Number	of independent voting members of the governing body (Part VI, line 14)	ETVED	- 14	5
es	5	Total nur	mber of individuals employed in calendar year 2017 (Part V, line ca)		1005	2
<u> </u>	6		1 =	2010	1 <del>0</del>	5
Ę	7a		related business revenue from Part VIII, column (C), line 120.	25 2018	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	0
_	) 'a	Not unro				0
_		Net unite	lated business taxable income norm of the out of the out	DEN not	ar J	Current Year
	8	Contribu	itions and grants (Part VIII, line 1h) OG	JEIN C	0	0
Revenue	9		service revenue (Part VIII, line 2g)		106,743	189,853
	10	~	ent income (Part VIII, column (A), lines 3, 4, and 7d)		0	0
æ	11		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .		0	0
-			enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<del></del>	106,743	189,853
	12		and similar amounts paid (Part IX, column (A), lines 1–3)		0	109,033
	13		paid to or for members (Part IX, column (A), line 4)		0	0
	14		other compensation, employee benefits (Part IX, column (A), lines 5–10)	<del></del> -		· <del>·····</del>
Expenses	15				66,87 <u>6</u> 0	70,736
ë	16a		onal fundraising fees (Part IX, column (A), line 11e)		U	V
Ä	_b		ndraising expenses (Part IX, column (D), line 25) 0	<u> </u>	51 217	51 146
_	17		rpenses (Part IX, column (A), lines 11a–11d, 11f–24e)		51,217	51,146
	18		penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		118,093	121,882
	19	Revenue	e less expenses Subtract line 18 from line 12	Beginning of C	-11,350	67,971 End of Year
3 O.		<b>-</b>	(D 4 V 1 = 40)			
Assets (	20		sets (Part X, line 16)		1,741,956	1,946,797
Net /	<u> </u>		polities (Part X, line 26)		1,617,686	1,754,556
			ets or fund balances. Subtract line 21 from line 20		124,270	192,241
	art II		ture Block		4h - h - 4 - 6 -	
Ui	nder pen ie corre	alties of perju ct and come	ury, I declare that I have exammed this return, including accompanying schedules and state Hete Declaration of prepayer (giner than officer) is based on all information of which prepare	ements, and to er has any know	ine best of r ledge	ny knowledge and belief, it is
	,				11-	Pc10
Çi.	gn		nature of officer	l_	ate	0.1.4
	ere	[ ]	<u>\</u>	_		
110	51 6		e Cuevas, CED	<del>-</del>		·
_		1 / / /		ate	Т.	PTIN
Pá	aid		ype preparer smalle		Check [	
Pr	epar			T -	<del> </del>	,,,,,,
U	se On				m's EIN ▶	
		Firm's	address >	Ph	one no	
_			ss this return with the preparer shown above? (see instructions)	· · · ·	• • •	Yes No
Fo	r Paper	work Redu	uction Act Notice, see the separate instructions. Cat	No 11282Y		Form <b>990</b> (2017)

0) (Revenue \$

121,882

Other program services (Describe in Schedule O.)

Total program service expenses ▶

(Expenses \$

o including grants of \$

0)



art l				
	Checklist of Required Schedules		Yes	N
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		,
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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		•
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		,
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		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		,
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		,
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $V$ .	10		ļ
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	✓	
	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		,
	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		Į,
	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	<b>√</b>	
2 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		,
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		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>  '</u>
14 a b	Did the organization maintain an office, employees, or agents outside of the United States? 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	14a		•
5	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b	_	•
6	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		•
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	16		1
8	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.	17		
	rait viii, iiiles 10 anu batii 1 es, complete soneude G, rait II	18	I	✓

