Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2018

| Dep | artment of th | e Treasury | | ial security numbers o .gov/Form990 for instr | | - | - | c. | Open to Public Inspection | | |
|-------------------------|----------------------------------|----------------------------|---------------------------------------|--|--------------------|-----------------------|-------------------|----------------|-------------------------------------|--|--|
| _ | nal Revenue | | | | | | | | | | |
| <u>A</u> | For the 2 | | ndar year, or tax year beginnir | | , 2018, ai | na enaing | 12 | /31 D.Elev | , 20 18 er identification number | | |
| В | Check if a | oplicable | C Name of organization 1387 NU | EVA ESPERANZA | | | | D Employ | | | |
| \sqcup | Address c | nange | Doing business as | _, | | | | | 27-2873365 | | |
| | Name cha | nge | Number and street (or P O box if | ox if mail is not delivered to street address) Room/suite E Telephone number | | | | | | | |
| | Initial retur | n [| PO BOX 9875 | | | | | | 419-438-5490 | | |
| | Final return | terminated | City or town, state or province, co | | | | | | | | |
| | Amended return Toledo, OH, 43697 | | | | | | | | eceipts \$ 151,885 | | |
| | Application | n pending | F Name and address of principal off | icer Sue Cuevas | | | H(a) Is this a gr | oup return for | subordinates? Tes Ves No | | |
| | ., | | PO BOX 9875, TOLEDO, OH 4 | 3967-3240 | | .11 | H(b) Are all | subordinate | s included? Yes No | | |
| $\overline{}$ | Tax-exem | | |) (14) ∢ (insert no) □ | 4947(a)(1) or | □54 11 | If "No," atta | ch a list (s | ee instructions) | | |
| <u></u> | Website. | | _ =(-)(-)(-) | ,,\ | | | H(c) Group | exemption | number ▶ | | |
| <u>-</u> | | | ✓ Corporation ☐ Trust ☐ Associ | n 2010 | | of legal domicile OH | | | | | |
| _ | art I | Summa | | ciation | t | | | | | | |
| | | | scribe the organization's mis | seion or most signific | ant activities | To prov | ide basis fil | nancial si | envices and education | | |
| a | | - | = | | | | | | | | |
| ĕ | | | s who live, work, worship, ma | | in Lucas Cour | ity, Onio | The credit c | illion loci | ises on the Latino | | |
| Activities & Governance | | | ed on Schedule O, Statement | | | | | 050/ -4 | | | |
| Š | | | is box ▶ ☐ if the organizatio | | | sposea oi | more than | | _ | | |
| ő | | | of voting members of the go | | | | | 3_ | 7 | | |
| مخ ده | 4 1 | lumber c | of independent voting memb | ers of the governing | body (Part VI, | line 1b) | | 4 | 7 | | |
| Ęį | 5 7 | otal num | nber of individuals employed | l in calendar year 201 | 8 (Part V, line | 2a) . | | 5 | 2 | | |
| ₹ | 6 7 | otal num | nber of volunteers (estimate | if necessary) | | | | 6 | 7 | | |
| AC | 7a 1 | otal unre | elated business revenue fror | n Part VIII, column (C |), line 12 . | | | 7a | 0 | | |
| | b | let unrela | ated business taxable incom | ne from Form 990-T, I | ine 38 | | | 7b | 0 | | |
| | | | <u> </u> | | EIVED | | Prior Ye | ar | Current Year | | |
| _ | 8 (| Contribut | ions and grants (Part VIII, lin | | 0 | 8,313 | | | | | |
| Revenue | 1 | | service revenue (Part VIII, lin | · 'l | | ا ايرا | | 189,853 | 143,572 | | |
| Š | | | nt income (Part VIII, column | | 0 0 0 0 0 | 48-08C | *** | 0 | 0 | | |
| æ | | | enue (Part VIII, column (A), li | | 0 | 0 | | | | | |
| | | | enue—add lines 8 through 11 | | | | | | | | |
| | | | | | | 16-72) | | 0 0 | 151,885 | | |
| | 1 | | nd similar amounts paid (Par | | | ⊢ لــــ | | | <u> </u> | | |
| | 1 | | paid to or for members (Part | | | | | 0 | 0 | | |
| es | 1 | | other compensation, employe | | | 5 - 10) _ | | 70,736 | 65,157 | | |
| Expenses | | | nal fundraising fees (Part IX, | | | · · | | 0 | 0 | | |
| ğ | | | draising expenses (Part IX, c | | | 0 | | | | | |
| ш | 17 (| Other exp | oenses (Part IX, column (A), I | ines 11a-11d, 11f-24 | le) | · <u> </u> | | 51,146 | 73,551 | | |
| | 18 | otal exp | enses. Add lines 13-17 (mu: | st equal Part IX, colur | nn (A), line 25 |) | | 121,882 | 138,708 | | |
| | 19 F | Revenue | less expenses. Subtract line | 18 from line 12 . | | | | 67,971 | 13,177 | | |
| 7 4 | 3 | | | · · · | | Be | ginning of Cu | rrent Year | End of Year | | |
| Net Assets or | 20 7 | Total asse | ets (Part X, line 16) | | | $ abla$ | 1 | .946.797 | 1,876,256 | | |
| ASS | 21 | | ılitıes (Part X, line 26) | | | 🗀 | 1 | ,754,556 | 1,670,838 | | |
| Š | 22 | | ts or fund balances. Subtrac | t line 21 from line 20 | | | | 192,241 | 205,418 | | |
| | art II | | ture Block | | • | · · | | 102,211 | 200,110 | | |
| | | | ry, I declare that I have examined/th | e return unalluding accomp | amena cohodulos | and statem | ente and to t | he heet of | my knowledge, and helief it is | | |
| tri | ider penaiti ie. correct. | es or perjur and comple | ete Declaration of preparer (other th | is return, including accomp ian officer) is based on all ir | arrying scriedules | ch preparer i | nas any knowl | edge | my knowledge and belief, it is | | |
| _ | | <u> </u> | | ', }- | | | | | -6-19 | | |
| C: | | - | CAM (1 | | | | L Da | <u> </u> | 1-6-1 | | |
| Sign | | | athre of officer | | | | Ua | ile | • | | |
| He | ere | | e Cuevas, Président/CEO | | | _ | | | | | |
| | | Type | or print name and title | | | | | | | | |
| Pa | nid _ | Print/Typ | pe preparer's name | Preparer's signature | | Date | θ | Check | | | |
| | eparer | . [| | | | | | self-em | | | |
| | | | ame ► | | | | Firm | n's EIN ▶ | | | |
| U | se Only | | ddress ▶ | - | | | | опе по | | | |
| Ma | v the IR | | s this return with the prepare | er shown above? (see | instructions) | | | | 🗌 Yes 🗌 No | | |
| _ | | | ction Act Notice, see the sepa | | | Cat No | 11282Y | | Form 990 (2018 | | |
| | | | | | | Jul 140 | | | / | | |

