Form **990** 

# **Return of Organization Exempt From Income Tax**

OMB No 1545-0047 2019

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

Department of the Treasury Internal Revenue Service				security numbers on this ov/Form990 for instruction				•	Open to I	
			dar year, or tax year beginning	·	2019, and end		12/	31	, <b>20</b> 19	
	Check if an		C Name of organization 1387 NUE		2010, 1110 0110	iii ig	12/	1	yer identification	
B	•	•	Doing business as	-VA ESPERANZA				Cilipio	27-2873365	i ilalilber
$\exists$	Address char Name char	-	Number and street (or P O box if	E Telenh	one number					
=	Initial retur	•	1638 Broadway St Lower Levi	E relepit	419-438-5490					
Η				419-430-3490	<del></del>					
片		/terminated	City or town, state or province, co	ountry, and zir or loreign postal	code			G Groce	receipts \$	153,117
님	Amended I		TOLEDO, OH, 43609  F Name and address of principal office.	oor SHE CHEVAS		M(a) Is	thic a a			es 🗸 No
ш	Application	1 pending	1638 Broadway St Lower Leve		14	1	-		es included? T	=
_	Tax-exemp	nt status	501(c)(3) 501(c) ( 14		(a)(1) or 527				ee instructions)	es
<u>.</u>	Website:			, , , , (losit 110) 10 11	(a)(1) a) 321		-	noitamexe	·	
_			Corporation Trust Associa	tion ☐ Other ▶	L Year of for		010	<del></del>	of legal domicile	———-
_	art I	Summai			1 2 7 3 4 7 7 7 7		<del></del>	0.2.0	or regar derinance	
_			cribe the organization's miss	ion or most significant ac	tivities: To n	rovide basi	c fina	ncial sen	vices and educ	ation to
ø			ho live, work, worship, matricul							ation to
a			of South Toledo, OH	idic, or voidingor in Educati	Journal Office	THE GICGIL				
Ë			box ▶ ☐ if the organization	discontinued its operation	ns or dispose	ed of more	than	25% of	its net assets	
Š			voting members of the gove	· ·	-			3		5
Activities & Governance			independent voting member	3 , ,	•	lb) .		4		5
es	l l		per of individuals employed in		-			5		2
Ĭξ			per of volunteers (estimate if i		RECE	VED.	.	6		6
Act			ated business revenue from I	* *	12		เป	7a		0
			ted business taxable income		Annas	2020 -	181	7b		0
Revenue				191	APK & G	CUAU Pr	ייייייייייייייייייייייייייייייייייייייי	ar .	Current Y	
	8 0	Contributio	ons and grants (Part VIII, line	1h)	and the substitute of the subs		当	8,313		
	1		ervice revenue (Part VIII, line		חכחבו	IIT	1	143,572		153,117
e Ve	1	-	t income (Part VIII, column (A			4		,		0
č	1		nue (Part VIII, column (A), line		11e)				-	0
	1		ue-add lines 8 through 11 (n					151,885		153,117
			sımılar amounts paid (Part I					,,,,,,,		0
	1		aid to or for members (Part IX							0
s	1	-	her compensation, employee I		A), lines 5–10)			65,157		69,538
JSe	16a F	rofession	al fundraising fees (Part IX, c	olumn (A), line 11e)						0
Expenses	1		raising expenses (Part IX, coli		0					
ũ			enses (Part IX, column (A), line					73,551		75,741
	1	-	nses. Add lines 13-17 (must		, line 25) .		_	138,708		145,279
	1		ess expenses. Subtract line 1					13,177	_	7,838
re or						Beginning	of Cur	rent Year	End of Ye	ear
Net Assets Fund Balanc	20 T	otal asset	ts (Part X, line 16) .				1,	876,256		2,296,385
t Asi	21 T	otal liabili	ties (Part X, line 26) .				1,	670,838		2,083,129
\$2	22 N	let assets	or fund balances Subtract li	ne 21 from line 20				205,418	<u> </u>	213,256
Pa	art II	Signatu	re Block							
			, I declare that I have examined this r						ny knowledge and	belief, it is
tru	e, correct,	and complete	e Declaration of preparer (other than	officer) is based on all informati	on of which prep	arer has any l	knowle	dge	1-1-	
			Du len	las				4	13/200	2 <i>0</i>
Sig		Signati	ure of officer				Date	•	•	
Here			Cuevas, Chief Executive Office	r						
		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	r print name and title	r <del>-z</del>				1 -		
Pa	iid	Print/Type	preparer's name	Preparer's signature		Date		Check [	<del>-</del> ;	
	eparer		<u> </u>	<u>.</u>				self-emp	loyed	
	e Only	Firm's nan	me <b>&gt;</b>				Firm'	s_EIN ▶		
		Firm's add					Phor	е по		
			this return with the preparer s		ictions) .		_	· · ·		
For	Paperwo	ork Reduct	ion Act Notice, see the separa	te instructions.	Ca	t No 11282	Y		Form	<b>990</b> (2019)