'Rart I	Checklist of Required Schedules (continued)			
20 -	Did the executation energic one or more beguited facilities? If "Vee " complete Schoolule H	00-	Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		<b>√</b>
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		<b>-</b>
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	-	<b>✓</b>
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		<b>&gt;</b>
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		<b>√</b>
	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		
	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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		✓ ✓
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		,
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		<b>√</b>
36	<b>Section 501(c)(3) organizations.</b> 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? If "Yes," complete Schedule R,			
38	Part VI	37	<b>-</b>	<b>✓</b>
	10 1101017 III. 1 O. III OOO IIIGIG GIO TOQGII OG TO OOTIIDIG OOTIIDIG OO			(2017)
				(

	00 (2017)			Page
Part				_
	Check if Schedule O contains a response or note to any line in this Part V	<u>· ·                                   </u>	Yes	. L
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable   1a	0 🔣	Sail.	. Zi
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	d in a		Mi.
	reportable gaming (gambling) winnings to prize winners?	1c	✓	
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	2	1201.0	90%
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	<b>√</b>	- 265.7.20°
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			-1
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<b>  √</b>
′ b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> . At any time during the calendar year, did the organization have an interest in, or a signature or other authorit	3b		
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			Ì
	account)?	"   4a		1
b	If "Yes," enter the name of the foreign country: ▶	**************************************		1 (1)
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account	s Bill		
	(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		<b>√</b>
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		\ <u> </u>
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions of			
_	gifts were not tax deductible?	6b	3032°, 42	3 344527
7 a	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	∰ k. n#		
u	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa			1
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	Æ.		Olf.
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract	? 7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required			<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		adition and	1 144352 51
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		Skall	
^	sponsoring organization have excess business holdings at any time during the year?	8	MC+23	E MAGA
9	Sponsoring organizations maintaining donor advised funds.	9a	1604	1 2 2 2
a b	Did the sponsoring organization make any taxable distributions under section 4966?	9b		<del> </del>
10	Section 501(c)(7) organizations. Enter	7. X	i i i	( F
a	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			
11	Section 501(c)(12) organizations. Enter		iri	
а	Gross income from members or shareholders		3.4 m 3.4 m 3.4 m	( ) ( )
b	Gross income from other sources (Do not net amounts due or paid to other sources		i kana	
	against amounts due or received from them )	17.17.2	\$ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Ž.
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		1 1 350	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<b>1</b> /16	rris	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	A	r 2518.14
<b>L</b>	Note. See the instructions for additional information the organization must report on Schedule O  Enter the amount of reserves the organization is required to maintain by the states in which			
b	the organization is licensed to issue qualified health plans			

**c** Enter the amount of reserves on hand . . .

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . .

**b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

14b

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 the response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes				
	Check if Schedule O contains a response or note to any line in this Part VI		JGG 1113	iii ucii	10113. [7]
Secti	on A. Governing Body and Management	<u>· · · · · · · · · · · · · · · · · · · </u>	<u> </u>		<u> </u>
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year.	<b>1a</b> 5	推出者	High it	<b>新光线</b>
	If there are material differences in voting rights among members of the governing body, or				14.42 14.42 14.43
	if the governing body delegated broad authority to an executive committee or similar		37.7	AND IN	TIN.
	committee, explain in Schedule O.		2.48	178417 1382 4	
b	Enter the number of voting members included in line 1a, above, who are independent .	<b>1b</b> 5	HANGE OF SECOND	A SAME	
2	Did any officer, director, trustee, or key employee have a family relationship or a business is any other officer, director, trustee, or key employee?	relationship with	2	<u>«46»</u>	<b>1</b>
3	Did the organization delegate control over management duties customarily performed by or	under the direct	_		<del>                                     </del>
	supervision of officers, directors, or trustees, or key employees to a management company or other		3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 was filed?	4		<b>V</b>
5	Did the organization become aware during the year of a significant diversion of the organization	on's assets? .	5		1
6	Did the organization have members or stockholders?		6	✓	
7a	Did the organization have members, stockholders, or other persons who had the power to				
	one or more members of the governing body?		7a	<u> </u>	
b	Are any governance decisions of the organization reserved to (or subject to approva stockholders, or persons other than the governing body?	by) members,			١,
8	Did the organization contemporaneously document the meetings held or written actions un	dertaken during	7b	· @.'	Tid w
0	the year by the following:	dertaken during	种型	all y	
а	The governing body?		8a	حمدالة. ✓	\$50\Z.\$8
b	Each committee with authority to act on behalf of the governing body?		8b	<b>√</b>	_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot		<u> </u>	-	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule C		9		✓
Secti	on B. Policies (This Section B requests information about policies not required by th	e Internal Rever	nue C	ode.)	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		<b>/</b>
ь	If "Yes," did the organization have written policies and procedures governing the activities o				
44	affiliates, and branches to ensure their operations are consistent with the organization's exem		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	-	11a	<b>人</b>	
b 40a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			<b>V</b>	gur, sa
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	re rise to conflicts?	12a 12b		1
c	Did the organization regularly and consistently monitor and enforce compliance with the		120		<del>  `</del>
•	describe in Schedule O how this was done	ouldy in res,	12c	1	
13	Did the organization have a written whistleblower policy?		13		1
14	Did the organization have a written document retention and destruction policy?		14	<b>√</b>	
15	Did the process for determining compensation of the following persons include a review a		Link die	rā like	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	i in	
а	The organization's CEO, Executive Director, or top management official		15a		1
b	Other officers or key employees of the organization		15b	obald .	<b>✓</b>
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	1			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or sim- with a taxable entity during the year?	iar arrangement	16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization		W. W.	Strand C	
	participation in joint venture arrangements under applicable federal tax law, and take steps				<b>F</b> F
	organization's exempt status with respect to such arrangements?	<u>· · · · · · · · · · · · · · · · · · · </u>	16b		
	on C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ► OH  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a	and 000 T (0		-//0/	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a available for public inspection. Indicate how you made these available. Check all that apply.	ura aan-1 (Sectio	n 501(	င)(3)s	only
		hadula (C)			
19	Own website Another's website Upon request Other (explain in Sc Describe in Schedule O whether (and if so, how) the organization made its governing docume		tereet	nolici	/ and
13	financial statements available to the public during the tax year.	and, commet of III	.c. <b>c3</b> l	POIIC	, and
20	State the name, address, and telephone number of the person who possesses the organization	on's books and re	cords	•	
_ <b>-</b>	Sue Cuevas, (419)438-5490				

Form	agan	(2017)	

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Rart VII	Compensation of Officers, Director	s, Trustees	Key Employees	, Highest Compe	ensated Emplo	oyees, 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