| Form 99 | 0 (20 † 8) Pag |
|---------|--|
| Part | The state of the s |
| | Check if Schedule O contains a response or note to any line in this Part III |
| 1 | Briefly describe the organization's mission |
| | See page one of return |
| | Did the organization undertake any significant program services during the year which were not listed on the |
| | prior Form 990 or 990-EZ? |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? |
| 4 | If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other the total expenses, and revenue, if any, for each program service reported. |
| 4a | (Code:) (Expenses \$ including grants of \$) (Revenue \$) |
| | See page one of return |
| | |
| | |
| | |
| | |
| 4b | (Code:) (Expenses \$including grants of \$) (Revenue \$) |
| | |
| | |
| | |
| | |
| | |
| 4c | (Code:) (Expenses \$ including grants of \$) (Revenue \$) |
| | |
| | |
| | |
| | |
| | |
| | |
| 4d | Other program services (Describe in Schedule O.) |
| 4è | (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0) Total program service expenses ▶ 0 |
| | |



| Form 99 | 0 (2048) | - | ١ | Page (|
|---------|---|----------|-----|------------|
| Part | V 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 | | 1 |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | | ✓ |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i> | 3_ | | ✓ |
| 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? <i>If</i> "Yes," <i>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 | | 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? <i>If "Yes," complete Schedule D, Part II</i> | 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, 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 | 1 | |
| 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 | | 1 |
| С | 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? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> | 11d | | 1 |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | 1 | |
| f | 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 | 11f | | 1 |
| 12a | 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 | | 1 |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | - | √ |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 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 | | 1 |
| 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 ⁹ 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 |
| 20 a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | + | 1 |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | <u> </u> |
| 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 |

| Part | Checklist of Required Schedules (continued) | | | |
|------|---|----------|----------|----------|
| | | | Yes | No |
| 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 | | ✓ |
| 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 | | ✓ |
| 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 | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | 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 | 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 | | √ |
| 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): | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . | 28a | | ✓ |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 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 | | ✓ |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | ✓ |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | 1 |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | <u> </u> |
| 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 | | ✓ |
| 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 | | ✓ |
| 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 | | √ |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | ✓ |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 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? If "Yes," complete Schedule R, Part VI | 37 | | √ |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. | 38 | √ | |
| Part | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | Yes | No |
| _ | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | - | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | es. | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | 1 | |