יוווע פי	0 (201	<del></del>		Page ∠
art	Ш,	Statement of Program Service Accomplishments		
1	Brief	Check if Schedule O contains a response or note to any line in this Part III	•••	<u> </u>
•		Page one of return		
	.000	7 age one of recuir		
				·
2	Did	the organization undertake any significant program services during the year which were not listed on the	-	
	prio	r Form 990 or 990-EZ?		✓ No
	If "Y	es," describe these new services on Schedule O.		
3		the organization cease conducting, or make significant changes in how it conducts, any program	_	_
			☐ Yes	<b>☑</b> No
		es," describe these changes on Schedule O		
4		cribe the organization's program service accomplishments for each of its three largest program services, enses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alloc		
		total expenses, and revenue, if any, for each program service reported.	alions it	ouners,
		istal superiose, and received, it any, its reason program of the reported.		
4a	(Coc	de:) (Expenses \$ including grants of \$) (Revenue \$		)
		page one of return		
		I. N		
				•••••
4b	(Cor	de: ) (Expenses \$ including grants of \$ ) (Revenue \$		<u> </u>
710	,000	, (LApprilods V		
				•••••
40	(Coc	de ) (Expenses \$ including grants of \$ ) (Revenue \$		1
	,000	, (Expanses 4, / (Expanses 4, / (Expanses 4	•••••	'
				<del>-</del>
				•••••
74	Oth	er program services (Describe on Schedule O )		
4d		penses \$ 0 including grants of \$ 0) (Revenue \$ 0)		
4e		Il program service expenses ► 0		
-		<u> </u>		



Checklist of Required Schedules Part IV Yes Nο Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 2 J Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 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 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 6 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 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 complete Schedule D, Part III . . . . . . . . . . . . . . . . . . . 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 9 debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a 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 11c d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e 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 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a Schedule D, Parts XI and XII . . . 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 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? 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 14b 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 15 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 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . . . . . 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 19 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .

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Part	IV 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		<b>&gt;</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>√</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	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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<b>✓</b>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<b>✓</b>
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)			ļ
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		<b>✓</b>
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
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		✓
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		<b>✓</b>
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		<b>✓</b>
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	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	<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, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	1	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Et il the state of the Book of Francisco Control of the State of the S	- المالية	Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	-)		· ·
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	<b>√</b>	

<u>Part</u>	Statements Regarding Other IRS Filings and Tax Compliance (continued)	
		Yes No
2à	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	
L	Statements, filed for the calendar year ending with or within the year covered by this return  [2a]  2  If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b ✓
b	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	
20	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 🗸
За b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b
_	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	
4a	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a 🗸
b	If "Yes," enter the name of the foreign country ▶	-1. B. 10. A.
	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 ✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b ✓
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a ✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	
	gifts were not tax deductible?	6b
7	Organizations that may receive deductible contributions under section 170(c).	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	
	required to file Form 8282?	7c
d	If "Yes," indicate the number of Forms 8282 filed during the year	
e	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?	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g
h	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	
8	sponsoring organization have excess business holdings at any time during the year?	8
9	Sponsoring organizations maintaining donor advised funds.	130 M S S 50 10 1
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b
10	Section 501(c)(7) organizations. Enter	设金金金
а	Initiation fees and capital contributions included on Part VIII, line 12	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]	ich ka ind
11	Section 501(c)(12) organizations. Enter:	
а	Gross income from members or shareholders	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	
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	17% to 1888 1871 19
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a
	Note: See the instructions for additional information the organization must report on Schedule O	<b>美国 医三角 图</b>
b	Enter the amount of reserves the organization is required to maintain by the states in which	
	the organization is licensed to issue qualified health plans	
C	Enter the amount of reserves on hand	
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 on 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 /
	excess parachute payment(s) during the year?	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16
	If "Yes," complete Form 4720, Schedule O.	
	/	Form <b>990</b> (2019)