Check this box if neither the organization no	r any relate	d org	anız	atio	n c	ompe	nsa	ted any currer	t officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per	box,	unles	Pos eck s pe	more rson	than on the than of the than the than the than the than the the than the than the	n an	(D)  Reportable compensation from	(E) Reportable compensation from related	<b>(F)</b> Estimated amount of other
	week (list any hours for related organizations below dotted line)		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	0									
Board Member	0	<b>1</b>						0	0	0
Joe Balderas	1									
Board Secretary	0	<b> </b> ✓						0	0	0
Robert Martinez	1									
Treasurer	0	<b>✓</b>						o	0	0
Rosie Dunlap	1									
Director	0	✓_			_			0	0	0
Adam Martinez	1	]		ļ						
Board Chair	0			<		<u> </u>		0	0	0
Sue Cuevas	40									
CEO	0				<b>✓</b>	<u> </u>	<u> </u>	51,500	0	0
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Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c).  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶  Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual in	, Part	VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yees	s, a	nd F	lighe	st C	ompensated E	mployees	contin	ued)		
the compensation of the compensation is the compensation in for the organization of the organization is the organization is the organization of the organization is the organization of the organization is the organization is the organization of the organization is the organization of the organization is the organization of the organization is the organization is the organization of the organization is the organization of the organization is the organization of the organization of the organization is the organization of t		•		box,	unles	Pos neck ss pe	ntion more	is both	an tee)	Reportable compensation	Reportable compensation	n from	Esti amo	mated ount of	
1b Sub-total  1b Sub-total  1c Total from continuation sheets to Part VIII, Section A  1 Total (add lines 1b and 1c)  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization >  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of reportable compensation ist any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  3 J / Total number of independent contractors and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual istential to reservices rendered to the organization? If "Yes," complete Schedule J for such person istential to reservices rendered to the organization? If "Yes," complete Schedule J for such person  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A) Discontinuation of services Compensation for the calendar year ending with or within the organization's tax year.  (B) C(C) Compensation  None			hours for related organizations below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizati (W-2/1099-N	ons	comp fro orga and	ensation m the nization related	1
1b Sub-total  1b Sub-total  1c Total from continuation sheets to Part VIII, Section A  1 Total (add lines 1b and 1c)  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization >  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of reportable compensation ist any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  3 J / Total number of independent contractors and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual istential to reservices rendered to the organization? If "Yes," complete Schedule J for such person istential to reservices rendered to the organization? If "Yes," complete Schedule J for such person  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A) Discontinuation of services Compensation for the calendar year ending with or within the organization's tax year.  (B) C(C) Compensation  None															
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1b Sub-total		-													
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Total (add lines 1b and 1c)			VII, Sectio	n A	•	•			<b>&gt;</b>	51,500		0			0
Total number of independent contractors (including but not limited to those listed above) who	d	Total (add lines 1b and 1c)	<u> </u>						<b>&gt;</b>						0
Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	2			to th	ose	e list	ted	above 	e) w		ore than \$1	00,00	0 of		
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3										est compe	ensate			
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Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  None  2 Total number of independent contractors (including but not limited to those listed above) who	5										zation or in	dividua	7		**
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Name and business address  Description of services  Compensation  .  Total number of independent contractors (including but not limited to those listed above) who	1	compensation from the organization. Rep													ах
2 Total number of independent contractors (including but not limited to those listed above) who			dress								ervices			ation	
	None														
				_		_									
received more than \$100,000 of compensation from the organization ▶ 0	2								o th	nose listed ab	ove) who			4.3-4	

'₽art	VIII	Statement of Reve	enue						
		Check if Schedule O	contains.	a res	oonse or note t			<u> </u>	<u>   .                                </u>
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ats ats	1a	Federated campaigns	<b>.</b>	1a		Through miles and it			
s. Grants Amounts	b	Membership dues .		1b					
એ ⊻	С	Fundraising events'.	•	_1c					radiji
Gifts. ilar Ar	ä	Helated organizations		1d_					
ns, Sim	e	Government grants (con		·1e_					
er S	Ť	All other contributions, grand similar amounts not inc				and the Laborator	distribution in		
를 들	1			1f			Trains 15 1983		Managerina Cold Manager 200
Contributions, Gifand Cother Similar	g	Noncash contributions includ	1	-II ֆ					did a series
	<u> </u>	Total. Add lines 1a-1	<u> </u>	<u>·                                      </u>	Business Code		ALMERICAN TO THE STATE OF THE S		dolah Marana
Program Service Revenue	2a								3.00
Ş.	b								
8	c						<u>-</u>		
S S	ď								
E	e								
gra	f	All other program sen	vice revenu	.е .		189,853	189,853	. 0	0
F	g	Total. Add lines 2a-2		_	<u>.</u> . <u>,</u> ▶	. 189,853			
	3	Investment income and other similar amount income from investment	ounts) .						
	5	Royalties							
		•	(i) Real		(ii) Personal				
-	6a	Gross rents							The same of the state of the same of the s
	b	Less rental expenses			7				
	C	Rental income or (loss)		0	o				
	d	Net rental income or (			▶		24 3 10 80		
	7a	Gross amount from sales of	(i) Securit	ies	(II) Other				
	١.	assets other than inventory							
	b	Less cost or other basis and sales expenses							
	٠	Gain or (loss)	<del></del>	 0				Michael Committee	
	ď	Net gain or (loss)	L	0	·	<u> </u>			
enne	8a	Gross income from fu	ındraısıng			over net quality			
Other Reve		of contributions reported See Part IV, line 18		c) • a			Conf. and		
ŧ	ь	Less. direct expenses	3	. b					
O	c	Net income or (loss) f		. –	events .	-thur tunio this common transfer		A CONTROL ORGANISM TO BEST OF THE STATE OF T	
•	9a	Gross income from ga See Part IV, line 19							
	b	Less: direct expenses		b			# 25		
	С	Net income or (loss) f	-	_	vities 🛌	S S STORE WALLE ALONG J TOOLS AND IN . DE PAGE	Name 1 10 10 10 2 along 2 marries ( 1990 1990 1990 1990 1990 1990 1990 19	2007 are / 100 a 021 2014 2 at 16 100 a 1 100 a	149 1 19 10 1 150 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	10a	Gross sales of in					7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
		returns and allowance		· a					140250000000
	Ь	Less: cost of goods s		. b		<u> </u>	emandira ezas		1/41-2 (2) 7 (2) 2 (2) 2 (2)
	<u>c</u>	Net income or (loss) f  Miscellaneous R		oi inv	Business Code		in Jawa Jawa Jawa Jawa Jawa Jawa Jawa Jaw		
	11-	IVIISCEIIANEOUS M		<del></del>	Duantesa Code		3 ::XXX::::::::::::::::::::::::::::::::	The second secon	
	lla b						<del> </del>		
						<del> </del>	<u> </u>	<del> </del>	<del> </del>
	d	All other revenue .							<del></del>
	e	Total. Add lines 11a-	11d		<u> </u>	0		22 Med Med Sau	5.14 <b>6</b> , 364, 27, 37, 41, 41, 41
	12 Total revenue. See instructions.					180 853	180 853	0	Complete and advantage of the parties