| Part | V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | | | | | |
|------|--|-------------|-----------------|---|--|--|--|--|
| | | 70.00 | Yes | No | | | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | in s | 11115 | | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2a 2a | 2 4/4 | | 11/4 | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . | 2b | √ | a sirrassu | | | | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | | | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | | | | | |
| 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 | | ↓ | | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, | 4- | | 1 | | | | |
| | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | 900000 | 2004 | | | | |
| Ь | 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 | 3203124 | 4.4 ≤8 √ | | | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | V | | | | |
| 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 | | ✓ | | | | |
| ь | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | | | | | |
| _ | gifts were not tax deductible? | 6b | | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | 1 | | د موادر کا د د د د د د د د د د د د د د د د د د د | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | 1,17,50 | | | | | | |
| | and services provided to the payor? | 7a | | <u> </u> | | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | <u> </u> | | | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | | | | | |
| | required to file Form 8282? | 7c | i anno sobora s | 1 7 17 1 1001 | | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | 100 | 13,25 | | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | ļ | | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . | 7f | | 1 | | | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | - | | | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | 110 | lurkhi Jash | | | | |
| 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 | | 738 | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | iší ú | 3 7 | | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | 18171-411- | | | | | |
| ь | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | 1 | | | | |
| 10 | Section 501(c)(7) organizations. Enter | C.M. | | WI ST | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | , | 100 m | 100 | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | older 172 | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | 探護 | | | | |
| а | Gross income from members or shareholders | | | に記 | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | 17,0 | | | | | | |
| | against amounts due or received from them.) | | | أستنساء | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | ************ | - Avenue o | | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | 1.7.8 | | 14 6 | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | garageage; 1.5 | 1 bt . (=0.5 bt | | | | |
| | Note. See the instructions for additional information the organization must report on Schedule O. | | | 北海 | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | 123 | | | | | | |
| | the organization is licensed to issue qualified health plans | 一 主義 | 製造 | | | | | |
| С | Enter the amount of reserves on hand | 0.00 253 | #311° | 1. 4. ½ | | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | - | √ | | | | |
| ь | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | - | + | | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | 15 | | 1 | | | | |
| | excess parachute payment(s) during the year? | 13 | \$30/A.2" | | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | 1986 E.C. | فالملعة ا | | | | |
| 10 | If "Yes," complete Form 4720, Schedule O. | LL (Pup) | 3840 | 193384 | | | | |
| | n rea, complete i onn 4720, ochedule O. | 1 1999 | Desir Ph | 1 11 4 | | | | |

| Part | | | | | | | | | |
|--------|--|----------------------|-------------|-------------|-----------|--|--|--|--|
| | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change | | | structi | _ | | | | |
| Sooti | Check if Schedule O contains a response or note to any line in this Part VI on A. Governing Body and Management | | • • | • • | _ ✓ | | | | |
| Secu | or 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 | 1a 7 | Well | 273IE | 2987670 | | | | |
| | If there are material differences in voting rights among members of the governing body, or | , | | els atte | | | | | |
| | if the governing body delegated broad authority to an executive committee or similar | | | | | | | | |
| | committee, explain in Schedule O. | | | | | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 1b 7 | | | W. | | | | |
| 2 | 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 | | ✓ | | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or 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 9 | | 4 | | 1 | | | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization | | 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 | elect or appoint | | | | | | | |
| | one or more members of the governing body? | | 7a | ✓ | | | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approva | l by) members, | | | | | | | |
| | stockholders, or persons other than the governing body? | | 7b | | √ | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions ur | dertaken during | | | | | | | |
| | the year by the following. | | | Maria C | Pile 1974 | | | | |
| а | The governing body? | | 8a | ✓ | , | | | | |
| ь | Each committee with authority to act on behalf of the governing body? | | 8b | | ✓ | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses in Schedule Company of the company of t | D | 9 | | 1 | | | | |
| Secti | on B. Policies (This Section B requests information about policies not required by the | e Internal Rever | ue C | ode.) | | | | | |
| | | | | Yes | No | | | | |
| 10a | Did the organization have local chapters, branches, or affiliates? | | 10a | | ✓ | | | | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exemple. | | 10b | | | | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body bef | | 11a | ✓ | | | | | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | X.Y. | W -314 | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | 12a | | ✓ | | | | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give | e rise to conflicts? | 12b | | | | | | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the describe in Schedule O how this was done | policy? If "Yes," | 12c | | | | | | |
| 13 | Did the organization have a written whistleblower policy? | | 13 | | 1 | | | | |
| 14 | Did the organization have a written document retention and destruction policy? | | 14 | ✓ | | | | | |
| 15 | Did the process for determining compensation of the following persons include a review | | | | | | | | |
| • | Independent persons, comparability data, and contemporaneous substantiation of the deliberation. The organization's CEO, Executive Director, or top management official | | 15a | MUM 1 | √ | | | | |
| a b | Other officers or key employees of the organization | | 15b | | V | | | | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | 12374. | 9 0 1 | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or sim | ılar arrangement | | 1.72 | # | | | | |
| | with a taxable entity during the year? | | 16a -≧⊶ | ⊰.(1 f= | √ | | | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps | | | 80 | | | | | |
| | organization's exempt status with respect to such arrangements? | _ | 16b | 3011 | X | | | | |
| Secti | on C. Disclosure | | | | L | | | | |
| 17 | List the states with which a convert this Form 000 is required to be filed. Note | | | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable | | | | | | | | |
| | (3)s only) available for public inspection Indicate how you made these available. Check all the Own website Another's website Upon request Other (explain in Sci | at apply. | . ,000 | | (0) | | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing docume | · | erest | nolicy | , and | | | | |
| | financial statements available to the public during the tax year. | | | | ,, απο | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization | on's books and re | cords | > | | | | | |
| | Sue Cuevas, (419)438-5490 | | | | | | | | |

