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Form **990-EZ** 

# Short Form Return of Organization Exempt From Income Tax

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

2019

OMB No. 1545-0047

Open to Public Inspection

Form **990-EZ** (2019)

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form, as it may be made public.
 Go to www.irs.gov/Form990EZ for instructions and the latest information.

For the 2019 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change 26-4035461 THE ESPERANZA EDUCATION FUND, INC. Name change Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Initial return
Final return/
terminated P.O. BOX 27507 202-656-4673 City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return WASHINGTON, DC 20038 Number > Application pending X Accrual Other (specify) Cash **G** Accounting Method: H Check ► L if the organization is Website: ► WWW.ESPERANZAFUND.ORG not required to attach Schedule B Tax-exempt status (check only one) -  $\times$  501(c)(3) 501(c) ( ) **◄**(insert no.) 4947(a)(1) or 527 (Form 990, 990-EZ, or 990-PF). Form of organization: X Corporation Trust \_\_\_\_ Association \_\_\_\_ Other Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, 110,921. column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received 108,547 Program service revenue including government fees and contracts 2 Membership dues and assessments 3 Investment income SEE SCHEDULE O <u>11.</u> 4 **5a** Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) Gaming and fundraising events: **a** Gross income from gaming (attach Schedule G if greater than Revenue 6a 95,547. of contributions **b** Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) **c** Less: direct expenses from gaming and fundraising events 0. d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances 7b Less: cost of goods sold Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7с Other revenue (describe in Schedule 0) SEE SCHEDULE O 89. 8 108,647. **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 Grants and similar amounts paid (list in Schedule 0) SEE 89,134. 10 10 11 11 Benefits paid to or for members 35,830. Salaries, other compensation, and employee benefits 12 12 15,596. 13 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 14 Printing, publications, postage, and shipping 15 15 SEE SCHEDULE O 4,527. 16 Other expenses (describe in Schedule 0) 16 17 145,087. Total expenses. Add lines 10 through 16 17 Excess or (deficit) for the year (subtract line 17 from line 9) -36,440. 18 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 102,758. Other changes in net assets or fund balances (explain in Schedule 0) 20 Net assets or fund balances at end of year. Combine lines 18 through 20 21 66,318.

932171 12-11-19

For Paperwork Reduction Act Notice, see the separate instructions.