	X Statement of Functional Expenses				<del> </del>
Section	n 501(c)(3) and 501(c)(4) organizations must con			ns must complete co	olumn (A).
	Check if Schedule O contains a respon				<u> </u>
	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	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic	-		Cara Cara Cara Cara Cara Cara Cara Cara	
2	Individuals. See Part IV, line 22				
•		0		SOME THE AND A SECOND AND ASSESSMENT OF THE ASSE	A STATE OF S
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16			all house a season and the season of the	aran an Apadolahin. Marangan an Apadolahin
	•	0		AND THE SECOND S	
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	70,736		i. Miller and the state of the	ution the state of
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	0			· · · · · · · · · · · · · · · · · · ·
8	Pension plan accruals and contributions (include				
J	section 401(k) and 403(b) employer contributions)	_			
_		0			. —
9	Other employee benefits	0	<del></del>	-	<u> </u>
10	Payroll taxes	0			
11	Fees for services (non-employees)				
а	Management	0	· ·		
b	Legal	_0_			
C	Accounting	4,491			
d	Lobbying	0	EXALLER LINE 201/40-117-0-117-0-117-0-117-0-117-0-117-0-117-0-117-0-117-0-117-0-117-0-117-0-117-0-117-0-117-0	Car tri Marija de Bras (Minimization, Minimization), de Bras (Minimization)	
е	Professional fundraising services See Part IV, line 17	0		ANTONIO DE ME	
f	Investment management fees	00			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0	,		
12	Advertising and promotion	_0			
13	Office expenses	29,760			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	11,583			
17	Travel .	0			,
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings .	0	<del></del>	<del></del>	
20	Interest	0	<del> </del>		
21	Payments to affiliates	0	<del></del>		
22	Depreciation, depletion, and amortization .	0	<del> </del>		
23	Insurance	5,312			-
24	Other expenses Itemize expenses not covered	cold ALC			270 march 190 m (477 773 mm and 476 mm)
24	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
2		States	milling Name and transport and	9 35 No. 20 CO. 10 CO.	Francisco vide Scheeking Assistant Assistant Section (1998) video
a b		<del></del>			
		<del>                                     </del>	<del></del>	<del> </del>	-
C			<del> </del>	· · · · · · · · · · · · · · · · · · ·	
d	All other evenesses	<del> </del>	-		-
e	All other expenses  Total functional expenses. Add lines 1 through 24e	124 882	<del> </del>	-	
25_		121,882	0	0	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here    if following SOP 98-2 (ASC 958-720)				