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 change.				
•	Check if Schedule O contains a response or note to any line in this Part VI			J., 40.	
Secti	on A. Governing Body and Management			-	
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 5			
	If there are material differences in voting rights among members of the governing body, or		A TOP		
	if the governing body delegated broad authority to an executive committee or similar		n}	I.	. + 8/1
	committee, explain on Schedule O				
b	Enter the number of voting members included on line 1a, above, who are independent	<b>1b</b>   5		Fla.	
2	Did any officer, director, trustee, or key employee have a family relationship or a business any other officer, director, trustee, or key employee?	relationship with	2	#25Z-AE	<b>✓</b>
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, trustees, or key employees to a management company or o	under the direct ther person? .	3		<b>✓</b>
4	Did the organization make any significant changes to its governing documents since the prior For		4		✓
5	Did the organization become aware during the year of a significant diversion of the organization	on's assets? .	5		<b>√</b>
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?	elect or appoint	7a	✓	
b	Are any governance decisions of the organization reserved to (or subject to approva	l by) members,			١,
_	stockholders, or persons other than the governing body?		7b	Matherial	<b>/</b>
8	Did the organization contemporaneously document the meetings held or written actions un	dertaken during			No.
	the year by the following: The governing body?		8a	✓.	7.3.22.32
a 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 be a second and the second	ot be reached at			<u> </u>
•	the organization's mailing address? If "Yes," provide the names and addresses on Schedule		9		✓
Secti	on B. Policies (This Section B requests information about policies not required by the		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	ore filing the form?	11a	<b>\</b>	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		*	riin Tim	23
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	✓	
С	Did the organization regularly and consistently monitor and enforce compliance with the describe in Schedule O how this was done	policy? If "Yes,"	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	✓	
15	Did the process for determining compensation of the following persons include a review independent persons, comparability data, and contemporaneous substantiation of the deliberation				
а	The organization's CEO, Executive Director, or top management official		15a	<b>√</b>	
b	Other officers or key employees of the organization		15b	1	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		114.00	越矿	1915
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or sim with a taxable entity during the year?	llar arrangement	16a		<b>√</b>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization		17 481	100 m	
	participation in joint venture arrangements under applicable federal tax law, and take steps organization's exempt status with respect to such arrangements?		组 16b		£Æ
Secti	on C. Disclosure	-			
17	List the states with which a copy of this Form 990 is required to be filed ▶ None				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable	e), 990, and 990-			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that Own website.   Another's website.   Upon request.  Other (explain on Section 1).				
19	Describe on Schedule O whether (and if so, how) the organization made its governing doc	uments, conflict (	of inte	rest p	oolicy,
	and financial statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organizati	on's books and re	cords	<b>&gt;</b>	
	Sue Cuevas, (419)720-9530				

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Part VII`	Compensation of Officers	, Directors, Trustees	, Key Employees,	Highest Compensated	Employees, and
	<b>Independent Contractors</b>				
	Charles Cabadala O santain		and line in this Dan	4 V/II	

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. See instructions for the order in which to list the persons above

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee Position (B) (do not check more than one Reportable Reportable Name and title Average Estimated amount box, unless person is both an compensation compensation of other hours officer and a director/trustee compensation from the from related per week Individual to or director Institutional trustee Key employee employee Highest compensated organization from the (list any organizations (W-2/1099-MISC) (W-2/1099-MISC) organization and hours for related organizations related organizations l trustee below dotted line) 1 00 Adam Martinez 0 00 O 0 **Board Chair** 0 Joe Baldaras 1 00 0.00 0 0 0 **Board Secretary** 1 00 Roberto Martinez 0 00 n O Treasurer 0 1 00 Aleia Jones 0 00 0 n 0 **Board Member** 1 00 Martha Delgado 0 **Board Member** 0.00 O 0 Rosie Dunlap 1 00 Associate Board Member 0 00 0 0 0 40 00 Sue Cuevas 0 00 54,250 O Chief Executive Officer 0