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Form 990 (2018)

| Part VII | Compensation of Officers, Di | irectors, 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 | anız | atıo | n c | ompe | nsa | ited any curren | t officer, directo | r, or trustee. |
|--|--|--------------------------------|---|----------|---------------|------------------------------|------------------------------|--|----------------------------------|--|
| | | | | • | >) | | | | | |
| (A) | (B) | (do n | Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | (D) | (E) | (F) |
| Name and Title | Average hours per week (list any | box, office | | | | an tee) | Reportable compensation from | Reportable compensation from related | 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 | | | | | İ | | | | |
| Board Member | 0 | ✓ | | | | | | 0 | 0 | 0 |
| Rosie Dunlap | 1 | | | | | | | | | |
| Director | 0 | √ | | | | | | 0 | 0 | 0 |
| Kathryn Tucker | 1 | _ | | | | | | | | |
| Board Member | | 1 | <u> </u> | | | | | 0 | 0 | 0 |
| Aleiah Jones | 11 | | | | | | | | | |
| Board Member | 0 | ✓ | | <u> </u> | | | _ | 0 | 0 | 0 |
| Joe Balderas | 11 | ļ | l | | | | | | | |
| Board Secretary | 0 | | | ✓ | | | ļ | 0 | 0 | 0 |
| Robert Martinez | 11 | | | | | | | | | |
| Treasurer | 0 | | | ✓ | L. | | | 0 | 0 | 0 |
| Adam Martinez | 1 | | | | | | | | | |
| Board Chair | 0 | | | ✓ | | | <u> </u> | 0 | 0 | 0 |
| Sue Cuevas | 40 | | | | | | | | | |
| CEO | 0 | | | | ✓ | | ļ | 51,500 | 0 | 0 |
| | | | | | | | | | | |
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| Part | VII Section A. Officers, Directors, Trus | tees, Key E | mploy | yees | | | lighe | st C | ompensated E | mployees (cont | inued) |
|---------|--|-----------------------------|-----------------------------------|-----------------------|---------|--------------|------------------------------|-------------|---------------------------------|------------------------------|--------------------------|
| | | | | | • | C) | | | | | |
| | (A) (B) Position (do not check more than | | | than o | one | (D) | (E) | (F) | | | |
| | Name and title | Average | box, | unles | s pe | rson | ıs both | n an | Reportable | Reportable compensation from | Estimated amount of |
| | • | hours per week (list any | | 1 | | | or/trus | | compensation from | related | other |
| | | hours for | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the | organizations | compensation |
| | | related organizations | ē | <u>t</u> | ĕ | em | loye | ner | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization |
| | | below dotted | Q = |) na | | oloy | ë ç | | , | | and related |
| | • | line) | l st | Ş | | 69 | per | | | | organizations |
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| | | | | | | | | | | | 1 |
| 1b | Sub-total | | | | - | | | • | 51,500 | (| 0 |
| · c | Total from continuation sheets to Part | VII, Sectio | n A | | | | | ▶ | | | |
| d | Total (add lines 1b and 1c) | | | | | | | ▶ | 51,500 | (| 0 |
| 2 | Total number of individuals (including bu | t not limited | to th | nose | list | ted | abov | e) w | ho received m | ore than \$100,0 | 100 of |
| | reportable compensation from the organ | zation > | | | | _ | | | 0 | | |
| | | - | | | | | | | | | Yes No |
| 3 | Did the organization list any former of | ficer, direc | tor, c | or tr | ust | ee, | key e | emp | loyee, or high | est compensa | ted La 25 |
| | employee on line 1a? If "Yes," complete | Schedule J | for s | uch | ınd | ivid | ual | • | | | . 3 🗸 |
| 4 | For any individual listed on line 1a, is the | sum of re | porta | ble | con | npei | nsatio | on a | nd other comp | ensation from | the Resident |
| • | organization and related organizations | | | | | | | | | | |
| | ındıvıdual | _ | | | | | | • | · | <i>. •</i> | . 4 1 |
| 5 | Did any person listed on line 1a receive of | or accrue co | ompe | nsa | tıon | fro | m anv | / un | related organiz | ation or individ | ual 100 |
| _ | for services rendered to the organization | | | | | | | | | | |
| Section | on B. Independent Contractors | | | | | | | | | | <u> </u> |
| 1 | Complete this table for your five highest | compensat | ed inc | den | end | lent | contr | act | ors that receive | ed more than \$ | 100,000 of |
| • | compensation from the organization. Rep | | | | | | | | | | |
| | year. | | | | | | | - 1 | | | J |
| | . (A) | | | | | | | | (B) | .] | (C) |
| | Name and business add | fress | | | | | | | Description of s | ervices | Compensation |
| None | | | | | | | | t | | | · |
| 110116 | - | | | | | | | T | | | |
| | | | | | | | | t | | | |
| | <u></u> | | | | | | | \vdash | | | |
| | | | | | • | | | T | | | . |
| 2 | Total number of independent contractor | ere (inalitidu | na hi | ıt n | ot | lumit | od t | . + | nose listed ab | ove) who | |