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 Cash-non-interest-bearing . 21,800 1 19,943 2 Savings and temporary cash investments . . . 71,731 2 48,626 3 Pledges and grants receivable, net . . . . 3 4 Accounts receivable, net . . . 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 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 Notes and loans receivable, net 7 1,119,830 7 1,460,227 8 8 Inventories for sale or use . . . . . 9 Prepaid expenses and deferred charges . 16,681 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10b 10c Less: accumulated depreciation 11 Investments—publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 . 12 496,238 384,819 13 Investments - program-related. See Part IV, line 11. 13 15,051 16,163 14 14 15 15 Other assets See Part IV, line 11 . . . . . 625 17,019 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 1,741,956 1,946,797 17 17 Accounts payable and accrued expenses 1,349 1.747 Grants payable . . . . . . . 18 18 Deferred revenue . . . . . 19 19 20 20 Tax-exempt bond liabilities . 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties 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 of Schedule D . . . . . 1,616,337 1 752 809 26 Total liabilities. Add lines 17 through 25 1,617,686 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ **Fund Balances** complete lines 27 through 29, and lines 33 and 34. 27 27 Unrestricted net assets . . . . . 28 28 Temporarily restricted net assets 29 Permanently restricted net assets . . Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34. Net Assets or 30 30 Capital stock or trust principal, or current funds . . . . 0 0 31 31 Paid-in or capital surplus, or land, building, or equipment fund . 0 0 32 32 Retained earnings, endowment, accumulated income, or other funds . 124,270 192,241 33 33 Total net assets or fund balances 124,270 192,241 34 Total liabilities and net assets/fund balances . 1.741.956 1,946,797 Form 990 (2017) of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

the Single Audit Act and OMB Circular A-133?......

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Form 990 (2017)

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## SCHÈDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

## **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.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

NUEV	A ESPERANZA COMMUNITY CREDIT UNION		27-2873365						
Par									
	Complete if the organization answered								
		(a) Donor advised funds	(b) Funds and other accounts						
1	Total number at end of year								
2	Aggregate value of contributions to (during year)								
3	Aggregate value of grants from (during year)								
4	Aggregate value at end of year		ald in donor odivised						
5	Did the organization inform all donors and donor funds are the organization's property, subject to the								
		•							
6	Did the organization inform all grantees, donors, only for charitable purposes and not for the ben								
	conferring impermissible private benefit?								
Parl									
· Ci	Complete if the organization answered	I "Yes" on Form 990, Part IV, line 7.							
1	Purpose(s) of conservation easements held by the								
-	Preservation of land for public use (e.g., recre		f a historically important land area						
	Protection of natural habitat		f a certified historic structure						
	Preservation of open space								
2	Complete lines 2a through 2d if the organization I	held a qualified conservation contribution	on in the form of a conservation						
	easement on the last day of the tax year.		Held at the End of the Tax Year						
а	Total number of conservation easements .		2a						
b	Total acreage restricted by conservation easement								
С	Number of conservation easements on a certified								
d	Number of conservation easements included in	n (c) acquired after 7/25/06, and not	F 1						
_	historic structure listed in the National Register		· · <u>[2d]</u>						
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the								
	tax year ►	conjection agreement in logisted							
4 5	Number of states where property subject to cons Does the organization have a written policy r		spection handling of						
3	violations, and enforcement of the conservation								
6	Staff and volunteer hours devoted to monitoring, inspe								
•		gg,g ,	<b>3</b> • <b>7</b> • •						
7	Amount of expenses incurred in monitoring, inspect	ting, handling of violations, and enforcing	conservation easements during the year						
	▶\$	-							
8	Does each conservation easement reported on lin	ie 2(d) above satisfy the requirements of	f section 170(h)(4)(B)(i)						
	-		· · · · · · · Yes · No						
9	In Part XIII, describe how the organization reports	s conservation easements in its revenue	e and expense statement, and						
	balance sheet, and include, if applicable, the text		nancial statements that describes the						
	organization's accounting for conservation easen		<u> </u>						
Part									
	Complete if the organization answered If the organization elected, as permitted under S		· <del>-</del>						
та	works of art, historical treasures, or other simil								
	public service, provide, in Part XIII, the text of the	e footnote to its financial statements that	at describes these items.						
b	If the organization elected, as permitted under								
	works of art, historical treasures, or other simil								
	public service, provide the following amounts rela								
	(i) Revenue included on Form 990, Part VIII, line	1	▶ \$						
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$						
2	(i) Revenue included on Form 990, Part VIII, line (ii) Assets included in Form 990, Part X . If the organization received or held works of a	rt, historical treasures, or other simila	r assets for financial gain, provide the						
	following amounts required to be reported under	SFAS 116 (ASC 958) relating to these i	tems:						
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$						
b	Assets included in Form 990, Part X	· · · · · · · · · · · · · · · · · · ·	<b>▶</b> .\$						