Pa	art II Balance Sheets (see the instructions for Part II)				
	Check if the organization used Schedule O to response	oond to any ques	stion in this Part II		X
			(A) Beginning of year		End of year
22	Cash, savings, and investments		426,978	• 22	368,892.
23				23	
24		)	8,566		8,116.
25	Total assets		435,544	• 25	377,008.
26		)i	332,786	• 26	310,690.
27			102,758	• 27	66,318.
Pa	art III Statement of Program Service Accomplishmer		uctions for Part III)	E	xpenses
_	Check if the organization used Schedule O to resp	oond to any ques	stion in this Part III		d for section
Wha	at is the organization's primary exempt purpose?SEE SCHEDULE O				) and 501(c)(4) ions; optional for
Desc	cribe the organization's program service accomplishments for each of its three largest program	services, as measured by ex	penses. In a clear and concise	others.)	··-, - p ····
man	ner, describe the services provided, the number of persons benefited, and other relevant inform	nation for each program title.			
28	SEE SCHEDULE O				
				_	
				_	
	(Grants \$ 89,134.) If this amount includes foreign g	rants, check here	<b>&gt;</b>	28a	89,134.
29	, , , , , , , , , , , , , , , , , , , ,		·		,
				_	
				_	
	(Grants \$ ) If this amount includes foreign g	rants, check here	<b>•</b>	29a	
30	, ,	,·· · · · · · · · · · · · · · · · · ·			
				_	
				_	
	(Grants \$ ) If this amount includes foreign g	rants, check here	<b>•</b>	30a	
31	Other program services (describe in Schedule O)				
•	(Grants \$ ) If this amount includes foreign g			31a	
32	T. 1			<b>N</b> 00	89,134.
	art IV List of Officers, Directors, Trustees, and Key E	mployees (list each	one even if not compensated - s		
	Check if the organization used Schedule O to resp				X
	officer in the organization accar confedence of to rec	(b) Average hours		(d) Health benefits	
	(a) Name and title	per week devoted	compensation (Forms	contributions to employee benefit	amount of other
	(w) Hamo and thio	position	W-2/1099-MISC) (if not paid, enter -0-)	plans, and deferred compensation	compensation
FF	RANCELLA CHINCHILLA				+
	HAIR UNTIL JUNE 2019	5.00	0.	0.	.l o.
	BIGAIL OMOJOLA				1
	HAIR AS OF NOVEMBER 2019	5.00	0.	0 .	. 0.
	MEESHA SAMPAT	3777			+
	O-CHAIR AS OF NOVEMBER 2019	5.00	0.	0 .	.  0.
	EXANDER LIN	3,00			+
	CCRETARY	5.00	0.	0 .	. 0.
	HITHALINA COLEMAN	3.00			,
	REASURER AS OF NOVEMBER 2019	5.00	0.	0 .	. 0.
	RENDA PEREZ	3.00			,
	EMBER	2.00	0.	0 .	. 0.
	ATALIE GOULD	2.00	0.	0 .	<u>'</u>
	EMBER	2.00	0.	0 .	. 0.
	ERONICA DURAN	2.00	0.	0 .	, 
		2 00	0.	0 .	
	EMBER AS OF NOVEMBER 2019  KE EASTERLY	2.00	0.	<u> </u>	. 0.
		2 00		^	
	EMBER AS OF NOVEMBER 2019	2.00	0.	0 .	0.
	SHLEY STEWART	2 22		^	
	EMBER AS OF NOVEMBER 2019	2.00	0.	0 .	0.
	OSE MAGANA SALGADO			_	
	EMBER UNTIL JULY 2019	2.00	0.	0 .	. 0.
	ASON RESENDEZ			-	
ΜE	EMBER UNTIL OCTOBER 2019	2.00	0.	0 .	. 0.

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Form **990-EZ** (2019)