Part	VII <sup>9</sup> Section A. Officers, Directors, 1	Trustees,	Key I	Em	plo	yee	s, an	d F	lighest Compe	nsated Emplo	yees (continued)
			i		(0	C)					
•	(A)	(A) (B) Position (D) (E)						(E)	(F)		
	Name and title	Average					ınan d ıs both		Reportable	Reportable	Estimated amount
		hours per week					or/trust	tee)	compensation from the	compensation from related	of other compensation
		(list any	욾	lns	읓	<u>&amp;</u>	en H	낕	organization	organizations	from the
		hours for	dire.	Ē	Officer	9	ploy	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
		related organizations	Individual trustee or director	Ē		Key employee	9 CO	`			related organizations
		below	ST.	7		yee	] mg				
		dotted line)	l ee	Institutional trustee			Highest compensated employee				
				Ф		ļ	ted			_	
									_		
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1b	Subtotal							▶	54,250		0
C	Total from continuation sheets to Part	VII, Section	n A								
d	Total (add lines 1b and 1c)	•			•		•	<u> </u>	54,250		
2	Total number of individuals (including but		d to th	nose	e list	ted	above	e) w	ho received mor	e than \$100,000	O of
	reportable compensation from the organ	zation 🕨							0		
											Yes No
3	Did the organization list any former	officer, dire	ector,	tru	ıste	e, I	кеу е	mp	loyee, or highes	st compensate	d
	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										
	organization and related organizations	greater th	an \$	150	,000	)? /	f "Ye	s, "	complete Sched	dule J for suc	h Maria de la companya della companya della companya della companya de la companya della company
	ındıvıdual										4 1
5	Did any person listed on line 1a receive of										al Casa de Casa
	for services rendered to the organization	? If "Yes," o	comp	lete	Scl	hed	ule J i	for s	such person .		5   ✓
Secti	on B. Independent Contractors										
1	Complete this table for your five high										
	compensation from the organization. Rep	ort comper	satio	n fo	r the	e ca	lenda	r ye	ear ending with or	within the orga	nızatıon's tax year
	(A)								(B)	ĺ	(C)
	Name and business add	iress						_	Description of sen	rices	Compensation
None	<u> </u>		_					_			
				_				_			
								_			
								_			
			_							823	1 2.00km 21 32.0 000 2 W. W.W.
2	Total number of independent contractor							o th	nose listed abov	e) who	
	received more than \$100,000 of compens	ation from	the or	rgar	ıızat	ion	<u> </u>		0	2244	