received more than \$100,000 of compensation from the organization ▶

| Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII | | | | | | | | | _ |
|--|------------------|--|---------------------------------------|------------|-----------------|---|--|--|--|
| ED., ED | u.c. usaiirissis | Check if Schedule C |) contains | a res | ponse or note t | | | · · · · · | |
| 1007°4 | | | | | | (A) I otal rovenue | (B) Related or | (C) Unrelated | (D) Revenue |
| | | | 79.5 79.5 | | | | exempt function revenue | business revenue | excluded from tax under sections 512–514 |
| Grants | 1a | Federated campaigns | | 1a | 0 | 计划分析 | | | |
| Gra | b | c Fundraising events 1c d Related organizations 1d | | 0 | | | 100 A | | |
| ts, (Am | С | | | | 0 | | | | The House of |
| Gifts, ilar An | d | | | | 0 | 40.0 | | Mary Alexander | Terret |
| ns, | e | Government grants (cor | | 1e | 8,313 | | | HI THE | 2.20 (1) (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4 |
| Contributions, Gifts, Grants and Other Similar Amounts | f | All other contributions, g | | ĺ., | | | | | and the same of th |
| d t | | and similar amounts not included above 11 Noncash contributions included in lines 1a-1f \$ | | 0 | | | | | |
| בים ק | g | | | -11 \$ | 0 | 0.040 | | | |
| | h | Total. Add lines 1a-1 | <u> </u> | • | Business Code | 8,313 | Marata Kalay Lina di Antonia. Marata kanangan panggan | | |
| Program Service Revenue | 20 | Droughus Empresal Co | for N | 40-mb | | 143,572 | 143,572 | 0 | |
| ₹evi | 2a b | Providing Financial Se | ervices for i | viemb | 522130 | 143,572 | 143,572 | | |
| e | C | | · | | | | | | - |
| EZ. | d | | | ••••• | | | | | |
| Š | e | | | | | | | | ···· |
| grai | f | All other program ser | vice reveni | e | | 0 | 0 | 0 | 0 |
| Pro | g | Total. Add lines 2a-2 | | | • | 143,572 | ASSESSED A | | io Concinta de la constante de |
| | 3 | Investment income | | | | | | | |
| | | and other similar amo | ounts) . | | • | | | • | |
| | 4 | Income from investmen | t of tax-exer | npt be | ond proceeds ► | | | | |
| | 5 | Royalties | | | <u> ▶_</u> | | | | |
| | | | (ı) Rea | | (ii) Personal | | | | |
| | 6a | Gross rents | | | | | | | |
| | b | Less rental expenses | | | | | | | |
| | С | Rental income or (loss) | | 0 | 0 | 1 May Solde Street LL 1 & S | 2 11 12 13 14 14 15 15 15 15 15 15 15 15 15 15 15 15 15 | | The state of the s |
| | d | Net rental income or | | | | a distriction of the condition | tumburt , Jan N. 91979. | ICS ALL FRANCISCO | ACA TO THE ESTEROSES CAROSSOS |
| | 7a | Gross amount from sales of | (i) Securit | es | (ii) Other | | | | |
| | | assets other than inventory | | | | | DENIE CHIL | | |
| | b | Less: cost or other basis | | | | | 表列的中国 | | |
| | | and sales expenses Gain or (loss) | | 0 | 0 | | | | F 75 |
| | C d | Net gain or (loss) . | L | <u> </u> | | Sayan San H. Sayan Baste | magninging in a gibb paper but | mark to the state of the same | ************************************** |
| | " | iver gain or (1033) . | • | | · | | RESERVED DESTRUCTION | 60-20 CFS 1 1977 [45 1 4] | |
| enne | 8a | Gross income from fu | undraising | | | | | CARTRIVER | |
| | - | events (not including \$ | · · | 0 | | | hards a | | |
| Re | | of contributions reporte | ed on line 1 | c). | | | WENT COM | | |
| e | | See Part IV, line 18 | | · a | | | | | |
| Other Rev | b | Less. direct expenses | s | . b | | 首性的世纪 | | 总数15次数据 | |
| | С | Net income or (loss) f | | | events . > | | | | |
| | 9a | Gross income from ga | _ | ties. | | | | | |
| | | • | • | а | | | | | |
| | b | Less: direct expenses | | . b | L | | | seth Drain and the | |
| | C | Net income or (loss) f | | | vities ▶_ | 1812 (Zuči i Bia" nusski bbli i fili br | Paddigalit University of the Same | unTaus!" (Lauf blen brillier); (a. \$158,850 cm.)) | v management markets o. L' i 140 Kiellie ' |
| | 10a | Gross sales of in | | | | | | | |
| | L | · | | ·a | | | | | |
| | b | Less. cost of goods s | | b Stuny | enton. | MARCE PROPERTY | | CARTES THE STATE OF THE STATE O | |
| | C. | Net income or (loss) f Miscellaneous R | | ווווע | Business Code | G-4133 | 4.044017842024 | 2025 WWW.2803 | |
| | 11a | iviiscellarieous R | | | Business Code | PETER ENGLAND | CONTRACTOR CONTRACTOR CONTRACTOR | menome let en let en let | no del mensense belles fa |
| | b | | · | | | | | | - |
| | C | | · · · · · · · · · · · · · · · · · · · | | | - | <u> </u> | | <u> </u> |
| | d | All other revenue . | | | | | | | |
| | e | Total. Add lines 11a- | 11d | - | • | 0 | | | |
| | 40 | Total revenue See | | | | 454.005 | 4.40.570 | The second secon | A STATE OF THE PARTY OF THE PAR |