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

33 Did the organization engage in any significant activity not previously reported to the IRSP If Yes, "provide a defailed description of each activity in Schodals ID  33 X  34 X  35 AV Were any significant changes made to the organization same. Otherwise, organization consists if they reflect a change to the organization of same. Otherwise, organization they consistent here unreales to business pross is across of \$1,000 or more during the year from business activities (such as those reported on the property of the organization section \$50(c) (4), 50 10(c) (5), 50 10(c) (5), 50 10(c) (5) organization selection section sections all contains on the property of th		instructions for Part V.) Check if the organization used Sch. O to respond to any question in this	s Parl	: <b>V</b>	X				
actively in Schedule 0  All Were any spinificant changes made to the organizating or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization stame. Otherwise, explain the change on Schedule 0. See instructions  44		·		Yes					
34	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each							
about mems if they reflect a change to the organization's name. Otherwise, explain the change on Schedule C. See instructions  a Did the organization have unresided business prosi income of \$1,000 or more during the year from business activities (such as those reported on fires 2, 6a, and 7a, among others)?  b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule C. Was the organization as exciton 301(c)(4), 501 (c)(6), 50 c) 01(c)(6), 50 or 501(c)(6), 50 or 501			33		Х				
Sa	34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended							
on lines 2, 6u, and 7a, among others)?  b If Vest to line 5a, bus the organization field a form 990-T for the year? If Via; provide an explanation in Schedule 0  Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 603(e) notice, reporting, and proxy tax requirements during the year? If Yes; complete Schedule 0, Part III  36 bif the organization underpo a liquidation, dissolution, internation, or spinition and disposition of net assets during the year? If Yes;  37 a Criter amount of political expenditures, direct or indirect, as described in the instructions  37 a Criter amount of political expenditures, direct or indirect, as described in the instructions  38 bif the organization between from, or make any locans to, any officer, director, trustee, or key employee; or were any such locans made in a prior year and still outstanding at the end of the tax year covered by this return?  b If Yes, Complete Schedule I, Part II, and enter the total amount involved  39 bif the organization between from, or make any locans to, any officer, director, trustee, or key employee; or were any such locans made in a prior year and still outstanding at the end of the tax year covered by this return?  b If Yes, Complete Schedule I, Part II, and enter the total amount involved  39 critical political p		documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		Х				
b If View's to line 38a, has the organization filed a form 990-1 for the year? If Yoc, provide an explanation is Rededule 0  Was the organization a section 501 (c)(4), 501 (c)(5), or 501 (c)(6) organization subject to section 603 (c)) included in the organization and provide in the organization and provided in the organization and	35 a	35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported							
b If Yes' to line 35a, has the organization in eight of Form 990-T for the year? If Yes', provide an explanation in Schedule 0		on lines 2, 6a, and 7a, among others)?	35a		Х				
requirements during the year? If "Yes," complete Schedule C, Part III  5	b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b	N/	Α				
Section 501 (c)(3), 501 (c)(4), and 501 (c)(2) organizations. Enter amount of lax imposed on organization 501 (c)(4), 501 (c)(4), and 501 (c)(2) organizations. Enter amount of lax imposed on organization 17 these completes with the first price of the organization form 1898 Form 1898-1 (L) Section 501 (c)(3), 501 (c)(4), and 501 (c)(2) organizations. Enter amount of lax imposed on organizations. Set organization 50 the organizations form 1898 form 888-1 (L) Section 501 (c)(3), 501 (c)(4), and 501 (c)(2) organizations. Enter amount of lax imposed on organization shows on the maspers or sequence in section 501 (c)(3), 501 (c)(4), and 501 (c)(2) organizations. Enter amount of lax imposed on organization shows are in care of ▶ THE ORGANIZATION   Telephone no. ▶ 20.2 = 656 - 4673   Located at ₱ P.O. BOX 27507, WASHINGTON, DC   2019 (c)(4), and 501 (c)(4) organizations. Enter amount of lax organization split and social accounts of the organization split which a copy of this return is flet ₱ NONE    11 List the states with which a copy of this return is flet ₱ NONE   View or section 4910 (c)(4), and 501 (c)(4) organizations. Enter amount of lax organization orga	C	Was the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization subject to section $6033(e)$ notice, reporting, and proxy tax							
37 a Enter amount of politicale parts of Schedule N  78 a Enter amount of political expenditures, direct or indirect, as described in the instructions  ▶ 37 a   S7 a   S7 a   S7 a   S7 b   X  38 a Did the organization file Form 1120-POL for this year?  88 a Did the organization form, or make any loans to, any officer, director, trustee, or key employee, or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  89 a   N / A   S8 c   S8 a   S8		requirements during the year? If "Yes," complete Schedule C, Part III	35c		Х				
87a Enter amount of political expenditures, direct or indirect, as described in the instructions	36								
b Dit the organization life Form 1120-POL for this year?  38 a Dit the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  b If "Yes", complete Schedule L, Part II, and enter the total amount involved  38 b IN/A  38 Section 501 (c)(7) organizations. Enter:  a Initiation fees and capital contributions included on line 9  38 N/A  39 B N/A  40 B Gross receipts, included on line 9, for public use of club facilities  9 C ; section 901 (c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 501 (c)(3), 501 (c)(4), and 501 (c)(29) organizations. Did the organization engage in any section 455e excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year or did it engage in an excess benefit transaction at prior year that has not been reported on any of 15 prior form 990 or 990-EZ! If "yes," complete Schedule L, Part 1  c Section 501 (c)(3), 501 (c)(4), and 501 (c)(29) organizations. Enter amount of tax on line Ado the part of the organization and prior year that has not been reported on any organization and prior year under sections 4912, 4955, and 4958  0 c Section 501 (c)(3), 501 (c)(4), and 501 (c)(29) organizations. Enter amount of tax imposed on organization and prior year under sections 4912, 4955, and 4958  0 c All organizations which which a copy of this return is filed NONE  12 List the states with which a copy of this return is filed NONE  12 List the states with which a copy of this return is filed NONE  12 List the states with which a copy of this return is filed NONE  12 List the states with which a copy of this return is filed NONE  13 A any time during the calendary early diffusion organization and prior year in an early to a prohibited tax shelter transaction? If "Yes," complete form 890.2 C NONE  14 A bid the organization and the foreign country NONE					Х				