Part	VIIP	Statement of Rev						.4 \ //		
•		Check if Schedule	О со	ntains a re	espon	ise or note to a	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s s	1a	Federated campaign	ns .		1a	I	ATTERNATION OF A	Arches and a		<b>4</b> 256
ant	b	Membership dues			1b					
ទ្ធ	С	Fundraising events			1c					
fts,	d	Related organization	ns .		1d			Mar application of the pro-		a la description
اعِ: ق	е	Government grants	(cont	ributions)	1e	_				
Sin	f	All other contribution	ns, gif	fts, grants,			and a supply and the state of the	and order		ridge site of the di
털힐		and similar amounts no	ot incli	uded above	1f				1750	Control of the Contro
운히	g	Noncash contribution	ons in	cluded in				446		
Contributions, Gifts, Grants and Other Similar Amounts	_	lines 1a–1f		•	1g	<u> </u> \$	Parcial order area.			
9 8	h	Total. Add lines 1a-	-1t .	· ·	<u> </u>		0	A Print of the Land	7 TE 15 TE 1	
	0-	5		6 14	. 1	Business Code	452 447	452447		Bandi Carana and Arabina
Ş.	2a b	Providing Financial	Servic	es for Men	ibers	522130	153,117	153,117	0	0
Ser	D									
gram Ser Revenue	d									
P &	e							· · · · · · · · · · · · · · · · ·		
Program Service Revenue	f	All other program se	ervice	revenue			0	0	0	0
	g	Total. Add lines 2a-	-2f .			•	153,117			(COMPLEMENT OF THE SERVICE OF THE SE
-	3	Investment income		uding divi	dends	s, interest, and				
		other similar amoun				•				
	4	Income from investr	nent o	of tax-exem	npt bo	and proceeds				
	5	Royalties	<u> </u>			<b>D</b>	PO SPROMONION REFORMANCE AND A PARTY OF	\$800, 12 , 18 / 10 / 10 / 10 / 10 / 10 / 10 / 10 /	With the contract of the state of the	., 4-7,,,##################################
	٥-	0		(i) Rea	ı	(ii) Personal			The state of the s	religioscopia (m. 1990)
	6a b	Gross rents . Less rental expenses	6a 6b			_		un author	Billion plants as saling	e Mesille Ma
	C	Rental income or (loss)			0	0		Managamana di U.A. 2 debene man 1715 Fee il Cit. L. L. Serviconome		implantation of the state of th
	d	Net rental income o		Ls)		<u></u>	and the state of t	dend by C. dy of adjustic (2, x ).	7776 Faces 214 1 1971 (2000)	14-7 X X 44000040K - 4-7 I
	7a	Gross amount from	1,00	(i) Securit	ties	(ii) Other	10.00		45.0	
	, a	sales of assets								HOUSE S
		other than inventory	7a_							
e	b	Less cost or other basis								
'en		and sales expenses	7b					Area flore a sea fail a la		
Je.	C	Gain or (loss) .	7c		<u> </u>		THE PROPERTY OF STREET		hilliand his straight	NET WHITE THE GA
er Revenue	d	Net gain or (loss)			·	<u> <u>P</u></u>	witers by build adjugation of this is		ideli ben vanglikhilipi ben in stilligele	Trof 2000 day 20 may ay 222 years
oth	ва	Gross income troi		ndraising			HAVE THE STATE OF			arang atau ji e se
		events (not including of contributions re		d on line	1		11/11/11/11			
		1c) See Part IV, line			8a			Carrier of Carrier		
	b	Less: direct expens	es .	. , .	8b		du que as esta			
	С	Net income or (loss)			g eve	ents . ►				
	9a	Gross income 1							2 2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
		activities See Part I			9a				1	
	b	Less. direct expens			9b	L	The state of the s	The Control of the Co	A Prints.	
	С	Net income or (loss)	•		ctiviti	es ▶	 	NAS-ROBALINE	ALC: THE STATE OF	pathik filither and he was sainde bebliste
	10a	Gross sales of in returns and allowan		-	100			REFER N	#1100 1997 C	
	ь	Less cost of goods			10a 10b		The plan of the state of the st	The hits	HIGH HINES	
	C	Net income or (loss)					37693	1155772, 87172, WALDES	V228888888884445 D3182888885	
<u></u>			, 5.11			Business Code	100000000000000000000000000000000000000			HE SELL CE
e gon	11a					-	THE PARTY OF THE P	a community of 2011	2.28.1 %	The second secon
scellaneo Revenue	b									
eve	С									
Miscellaneous Revenue	d	All other revenue					<u> </u>	Man are out a post of the control of	ATTLITIN CT. MARKET	2 Kanasanga Sta. 7, 2022
	e	Total. Add lines 11a				<u> </u>	0	THE PERSON NAMED IN COLUMN TO PROPERTY.		
	12	Total revenue, See	: INSTr	LICTIONS		•	153 117	153 117	l n	1 0