. , ,				
chedule D	(Form	990)	2017	

)₃Part									
3	Using the organization's acquisition, collection items (check all that apply).		her reco	rds, chec	k any of th	e follov	ving that are a s	ignificant i	use of its
а	<ul> <li>Public exhibition</li> </ul>				or exchang	je prog	rams		
b	Scholarly research		е	☐ Othe	r 				
С	☐ Preservation for future generations								_
4	Provide a description of the organization of t	tion's collections a	and expl	ain how t	hey further	the org	anızatıon's exer	npt purpos	e in Part
5	During the year, did the organization assets to be sold to raise funds rather	than to be mainta							□ No
Part						_			
	Complete if the organization 990, Part X, line 21.								-orm
1a									
	included on Form 990, Part X?							☐ Yes	□ No
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the fo	ollowing to	able:	_			
	_					<u>                                   </u>	<del></del>	mount	
C	Beginning balance					10			
d						1d			
e	Distributions during the year			•		1e			
f	Ending balance	. F .000 B		04 (		1f		<u> </u>	
2a	Did the organization include an amount								
	If "Yes," explain the arrangement in P  Endowment Funds.	art XIII. Check ner	e if the e	xpianatio	n nas been	provide	ed on Part XIII .	<u> </u>	
Par	Endowment Funds. Complete if the organization	anawarad "Vas	" on For	000 m	Port IV line	. 10			
	Complete ii the organization	(a) Current year		or year	(c) Two year		(d) Three years back	k (a) Four V	ears back
4	Decipping of year balance	(a) Current year	(0) 1 1		(c) The year	3 Dack	(d) Three years date	(e) roury	- Dack
1a								+	
b	Contributions		_					<del> </del>	
С	losses								
d	•							<u> </u>	
е	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of t			ce (line 1g	j, column (a	)) held	as.		
а	Board designated or quasi-endowme	nt <b>&gt;</b>	_%						
b	Permanent endowment ▶								
С	Temporarily restricted endowment ▶								
	The percentages on lines 2a, 2b, and								
3a	Are there endowment funds not in th	e possession of th	ne organ	ization th	at are held	and ad	ministered for th	_	
	organization by:								es No
	(i) unrelated organizations							3a(i)	-
	(··/ · · - · · · · · · · · · · · · · · ·							3a(ii)	
ь	If "Yes" on line 3a(ii), are the related of							3b	
4	Describe in Part XIII the intended uses		on's end	owment	unas.				
Part	Land, Buildings, and Equip Complete if the organization		" on Fo	m 990, l	Part IV, line	e 11a.	See Form 990,	Part X, lii	ne 10.
	Description of property	(a) Cost or ot (investm			or other basis other)		Accumulated epreciation	(d) Book	value
1a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment								
e	Other								
Total	Add lines 1a through 1e (Column (d) r	nust equal Form 9	90 Part	X columi	(R) line 10	)c ) .	•		