b Dit the organization life Form 1120-POL for this year?  38 a Dit the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  b If "Yes", complete Schedule L, Part II, and enter the total amount involved  38 b IN/A  38 Section 501 (c)(7) organizations. Enter:  a Initiation fees and capital contributions included on line 9  38 N/A  39 B N/A  40 B Gross receipts, included on line 9, for public use of club facilities  9 C ; section 901 (c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 501 (c)(3), 501 (c)(4), and 501 (c)(29) organizations. Did the organization engage in any section 455e excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year or did it engage in an excess benefit transaction at prior year that has not been reported on any of 15 prior form 990 or 990-EZ! If "yes," complete Schedule L, Part 1  c Section 501 (c)(3), 501 (c)(4), and 501 (c)(29) organizations. Enter amount of tax on line Ado the part of the organization and prior year that has not been reported on any organization and prior year under sections 4912, 4955, and 4958  0 c Section 501 (c)(3), 501 (c)(4), and 501 (c)(29) organizations. Enter amount of tax imposed on organization and prior year under sections 4912, 4955, and 4958  0 c All organizations which which a copy of this return is filed NONE  12 List the states with which a copy of this return is filed NONE  12 List the states with which a copy of this return is filed NONE  12 List the states with which a copy of this return is filed NONE  12 List the states with which a copy of this return is filed NONE  13 A any time during the calendary early diffusion organization and prior year in an early to a prohibited tax shelter transaction? If "Yes," complete form 890.2 C NONE  14 A bid the organization and the foreign country NONE	37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions <b>&gt; 37a 0</b>							
a in a prior year and still outstanding at the end of the tax year covered by this return?  a initiation fees and capital contributions included on line 9  Section 501(c)(7) organizations. Enter:  a initiation fees and capital contributions included on line 9  b Gross receipts, included on line 9  b Gross receipts, included on line 9  b Gross receipts, included on line 9  c Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  section 4911 ▶ 0 . ; section 4912 ▶ 0 . ; section 4958 ▶ 0 .  b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Ut the organization in a prior year that has not been reported on any of lits prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I  c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4965, and 4958 ▶ 0 .  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4965, and 4958 ▶ 0 .  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. Any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T  40			37b		Х				
b If "Yes," complete Schedule L, Part II, and enter the total amount involved  38 Section 501(c)(7) organizations. Enter:  a initiation fees and capital contributions included on line 9  b Gross receipts, included on line 9, for public use of club facilities.  39 N/A  40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4915 ▶ 0. ;  b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it lengage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year unders exceitons 4912, 4955, and 4958  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8888-T  41 List the states with which a copy of this return is filled ▶ NONE  42 The organization's books are in care of ▶ THE ORGANIZATION Telephone no. ▶ 202-656-4673  Located at ▶ P.O. BOX 27507, WASHINGTON, DC  ZIP+4 ▶ 20038  b At any time during the calendary year, dith organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  42 At any time during the calendary year, dith organization mention maintain an office outside the United States?  If "Yes," enter the name of the foreign country ▶  See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  44 Did the organization mental trains any donor activis	38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made							
39 Section 501(c)(7) organizations. Enter: a initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 39b N/A 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 . section 4912 ▶ 0 .; section 4915 ▶ 0 .  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior forms 990 or 390-EZF2 If ***sc*; complete Schedule I., Part I  c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization magness or disqualified persons during the year under sections 4912, 4955, and 4958			38a		Х				
a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities  20a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911	b	If "Yes," complete Schedule L, Part II, and enter the total amount involved							
b Gross receipts, included on line 9, for public use of club facilities  40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4915 ▶ 0.  b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior forms 990 or 390-272 ft "Yes," complete Schedule I., Part I to 40b	39								
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year undersection 4911 ▶ 0 . ; section 4915 ▶ 0 .   Section 4915 ▶ 0 . ; section 4912 ▶ 0 . ; section 4915 ▶ 0 .   Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4956 sexess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule I, Part I .   40b	а								
Section 4911 ▶ 0 . ; section 4912 ▶ 0 . ; section 4955 ▶ 0 .  b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0 .  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0 .  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0 .  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections.  e All organizations at the year was the organization aparty to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  41 List the states with which a copy of this return is filed ▶ NONE  42a The organization's books are in crar of ▶ THE ORGANIZATION  Telephone no. ▶ 202-656-4673  Located at ▶ P.O. BOX 27507, WASHINGTON, DC  ZIP+4 ▶ 20038  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the United States?  1 Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 1141, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization ma	b	Gross receipts, included on line 9, for public use of club facilities							
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction for forms 990 or 990-EZ if I Yes, "Form 990 must be completed instead of Form 990-EZ organization during the year, or did the organization of the year under sections 4912, 4955, and 4958  c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c relimbursed by the organization by the organization and the year, was the organization a party to a prohibited tax shelter transaction? If Yes," complete Form 8886-T  1 List the states with which a copy of this return is filed NONE  1 NONE  1 List the states with which a copy of this return is filed NONE  2 The organization's books are in care of THE ORGANIZATION Telephone no. 202-656-4673  Located at P.O. BOX 27507, WASHINGTON, DC ZIP+4 20038  3 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the United States?  If Yes, enter the name of the foreign country P  3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44a  X  45a  Did the organization maintain any donor advised funds during the year? If Yes, Form 990 must be completed instead of Form 990-EZ  b Did the organization receive any payments for indoor tanning services during the year?  44b  X  45c  X  45d	40 a								
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41 List the states with which a copy of this return is filed ▶ NONE  12 The organization's books are in care of ▶ THE ORGANIZATION Telephone no. ▶ 202-656-4673  Located at ▶ P · O · BOX 27507, WASHINGTON, DC  2IP · 4 ▶ 20038  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  C At any time during the calendar year, did the organization maintain an office outside the United States?  Late of the foreign country ▶  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  14 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  15 Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  25 Did the organization receive any payments for indoor tanning services during the year?  26 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  27 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions  45 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter							
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Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions  45b									
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b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions  45b	44 a				37				
of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions  45b	_		44a		X				
c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions  45c X	b				77				
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions 45b		01 Form 990-EZ							
in Schedule 0  45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  45 b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions  45 b			44c		X				
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions 45b 45c	d								
b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions 45b		In Schedule U			37				
512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions 45b			45a		A				
	b								
	_	512(b)(13)? IT "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	•		(0040)				