Part IX Statement of Functional Expenses

| Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). | | | | | | | | | | |
|--|--|-----------------------|--|--|---|--|--|--|--|--|
| Check if Schedule O contains a response or note to any line in this Part IX | | | | | | | | | | |
| | 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) 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 | | | | | | | | | |
| _ | ındıviduals. See Part IV, lıne 22 | 0 | | | | | | | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 | 0 | | | | | | | | |
| 4 | Benefits paid to or for members | 0 | | | 建设建设公司 | | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 60,102 | | | | | | | | |
| 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 section 401(k) and 403(b) employer contributions) | 0 | | - | | | | | | |
| 9 | Other employee benefits | 0 | | | | | | | | |
| 10 | Payroll taxes | 5,055 | | | | | | | | |
| 11 | Fees for services (non-employees) | | | - | | | | | | |
| а | Management | 0 | | | | | | | | |
| b | Legal | 0 | | | | | | | | |
| C | Accounting | 0 | | | | | | | | |
| d | Lobbying | 0 | Contract and the contract of t | الالبارة البراء البراء البراء الالبراء الإلام المراء المرا | | | | | | |
| е | Professional fundraising services See Part IV, line 17 | | | | | | | | | |
| f | Investment management fees | 19,580 | | | | | | | | |
| 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 | | | | | | | | | |
| 13 | Office expenses | 31,712 | | | | | | | | |
| 14 | Information technology | 6,504 | | | | | | | | |
| 15 | Royalties | 5,099 | | | | | | | | |
| 16 17 | Occupancy | 0 | | | | | | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | | | | | | |
| 19 | Conferences, conventions, and meetings | 4,270 | | | | | | | | |
| 20 | Interest | | | | | | | | | |
| 21 | Payments to affiliates | | | | | | | | | |
| 22 23 | Depreciation, depletion, and amortization . Insurance | 2,551 | | | | | | | | |
| 24 | Other expenses Itemize expenses not covered | | | | | | | | | |
| | 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.) | | | | | | | | | |
| а | Regulator Supervisory Fees | 3,104 | | | | | | | | |
| b | Miscellaneous Expense | 731 | | | | | | | | |
| С | | | | | | | | | | |
| d | | | | | | | | | | |
| е | All other expenses | | | | | | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 138,708 | 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 (A) (B) End of year Beginning of year 1 Cash-non-interest-bearing 19,943 30,862 Savings and temporary cash investments . 48,626 2 2 59,404 3 3 Pledges and grants receivable, net 4 4 Accounts receivable, net . . 3,842 5 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 6 Assets 7 Notes and loans receivable, net . 1,460,227 1,669,759 8 8 Inventories for sale or use 9 9 Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D 17,085 10b 10c Less: accumulated depreciation 8,077 9,008 b 11 11 Investments—publicly traded securities 12 12 Investments—other securities. See Part IV, line 11 384,819 Investments—program-related. See Part IV, line 11. 13 13 16,163 79,901 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11. 17,019 23,480 16 Total assets. Add lines 1 through 15 (must equal line 34) 1,946,797 16 1,876,256 17 Accounts payable and accrued expenses 17 -332 18 18 19 19 Deferred revenue . . 20 20 Tax-exempt bond liabilities . . . Escrow or custodial account liability. Complete Part IV of Schedule D . 21 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 Unsecured notes and loans payable to unrelated third parties 24 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 25 1,752,809 1.671.170 26 26 Total liabilities. Add lines 17 through 25 1,754,556 1,670,838 Organizations that follow SFAS 117 (ASC 958), check here ▶ **Net Assets or Fund Balances** complete lines 27 through 29, and lines 33 and 34. 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 0 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 0 31 0 32 Retained earnings, endowment, accumulated income, or other funds . 32 192,241 205,418 33 Total net assets or fund balances 192,241 33 205,418 Total liabilities and net assets/fund balances 1,946,797 1,876,256 Form **990** (2018)

| Form 9 | 90 (2018) | | | Pa | ge 12 |
|--------|--|----------|----------|-------|--------------|
| Par | 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 | | 151 | 1,885 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 138 | 3,708 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 13 | 3,177 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 192 | 2,241 |
| 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 | | 205 | 5,418 |
| Part | Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | · · · | |
| 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 Schedule O. | plaın ın | | Yes | No 1 |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | 1 | |
| b | If "Yes," check a box below to indicate whether the financial statements for the year were comreviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? | piled or | 2b | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis | ed on a | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o of the audit, review, or compilation of its financial statements and selection of an independent accounts. | untant? | 2c | ✓ | |
| | If the organization changed either its oversight process or selection process during the tax year, exschedule O. | | arcison. | *4 | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set 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 | | 3b | | |

Form **990** (2018)

SCHEDULE D (Form 990)

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.