	00 (2019)				Page 10
	IX° Statement of Functional Expenses				<u> </u>
Section	n 501(c)(3) and 501(c)(4) organizations must comp			must complete colu	ımn (A)
•	Check if Schedule O contains a response		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	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0		inger enderfullmingsmillinger et ende	Apple 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0		ileisa, menilikan Kaliferia	
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0	,		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	69,538		and a state of the uni	digi salifanisa se engalifaria engal
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	0			
11	Fees for services (nonemployees).				
а	Management	0			
b	Legal				
C	A				
-	1 - b b				
đ	, ,	l	#70 4140 ca & 1941 - 1942 - 1842 - 1842 - 1842 - 1842 - 1842 - 1842 - 1842 - 1842 - 1842 - 1842 - 1842 - 1842		
e	Professional fundraising services See Part IV, line 17		Replantation of the second sec	Selection accompless (1945)	
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
40	- · ·				
12	Advertising and promotion	05.000			
13	Office expenses	35,308			
14	Information technology	25,656			
15	Royalties				
16	Occupancy	0			
17	Travel	4,522			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	4,374			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e If				
	line 24e amount exceeds 10% of line 25, column			of male of the last	
	(A) amount, list line 24e expenses on Schedule O)				
а	Examination Fees	2,139	1		
b	Loan Servicing	2,969			
c	23di Golviding				
d		·	-		
e	All other expenses	773		-	
	Total functional expenses. Add lines 1 through 24e	145,279		0	0
25 26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	140,279			
	fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				-

Total liabilities and net assets/fund balances

Fora	1 990 (20	10)			Page <b>1</b> °
	art X °				rage i
	artA	Check if Schedule O contains a response or note to any line in this Pa	rtX		г
	•	,,,,,,,,,,,	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	30,862	1	24,316
	2	Savings and temporary cash investments	59,404	2	153,048
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	3,842	4	·
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	The state of the s
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	vicini propinski	6	Zhoret de cantalant tra-ann
ß	7	Notes and loans receivable, net	1,669,759	7	2,081,732
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D 10a 5,701			The first of the f
	b	Less. accumulated depreciation 10b 0	9,008	10c	5,70
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11	79,901	13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	23,480	15	31,588
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,876,256	16	2,296,385
	17	Accounts payable and accrued expenses	-332	17	12
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D .	TROUGHMANDING PROGRAMMENTO.	21	Tabid et Consideraten bestablistans es 1969
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	Section Section To the Control of th	22	Thin to the second seco
Ę.	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	4 674 470	25	2.092.445
	26	Total liabilities. Add lines 17 through 25	1,671,170 1,670,838	26	2,083,117 2,083,129
	20	Organizations that follow FASB ASC 958, check here ▶ □	1,070,036	20	2,003,12
ances	07	and complete lines 27, 28, 32, and 33.		27	10 10 10 10 10 10 10 10 10 10 10 10 10 1
Bal	27	Net assets without donor restrictions		28	
ᅙ	28		Minister All Astron	20	
Net Assets or Fund Balances	000	Organizations that do not follow FASB ASC 958, check here ▶ ✓ and complete lines 29 through 33.	gran garden eddharen ein e garden e	- 00	
ts (	29	Capital stock or trust principal, or current funds	0	30	
Se	30	Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds	205,418		212 250
Ž	31 32	Total net assets or fund balances	205,418	_	213,256 213,256
Net	33	Total liabilities and net assets/fund balances	1 876 256	_	

Form **990** (2019)

0

213,256

213,256

2,296,385

1,876,256 **33** 

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Page		4

rom 9						ye ız.
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			15	3,117
2	Total expenses (must equal Part IX, column (A), line 25)	2			14	5,279
3	Revenue less expenses Subtract line 2 from line 1	3				7,838
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			20	5,418
5	Net unrealized gains (losses) on investments	5				0
6	Donated services and use of facilities	6	0			
7	Investment expenses	7	7 c		0	
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10			21:	3,256
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			-		Yes	No
1	Accounting method used to prepare the Form 990.   Cash   Accrual   Other				11 2 45 1 11 10 1	
	If the organization changed its method of accounting from a prior year or checked "Other,"	explair	חוח 🏻		agings m high	
	Schedule O					<b>THE</b>
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		-	2a	f (1-898	<b>√</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were co	mpiled	d or	4		11974
	reviewed on a separate basis, consolidated basis, or both			18		141
	Separate basis Consolidated basis Both consolidated and separate basis		į			TOP SE
b	Were the organization's financial statements audited by an independent accountant?		٠	2b	<b>√</b>	285° \$25'24'
	If "Yes," check a box below to indicate whether the financial statements for the year were auc	ited o	n a	ş		
	separate basis, consolidated basis, or both:				1	
	Separate basis Consolidated basis Both consolidated and separate basis					ingherat r
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over				,	
	the audit, review, or compilation of its financial statements and selection of an independent account			2c	· ·	ধ্যুত্র
	If the organization changed either its oversight process or selection process during the tax year, a Schedule O	xpiair	ı on			
_		41	41	4	TETT	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	nι nπς	the	3a		.,
1.	Single Audit Act and OMB Circular A-133?	 dorac		Ja		
b	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such	_		3ь		
	required addit of addits, explain why on schedule of and describe any steps taken to didergo such	مناسان	•		n <b>990</b>	(2010
				FUII	11 330	(2019)