40 0:1				.,.	. "	о Г	1	res	INO
	the organization engage, directly or indirectly, in political	· -			-	- 1	46		Х
Part V		)nlv					46		
Part V	All section 501(c)(3) organizations must ans		and EQ on	d complet	o the tables for line	oc 50 and 51			
	Check if the organization used Schedule Of	-		-					
	Check if the organization used Schedule Of	to respond to any ques	SHOTT IIT HITS	s Fait VI .					No
<b>47</b> Did	the organization engage in lobbying activities or have a	section 501(h) election in	effect durin	ng the tax v	ear? If "Yes " complete	e Sch C Part II	47		X
	ne organization a school as described in section 170(b)(						48		X
	the organization make any transfers to an exempt non-						49a		X
	es," was the related organization a section 527 organiza						49b		
	nplete this table for the organization's five highest comp							eived	more
	\$100,000 of compensation from the organization. If th			,	o, ao to oo, aao, o			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(a) Name and title of each employee		(b) Average	hours	(C) Reportable	(d) Health benefits	, (e)	Estim	ated
	. ,		er week dev		compensation (Forms W-2/1099-MISC)	contributions to employee benefit	amou		
	NONE		positio	n	17 27 1000 111100)	plans, and deferred compensation	com	pensa	ation
							$\top$		
							1		
							1		
<b>f</b> Tota	al number of other employees paid over \$100,000			·					
<b>51</b> Com	nplete this table for the organization's five highest comp	ensated independent con	tractors who	o each rece	ived more than \$100,	000 of compensa	tion fro	m the	)
orga	anization. If there is none, enter "None." <b>NONE</b>								
	(a) Name and business address of each independent c	contractor		(b)	Type of service	(c) (	Compen	satior	1
<b>d</b> Tota	al number of other independent contractors each receive	ing over \$100,000			▶				
<b>52</b> Did	the organization complete Schedule A? Note: All section	n 501(c)(3) organizations	must attach	ı a		_	_	_	_
	pleted Schedule A					•	X Yes		No
Under per	nalties of perjury, I declare that I have examined this ret	urn, including accompany	ing schedul	es and stat	ements, and to the be	st of my knowled	ge and I	belief,	, it is
true, corre	ect, and complete. Declaration of preparer (other than o	officer) is based on all info	rmation of v	vhich prepa	rer has any knowledg	je.			
	Signature of officer					Date			
Sign					_	Date			
Here	MARITZA SOLANO, CURRI	ENT DIR. OF	OPERA	TIONS	5				
				15.	l Observation I	1 1 1 2 1 2 1 1 1			
	Print/Type preparer's name	reparer's signature		Date	Check	if PTIN			
Paid	DAULT TOWNS				self- emplo		2646	00	
Prepar	er DAVID JONES					P01			
Use O	nly Firm's name JONES, MARESCA					<u>▶52-18</u> !			
	Firm's address > 10500 LITTLE		AKKWAY	r, sul	TE 7 Phone no	410-88	<u>+ - 02</u>	∠0	
	COLUMBIA, MD					. г	7 -		<del>-</del> -
May the II	RS discuss this return with the preparer shown above?	See instructions					Yes		No
						F	orm 99	0-EZ	(2019)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization THE ESPERANZA EDUCATION FUND, INC. **Employer identification number** 26-4035461