Open to Public Inspection

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization 27-2873365 1387 NUEVA ESPERANZA 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. Total number at end of year 1 Aggregate value of contributions to (during year) 2 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 funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No 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 conferring impermissible private benefit? **Conservation Easements.** Part II 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) Preservation of a historically important land area Preservation of a certified historic structure ☐ Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) . . . Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 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 violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a 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: (i) Revenue included on Form 990, Part VIII, line 1 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: **b** Assets included in Form 990, Part X .

| Page | 2 |
|------|---|
| | |

| Schedule | D / | Earm | OOO | 201 | o |
|----------|-----|------|------|-----|---|
| Schedule | υı | -orm | 9901 | 201 | o |

| Part | Using the organization's acquisition, | | | | | | | | | |
|--------|---|------------------------|----------------------|------------|--------------------------|----------|--|-----------------|--------|----------|
| 3 | collection items (check all that apply). | | iner record | s, chec | K any or th | e lollov | wing that are a s | ignilicar | แ นธ | e or its |
| а | ☐ Public exhibition | | | | or exchang | | | | | |
| b | ☐ Scholarly research | | е 🗌 | Othe | r | | | | | - |
| С | ☐ Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organizat XIII. | tion's collections | and explair | n how t | hey further | the org | ganization's exen | npt purp | ose | ın Part |
| 5 | During the year, did the organization | | | | | | | | | |
| | assets to be sold to raise funds rather | | ained as pa | ert of the | e organizati | on's co | ollection? | <u> </u> | 'es_ | □ No |
| Part | Escrow and Custodial Arra | | " - | . 000 [| 7-14 IV I.m. | . 0 | | | F. | |
| | Complete if the organization 990, Part X, line 21. | ranswered res | On Form | 1 990, F | art IV, IIII | e 9, Oi | reported an an | iount o | II FC | ווווע |
| 12 | Is the organization an agent, trustee | custodian or oth | ner interme | diary fo | or contribut | ions or | other assets no | nt - | | |
| 14 | • | | | - | | | | _ | /es | □ No |
| b | If "Yes," explain the arrangement in P | art XIII and compl | ete the follo | owina ta | able: | | | | - | |
| _ | ree, explain the arrangement | | | | | | Α | mount | | |
| С | Beginning balance | | | | | 10 | ; | | | |
| d | Additions during the year | | | | | 10 | 1 | | | |
| е | Distributions during the year . | | | | | 1e | _ | | | |
| f | Ending balance | | | | | 1f | | | | |
| 2a | Did the organization include an amount | | | | | | | | | ∐ No |
| | If "Yes," explain the arrangement in P | art XIII. Check her | e if the exp | olanatio | n has been | provid | ed on Part XIII | | | Ц |
| Par | Endowment Funds. Complete if the organization | anawarad "Vaa | " on Corm | | Dort IV line | - 10 | | | | |
| | Complete if the organization | (a) Current year | (b) Prior | | (c) Two year | | (d) Three years back | (e) For | ur vea | rs back |
| 1a | Beginning of year balance | (a) Carroni your | (4) | , , , , | (0) 1110) 50 | 0 000 | (4) ************************************ | | , | 70 |
| b | Contributions | - | | | | | | 1 | | |
| C | Net investment earnings, gains, and | | | | | | | | | |
| | losses | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | |
| е | Other expenditures for facilities and | | | | | | | | | |
| | programs | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | |
| g | End of year balance | <u></u> | L | | <u>l</u> | | | | | |
| 2 | Provide the estimated percentage of | | nd balance | (line 1g | j, column (a | i)) held | as: | | | |
| a | Board designated or quasi-endowme | | % | | | | | | | |
| b | | % · | | | | | | | | |
| С | Temporarily restricted endowment ► The percentages on lines 2a, 2b, and | | 00% | | | | | | | |
| 3a | Are there endowment funds not in th | | | ation the | at are held | and ad | Iministered for th | ie | | |
| | organization by: | | J | | | | | | Ye | s No |
| | (i) unrelated organizations | | | | | | | 3a(i) |) T | |
| | (ii) related organizations | | | | | | | 3a(ii |) | |
| b | If "Yes" on line 3a(ii), are the related of | organizations listed | d as require | ed on Se | chedule R? | | | 3b | | |
| 4 | Describe in Part XIII the intended uses | | on's endov | vment f | unds. | | | | | |
| Part | | | | | | | | | | |
| | Complete if the organization | 1 | | | | | | | | |
| | Description of property | (a) Cost or o (investm | | | or other basis other) | | Accumulated epreciation | (d) Bo | ok va | llue |
| 1a | Land | | 0 | | 0 | | | | | 0 |
| b | Buildings | | 0 | | 0 | | 0 | | | 0 |
| С | Leasehold improvements | | 0 | | 0 | | 0 | | | 0 |
| d | Equipment | | 17,085 | | 0 | | 8,077 | | | 9,008 |
| e | Other | <u>·. </u> | 0 | | 0 | | 0 | | | 0 |
| Total. | Add lines 1a through 1e. (Column (d) r | must equal Form 9 | 190, Pa <u>rt X,</u> | colum | n (B), line 10 | JC.) . | <u>.</u> ▶] | | | 9,008 |