### **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. OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

1387 NUEVA ESPERANZA 27-2873365 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year . . . . Aggregate value of contributions to (during year) . Aggregate value of grants from (during year) . . . 3 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 ☐ Yes ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) ☐ Protection of natural habitat ☐ Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements . 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? ☐ Yes ☐ No 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 7 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 FASB 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 FASB 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 . . . (ii) Assets included in Form 990, Part X
- 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 FASB ASC 958 relating to these items:
- Assets included in Form 990, Part X

Part	: III °	<b>Organizations Maintaining</b>	Collections of	Art, His	torical 1	Treasures	, or O	ther Similar A	Assets (co	ontinued)
3		the organization's acquisition, ction items (check all that apply)	accession, and ot	her reco	ds, chec	k any of th	e follov	ving that make	significan	it use of its
а	☐ P.L	Rublic exhibition d ☐ Loan or exchange program								
b	☐ Sc	cholarly research		е	Other					
С	☐ Pr	eservation for future generations	ł							
4	Provid	de a description of the organizat	tion's collections a	and expla	ain how t	hey further	the org	ganization's ex	empt purp	ose in Part
5	Durin	g the year, did the organization	solicit or receive	donation	s of art,	historical tr	easure	s, or other sim	ıılar	
		s to be sold to raise funds rather								es 🗌 No
Part	: IV	<b>Escrow and Custodial Arra</b>	angements.							
		Complete if the organization 990, Part X, line 21.	answered "Yes	" on For	m 990, f	Part IV, line	e 9, or	reported an a	amount o	n Form
1a		e organization an agent, trustee ded on Form 990, Part X?	, custodian or oth 			or contribut				es 🗌 No
b	If "Ye	s," explain the arrangement in P	art XIII and comple	ete the fo	llowing ta	able:				
									Amount	
C	Begin	nning balance					10	;		
d	Addıt	ions during the year					10	1		
е	Distri	butions during the year					16			
f		ng balance					11			
2a b		ne organization include an amoul s," explain the arrangement in P								es □ No □
Pari		Endowment Funds.	art Am. Oneck her		Apiai latio	ii iias beeii	provid	CG OII I BIT AIII	•	
		Complete if the organization	answered "Yes	" on For	m 990. F	Part IV. line	e 10.			
		o o proce o ga zame.	(a) Current year		or year	(c) Two year		(d) Three years ba	ack (e) Fou	ır years back
1a	Begin	nning of year balance		,,,		1.7.		· · · · · · · · · · · · · · · · · · ·		<u> </u>
b	_	ributions	•					-		
С		nvestment earnings, gains, and								
d		ts or scholarships								
e		expenditures for facilities and								
	progr	ams								
f		nistrative expenses								
g		of year balance		<u> </u>	- ( 1-		امامط الا			
2		de the estimated percentage of t d designated or quasi-endowmei			e (iine ig	j, column (a	i)) neid	as.		
a				70						
b	Torm	anent endowment ►%								
С	Thor	percentages on lines 2a, 2b, and		nn%						
3a		here endowment funds not in the			zation th	at are held	and ac	Iministered for	the	
		nization by.								Yes No
	(i) U	nrelated organizations							. 3a(i)	
		elated organizations							3a(ii)	
b		es" on line 3a(ii), are the related o		l as requi	red on So	chedule R?			. 3b	
4		ribe in Part XIII the intended uses								<u>,                                      </u>
Part	VI	Land, Buildings, and Equip	ment.							
		Complete if the organization		" on For	m 990, I	Part IV, line	e 11a.	See Form 99	0, Part X,	line 10.
		Description of property	(a) Cost or of			or other basis other)		Accumulated epreciation	( <b>d</b> ) Bo	ok value
1a	Land		.	0		0				0
b	Build			0		0		0		0
C		ehold improvements		0		0		0		0
d		oment		0		0		0		0
e	Other			0		5,701		0		5,701
		nes 1a through 1e. (Column (d) n	nust equal Form 9	90, Part .	X, columr		Oc).			5,701