Pa	Irt I Reason for Public Charity Status (All organizations must complete this part.) See instructions.							
he	organ	ization is not a private found	ation because it is: (	For lines 1 through 12, o	check only	one box.)		
1		A church, convention of ch	•	•	-	•		
2		A school described in <b>secti</b>						
3		A hospital or a cooperative					ii).	
4		A medical research organiz						the hospital's name
		city, and state:	a operated	ngan onon man a moopha				and mospital o maine,
5		An organization operated for	or the benefit of a co	llege or university owner	d or operat	ted by a d	overnmental unit describ	ned in
J		section 170(b)(1)(A)(iv). (C		nego or armversity owner	а ог орога	iou by u g	overnmental and accord	700 III
6		A federal, state, or local gov	•	aantal unit daaarihad in	coetion 17	70/6//4//4/	(v)	
	X	, ,	· ·				• •	nublic described in
′	21	An organization that norma	-	riliai part of its support i	rom a gov	emmentai	unit or from the general	public described in
_		section 170(b)(1)(A)(vi). (Co	· ·	(4)(A)(-1) (Ol-t- D	<b>.</b> \			
8	Н	A community trust describe						
9		An agricultural research org				-	-	-
		or university or a non-land-g	rant college of agric	ulture (see instructions).	. Enter the	name, city	, and state of the colleg	e or
		university:						
10	ш	An organization that norma						
		activities related to its exen	•					•
		income and unrelated busin		(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Cor	•					
11	H	An organization organized a	-	•	-			
12	ш	An organization organized a	=	•	-		· · · · · · · · · · · · · · · · · · ·	
		more publicly supported or	-					Check the box in
		lines 12a through 12d that	• •			-		
а			· · · · · · · · · · · · · · · · · · ·		•	•		
		the supported organization			a majority	of the dire	ctors or trustees of the s	supporting
		organization. <b>You must c</b>						
b			· ·					-
		control or management o			ame perso	ons that co	ontrol or manage the sup	pported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
С							• •	ed with,
		its supported organization	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.	
d							• • • • •	
		that is not functionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and an attent	iveness
		requirement (see instructi	ions). <b>You must con</b>	nplete Part IV, Sections	s A and D,	and Part	V.	
е		☐ Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	Type III non-functio	nally integrated support	ing organiz	zation.		
f		er the number of supported o	-					
g		vide the following information			(iv) Is the orga	nization listed	(a) Among and of monopology	(vi) Amazumt of other
	(	i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No	Support (See Instructions)	Support (See Instructions)
- Ota	<u> </u>							

# Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support	, , , , , , , , , , , , , , , , , , , ,		,			
	endar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
	Gifts, grants, contributions, and	, ,	,,	, ,	,,	( ,	(,
	membership fees received. (Do not						
	include any "unusual grants.")	115,144.	128,163.	108,290.	164,150.	108,547.	624,294.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	115,144.	128,163.	108,290.	164,150.	108,547.	624,294.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						155,396.
	Public support. Subtract line 5 from line 4.						468,898.
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016 128,163.	(c) 2017 108, 290.	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	115,144.	128,163.	108,290.	164,150.	108,547.	624,294.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	075	F 0	4.0	150		F 2.4
	and income from similar sources	275.	50.	48.	150.	11.	534.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital		ر ا				0.5
	assets (Explain in Part VI.)		6.			89.	95. 624,923.
	<b>Total support.</b> Add lines 7 through 10						024,923.
12	Gross receipts from related activities,	•	,			12	
13	•		s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
Sec	organization, check this box and stop ction C. Computation of Publ		rcentage				<b>P</b>
	Public support percentage for 2019 (I		<u>~</u>	column (f))		14	75.03 %
	Public support percentage from 2018					15	76.50 %
	33 1/3% support test - 2019. If the c						
106	stop here. The organization qualifies						
r	33 1/3% support test - 2018. If the co						
	and <b>stop here.</b> The organization qual						
17:	10% -facts-and-circumstances tes						
176	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					-	
۲	10% -facts-and-circumstances tes						
	more, and if the organization meets the	_					
	organization meets the "facts-and-circ						· •
18	Private foundation. If the organization						s
<u></u>	The state of the s					edule A (Form 990	

### Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to	<i>,</i>					
the organization without charge $\dots$						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and	i					
3 received from disqualified persons	s					
<b>b</b> Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on						
securities loans, rents, royalties,						
and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses	S					
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b,	S					
whether or not the business is						
regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital					1	
assets (Explain in Part VI.) · · · · · · · · · · · · · · · · · · ·						
13 Total support. (Add lines 9, 10c, 11, and 12.)	· -				<u> </u>	<u> </u>
<b>14</b> First five years. If the Form 990 is f	-			-		
check this box and stop here						<u></u>
Section C. Computation of Pub					1 1	
<b>15</b> Public support percentage for 2019					15	<u>%</u>
16 Public support percentage from 20					16	<u>%</u>
Section D. Computation of Inve					1 1	
17 Investment income percentage for 2					17	<u>%</u>
18 Investment income percentage from					18	<u>%</u>
19a 33 1/3% support tests - 2019. If the						
more than 33 1/3%, check this box						
b 33 1/3% support tests - 2018. If the						
line 18 is not more than 33 1/3%, cl	neck this box and <b>st</b>	t <b>op here.</b> The orga	nization qualifies a	as a publicly suppo	orted organization	▶∐
20 Private foundation. If the organizat	ion did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	<b>&gt;</b>

### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
- Ou		
3b		
3c		
4a		
4b		
4c		
5a		
5b 5c		
30		
6		
6		
7		
C		
8		
9a		
01-		
9b		
9с		
40-		
10a		
10b		

Pa	rt IV   Supporting Organizations <sub>(continued)</sub>			
	,		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	Ĺ П	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	٥.		
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	<b>^</b> -		
L	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
	or its supported organizations: it in tes, describe in Fait with the fole played by the organization in this regard.	S		

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations	i ago c
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust o	n Nov. 20, 1970 (explain in	Part VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	-		•
Sect	ion A - Adjusted Net Income	·	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ly integra	ated Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Par	rt V │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continued)</sub>	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive	e	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
_е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;

	line 1; Pa	rt IV, Secti ), lines 5, 6	on D, lin	es 2 and 3	; Part I\	/, Section E, lines 1c, 2	a, 2b, 3a,	and 3b; Parl	ection B, lines 1 and 2; Part IV, Section C, : V, line 1; Part V, Section B, line 1e; Part V, t for any additional information.
SCHEI	DULE A,	PART	II,	LINE	10,	EXPLANATION	1 FOR	OTHER	INCOME:
MISC.	REVEN	UE							
2016	AMOUNT	: \$	6.						
2019	AMOUNT	: \$	89.						