| Part VII | Investments – Other Securities. | | - 000 D 1 V I' 40 |
|------------------|---|--------------------------|--|
| | Complete if the organization answered "Yes" on Form 990, Part | T | |
| | (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
| (1) Financial | | | |
| | neld equity interests | | |
| (3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | <u> </u> | |
| (E) | | | |
| (F) | | <u> </u> | |
| (G) (H) | | | |
| | h) must a guel Carry 000 Plant V and /D) leng 12) | | |
| Part VIII | b) must equal Form 990, Part X, col (B) line 12) ► Investments — Program Related. | <u> </u> | · |
| Part VIII | Complete if the organization answered "Yes" on Form 990, Part | IV line 11c See F | form 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) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| | b) must equal Form 990, Part X, col. (B) line 13.) ▶ | | i |
| Part IX | Other Assets. | n | |
| | Complete if the organization answered "Yes" on Form 990, Part | IV, line 11d. See F | |
| | (a) Description | | (b) Book value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | - |
| | mn (b) must equal Form 990, Part X, col. (B) line 15.) | | . ▶ |
| Part X | Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part | IV, line 11e or 11f. | . See Form 990, Part X, |
| 1. | line 25. (a) Description of liability | | (b) Book value |
| (1) Federal II | | | |
| | | | 1 671 170 |
| (2) Membe (3) | r and Non-Member Deposit Accounts | | 1,671,170 |
| (4) | | | |
| (5) | | - | |
| (6) | | | <u> </u> |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| | b) must equal Form 990, Part X, col. (B) line 25.) ▶ | | 1,671,170 |
| | r uncertain tax positions. In Part XIII, provide the text of the footnote to the orga | nization's financial sta | |
| | s liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the t | | |

| | XI Reconciliation of Revenue per Audited Financial Sta | | er Keturn. |
|---------|--|---------------------------------|------------------------------------|
| | Complete if the organization answered "Yes" on Form | 990, Part IV, line 12a. | · |
| 1 | Total revenue, gains, and other support per audited financial statem | nents | . 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 | |
| С | Recoveries of prior year grants | 2c | |
| | Other (Describe in Part XIII.) | 2d | |
| | | | 2e |
| | Subtract line 2e from line 1 | | . 3 |
| | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | 1 1 | |
| | Investment expenses not included on Form 990, Part VIII, line 7b | | |
| | Other (Describe in Part XIII) | | |
| | Add lines 4a and 4b | | . 4c |
| | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part | | 5 |
| Part 2 | | | |
| | Complete if the organization answered "Yes" on Form | | |
| 1 | Total expenses and losses per audited financial statements . | 000,1 0.111, | . 11 |
| | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| | Donated services and use of facilities | 2a | |
| | Prior year adjustments | 2b | |
| | Other losses | 2c | |
| | Other (Describe in Part XIII.) | . 2d | |
| | Add lines 2a through 2d | | . 2e |
| | Subtract line 2e from line 1 | | 3 |
| | Amounts included on Form 990, Part IX, line 25, but not on line 1: | · · i · i · · · | |
| | | . 4a | |
| | Other (Describe in Part XIII.) | | |
| | Add lines 4a and 4b | | 4c |
| | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Pai | | |
| Part > | | ., | - 1 - 1 - 1 - 1 - 1 |
| | | | |
| | e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines | 1a and 4, Part IV, lines 1b and | d 2b; Part V, line 4; Part X, line |
| 2; Part | e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this | | |
| | XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this | s part to provide any addition | al information. |
| | XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this | s part to provide any addition | al information. |
| | XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this | s part to provide any addition | al information. |
| | XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this | s part to provide any addition | al information. |
| | XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this | s part to provide any addition | al information. |
| | XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this | s part to provide any addition | al information. |
| | XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this | s part to provide any addition | al information. |
| | XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this | s part to provide any addition | al information. |
| | XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this | s part to provide any addition | al information. |
| | XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this | s part to provide any addition | al information. |
| | XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this | s part to provide any addition | al Information. |
| | XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this | s part to provide any addition | al Information. |
| | XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this | s part to provide any addition | al Information. |
| | XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this | s part to provide any addition | al Information. |
| | XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this | s part to provide any addition | al Information. |
| | XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this | s part to provide any addition | al Information. |
| | XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this | s part to provide any addition | al Information. |
| | XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this | s part to provide any addition | al Information. |
| | XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this | s part to provide any addition | al Information. |
| | XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this | s part to provide any addition | al Information. |
| | XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this | s part to provide any addition | al Information. |
| | XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this | s part to provide any addition | al Information. |
| | XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this | s part to provide any addition | al Information. |
| | XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this | s part to provide any addition | al Information. |

A\ \

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.

2018

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

| Name of the organization | Employer identification number | | | |
|--|---|--|--|--|
| 1387 NUEVA ESPERANZA | 27-2873365 | | | |
| Form 990, Part VI, Section A, Line 6 - The credit union is a financial cooperative - all account holders a | | | | |
| Form 990, Part VI, Section A, Line 6 - The clear union is a infancial cooperative vali account nodes are member/owners | | | | |
| | | | | |
| Form 990, Part VI, Section A, Line 7a - Members in good standing have one vote for the election of the | Board of Directors | | | |
| | | | | |
| Form 990, Part VI, Section A, Line 8b - There are no committees with authority to act on behalf of the E | Board | | | |
| | | | | |
| Form 990, Part VI, Section B, Line 11b - The return is shared with the Board for their review prior to file | na | | | |
| | <u> </u> | | | |
| | | | | |
| Form 990, Part VI, Section C, Line 19 - Documents are available for review at the office during busines | is nours or by appointment | | | |
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