Part VII°	Investments — Other Securities.  Complete if the organization answered "Yes" on Form 990, Part	IV line 11h See F	Form 990 Part V line	12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market	1
(1) Financia	derivatives			
(2) Closely h	neld equity interests			
(3) Other				
(A)		-		
(B)		•		
		- <del></del>	<del> </del>	
(D) ,		· <del></del>	<del> </del>	
(E)				
(F)				
(G) (H)		-		
	mn (b) must equal Form 990, Part X, col (B) line 12.) . ▶	-		
Part VIII	Investments – Program Related.			
	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	1
(1)				
(2)				
(3)				
(4)				
(5)				
(6)		ļ		
<u>(7)</u>				
(8)				
(9)	(1) 15 - 000 Datk and (D) (may 10)			
	mn (b) must equal Form 990, Part X, col (B) line 13.)  Other Assets.			
Part IX	Complete if the organization answered "Yes" on Form 990, Part	IV, line 11d. See I	Form 990, Part X, line	
(1)	(a) Description		(b) Book valu	16
(2)	<del></del>			
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col (B) line 15.)	<u> </u>	. 🕨	
Part X	Other Liabilities.	11.7 (0 4.4 4.4.4	. C C 000 Dt.)	
	Complete if the organization answered "Yes" on Form 990, Part	iv, line The or Th	. See Form 990, Part 7	۸,
1.	line 25.		(b) Pook vole	
	(a) Description of liability		(b) Book valu	76
(1) Federal II	<del></del>	<del></del>	2.08	33,117
(2) Deposit	Accounts	<del></del>	2,00	,5,117
(3)			-	
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col (B) line 25.)		2,08	33,117
2. Liability fo	r uncertain tax positions. In Part XIII, provide the text of the footnote to the orga	nization's financial sta	atements that reports the	

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

Part	XI° Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue p	er Return.
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.	
1.	Total revenue, gains, and other support per audited financial statements		. 1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
C	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII )	2d	
e	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	
c	Add lines <b>4a</b> and <b>4b</b>		. 4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)	
Part			
	Complete if the organization answered "Yes" on Form 990,		
1	Total expenses and losses per audited financial statements		1 1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
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	Add lines 2a through 2d		. 2e
3	Subtract line 2e from line 1	· · · · · · · · · · · · · · · · · · ·	. 3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	i i i i i i i i i i i i i i i i i i i	
a		4a	
b	Other (Describe in Part XIII.)	4b	
	•		
•	Add lines 4a and 4h		4c
С 5	Add lines <b>4a</b> and <b>4b</b>	 e 18 )	.   4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin		5
5 Part		e 18) .	5
5 Part Provid	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information.	e 18) d 4; Part IV, lines 1b and	5 2b; Part V, line 4, Part X, line
5 Part Provid	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part	e 18) d 4; Part IV, lines 1b and to provide any additiona	5 2b; Part V, line 4, Part X, line il information.
Part Provid 2, Par	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part	e 18) d 4; Part IV, lines 1b and to provide any additiona	5   2b; Part V, line 4, Part X, line al information.
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## SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

### 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.

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

OMB No 1545-0047

2019

Open to Public Inspection

Employer identification number

1387 NUEVA ESPERANZA	27-2873365				
Form 990, Part VI, Section A, Line 6 - As a cooperatively owned organization, the credit union is owned by its member/depositors					
Form 990, Part VI, Section A, Line 7a - Members in good standing have one vote for election of board members					
Form 990, Part VI, Section B, Line 11b - The form is shared with the board before filing	Form 990, Part VI, Section B, Line 11b - The form is shared with the board before filing				
Form 990, Part VI, Section B, Line 15 - The board reviews salary information for comparable organizations	<u> </u>				
Form 990, Part VI, Section C, Line 19 - Available at the office during office hours					
	· · · · · · · · · · · · · · · · · · ·				