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2019

Name of the organization

THE ESPERANZA EDUCATION FUND,

Employer identification number

26-4035461

Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_ 🕨 \$ \_ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization Employer identification number

### THE ESPERANZA EDUCATION FUND, INC.

26-4035461

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>15,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$15,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	- Training data coop and En 1 1	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$5,000.	Person X Payroll

Name of organization Employer identification number

## THE ESPERANZA EDUCATION FUND, INC.

26-4035461

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
23453 11-06			990 990-F7 or 990-PF) (2		

**Employer identification number** 

Name of organization

26-4035461 THE ESPERANZA EDUCATION FUND, Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

### **SCHEDULE 0**

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE ESPERANZA EDUCATION FUND, INC.

**Employer identification number** 26-4035461

THE ESPERANZA EDUCATION FUND, INC.	20-40	35461
FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:		
DESCRIPTION OF PROPERTY:		AMOUNT:
INTEREST		11.
FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:		
DESCRIPTION OF OTHER REVENUE:		AMOUNT:
SALE OF PRODUCTS		89.
FORM 990-EZ, PART I, LINE 10, GRANTS AND SIMILAR AMOUNT	TS PAID:	
ACTIVITY CLASSIFICATION: TUITION PAYMENTS		
GRANTEE RELATIONSHIP: NONE		
AMOUNT GIVEN:		89,134.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:		
DESCRIPTION OF OTHER EXPENSES:		AMOUNT:
CONFERENCES AND MEETINGS		210.
INFORMATION TECHNOLOGY		3,250.
MISCELLANEOUS		500.
TRAVEL		224.
PAYPAL AND OTHER BANK FEES		343.
TOTAL TO FORM 990-EZ, LINE 16		4,527.
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:		
DESCRIPTION BEG. (	OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLE	8,566.	8,116.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form	990 or 990-E <b>Z</b> ) (2019

Name of the organization **Employer identification number** THE ESPERANZA EDUCATION FUND, INC. 26-4035461 FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES: DESCRIPTION BEG. OF YEAR END OF YEAR GRANTS PAYABLE 332,786. 310,690. FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO PROVIDE COLLEGE SCHOLARSHIPS AND PROMOTE HIGHER EDUCATION FOR THE IMMIGRANT COMMUNITY IN THE DISTRICT OF COLUMBIA, MARYLAND, AND VIRGINIA. FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS: IN 2019, THE ESPERANZA EDUCATION FUND ("ESPERANZA") AWARDED COLLEGE SCHOLARSHIPS WORTH \$83,134 TO 43 HIGH SCHOOL STUDENTS FROM D.C., MARYLAND AND VIRGINIA. THE STUDENTS CAME FROM, OR THEIR PARENTS CAME FROM, SEVERAL DIFFERENT COUNTRIES. ESPERANZA SELECTED THESE STUDENTS FROM OVER 500 APPLICANTS. ESPERANZA MATCHES EACH OF ITS SCHOLARS WITH A MENTOR (IF THE SCHOLAR DESIRES) AND PROVIDES SUPPORT TO THE STUDENTS THROUGHOUT THEIR COLLEGE CAREERS. THESE EXPENSES INCLUDE TRAVEL REIMBURSEMENT FOR THE MENTORS TO VISIT THEIR SCHOLARS ON CAMPUS AND VARIOUS EVENTS THAT ESPERANZA HOSTS, INCLUDING A CAREER DEVELOPMENT CONFERENCE. FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,

OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Schedule O (Form 990 or 990-EZ) Page 2 **Employer identification number** Name of the organization THE ESPERANZA EDUCATION FUND, INC. 26-4035461 Part IV | List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.) (d) Health benefits. (e) Estimated (b) Average hours (C) Reportable contributions to employee benefit plans, and deferred compensation (Forms W-2/1099-MISC) per week devoted to amount of other (a) Name and title position compensation (If not paid, enter -0-) compensation TERRY KUSH, DIR. OF OPERATIONS UNTIL JAN. 2019 0. 40.00 2,500. 0. MARITZA SOLANO, DIR. OF OPERATIONS AS OF FEB. 2019 40.00 33,330 0. 0.

Schedule O (Form 990 or 990-EZ)