<sub>⊙</sub> Part VII	Investments — Other Securities.  Complete if the organization answered "Yes" on Form 990, Par	t IV line 11h See F	orm 990 Part Y June 12
	(a) Description of security or category	(b) Book value	(c) Method of valuation
	(including name of security)		Cost or end-of-year market value
(1) Financial		0	
(2) Closely-held equity interests		. 0	Cost
	ertificates of Deposit	384,819	Cost
(A) (B)			
(C)			
(D)			<del></del>
(E)			
(F)		•	
(G)			<del></del>
(H)			
Total. (Column (l	b) must equal Form 990, Part X, col. (B) line 12.) ▶	384,819	The second second
Part VIII	Investments - Program Related.		
	Complete if the organization answered "Yes" on Form 990, Par	t IV, line 11c. See Fo	orm 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)			
(2)			
(3)		_ <u></u>	
(4)			
_(5)			
(6)			
		<del>-</del>	
(8)			
(9)	Now of San 200 Part Variation Inc.		
	b) must equal Form 990, Part X, col (B) line 13 ) ►  Other Assets.		<u>,</u>
Part IX	Complete if the organization answered "Yes" on Form 990, Par	+ IV line 11d See E	orm 900 Part V line 15
	(a) Description	t iv, iiile i id. See i	(b) Book value
(1)	(4)		(5) 250.12.00
(2)			
(3)	<del></del>		
(4)	<del></del>	·	
(5)			
(6)			
(7)			
(8)			
(9)			
	mn (b) must equal Form 990, Part X, col. (B) line 15.)	<u> </u>	<u> </u>
Part X	Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Par	t IV, line 11e or 11f.	See Form 990, Part X,
1.	line 25.		(b) Dante color
(1) Federal in	(a) Description of liability	<del> </del>	(b) Book value
			4 750 000
(3) Member	Shares and Deposits		1,752,809
(4)			
(5)		<del></del>	
(6)		· · · · · · · · · · · · · · · · · · ·	<del></del>
(7)		<del>-</del>	<del></del>
(8)			
(9)			<del></del>
	b) must equal Form 990, Part X, col ⟨B⟩ line 25⟩ ►		1,752,809
	uncertain tax positions. In Part XIII, provide the text of the footnote to the org	anization's financial stat	
	s liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the		

<b>XPan</b>	Reconciliation of Revenue per Audited Financial State		er Return.
	Complete if the organization answered "Yes" on Form 99		
1	Total revenue, gains, and other support per audited financial statemen	its ,	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		.   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	
a	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	
, b	Other (Describe in Part XIII )	4b	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, In		
Part	Reconciliation of Expenses per Audited Financial Stat		per Return.
	Complete if the organization answered "Yes" on Form 99	u, Part IV, line 12a.	<u> </u>
1	Total expenses and losses per audited financial statements	• • • •	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	10-1	
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
C	Other losses	2c	
d	Other (Describe in Part XIII.)	. 2d	
e			.   2e
3	Subtract line 2e from line 1	i . i	. 3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4-	32 (53)
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	,	. 4b	
с 5	Add lines <b>4a</b> and <b>4b</b>		- 4c   5
	XIII Supplemental Information.		3
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4: Part IV lines 1h and	2h Part V line 4: Part X line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this p		
_,		·	
		·	
			•
			••••
			•••
			***************************************
			•

### 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.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public

Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

NUEVA ESPERANZA COMMUNITY CREDIT UNION 27-2873365 Form 990, Part VI, Section A, Line 6 - Members are those with at least \$5.00 on deposit in a share account Form 990, Part VI, Section A, Line 7a - All members have one vote for the election of board members Form 990, Part VI, Section B, Line 11b - Board members receive a copy of the return before it is filed at a regular board meeting Form 990, Part VI, Section B, Line 12c - There is a supervisory committee which does regular audits, an annual review by a third party, and regular examinations by regulators Form 990, Part VI, Section C, Line 19 - All policies are available for review by members during regular business hours