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Short Form Return of Organization Exempt From Income Tax

2016

OMB No 1545-1150

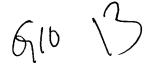
Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

	A F	or the	2016 calend	ar year, or tax year beginning , 2016, and end	ng		, 20
	B c	B Check if applicable		C Name of organization	Di	Employer ide	entification number ?
		Address o	hange	ACCION ESPERANZA PARTNERSHIP FOR HOPE		2	7-257620 4
5,	_	Name cha	-	Number and street (or P O box, if mail is not delivered to street address) Room/su	ute E	Telephone nu	mber
//	_	nitial retu		730 W 14TH STREET		54	1-324-0408
(4)	=	-mai retur Amended	m/terminated return	City or town, state or province, country, and ZIP or foreign postal code	F	Group Exer	nption
`	=		n pending	MEDFORD, OR 97501		Number >	?
	G A	Account	ting Method	☐ Cash	H Che	ck ▶ 🔲 ıf	the organization is not
	I W	Vebsite	:: ▶				ich Schedule B
	J Ta	ax-exen	npt status (che	ck only one) — 🗹 501(c)(3) 🔲 501(c) () ◀ (insert no) 🔲 4947(a)(1) or 🔲 527	(For	m 990, 990	-EZ, or 990-PF)
			organization				
				7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or i	total ass	sets	
				v) are \$500,000 or more, file Form 990 instead of Form 990-EZ	•	<u> </u>	
	Pa	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see			
				the organization used Schedule O to respond to any question in this P			<u>.</u> . 🗆
l	? .	1		ns, gifts, grants, and similar amounts received		. 1	50851
1	?	2		ervice revenue including government fees and contracts		. 2	
	?	3		p dues and assessments		. 3	
	?	4	Investment			. 4	
		5a		unt from sale of assets other than inventory 5a]]]	
:		b		or other basis and sales expenses			
)		C		ss) from sale of assets other than inventory (Subtract line 5b from line 5a)		. <u>5c</u>	
4		6		d fundraising events			
3	ø	а		ome from gaming (attach Schedule G if greater than		3 🕻	
	Ĕ			<u></u>			
	Revenue	D		me from fundraising events (not including \$of contrib aising events reported on line 1) (attach Schedule G if the	utions		
•	E			h anna a managan and a matthe transport of the COO.			
Ŧ		_		t expenses from gaming and fundraising events 6c		 ,	
3		d d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and	d cubtra	ct .	
		_	line 6c)	or (1033) from garring and fundraising events (add lines of and ob and	Subila	2000.42	
) U		7a	,	s of inventory, less returns and allowances		· 6d	
3		b		of goods sold			
U		C		t or (loss) from sales of inventory (Subtract line 7b from line 7a)		. 7c	
ৰ্থ		8		nue (describe in Schedule O)		. 8	
\supset		9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	50851
		10	Grants and	similar amounts paid (list in Schedule O)		. 10	48500
		11	Benefits pa	id to or for members		711	40300
-	S	12		her compensation, and employee benefits ?	4	. /12	
2017	Expenses	13		al fees and other payments to independent contractors		7 (13	
65	<u>B</u>	14		r, rent, utilities, and maintenance	2037	14	
es3	<u> </u>	15		blications, postage, and shipping		.7 15	
		16	Other expe	nses (describe in Schedule O) 2		16	250
JUN J		17		nses. Add lines 10 through 16	,	17	48750
•	s	18		deficit) for the year (Subtract line 17 from line 9)		. 18	2101
	Assets	19	Net assets	or fund balances at beginning of year (from line 27, column (A)) (must a	gree wit		
_	Asi			r figure reported on prior year's return)			351-1
7	<u></u>	20	Other chan	ges in net assets or fund balances (explain in Schedule O)		. 20	
	, z	21		or fund balances at end of year. Combine lines 18 through 20	1	21	5612
Ċ.	For	Paperv	vork Reducti	on Act Notice, see the separate instructions. Cat No 10642	1		Form 990-EZ (2016)



	Tt II Balance Sheets (see the instruction Check if the organization used Schedu		invaluestion in this	Part II		r .
	Oncok if the organization used ocheco	ale o to respond to a	ary question in this	(A) Beginning of year	Ė .	(B) End of year
22	Cash, savings, and investments			3511	22	561
23	Land and buildings			0	23	
24	Other assets (describe in Schedule O)		[0	24	
25	Total assets		[3511	25	561
26	Total liabilities (describe in Schedule O) .		[0	26	
27	Net assets or fund balances (line 27 of colur	nn (B) must agree wit	h line 21)	3511	27	561
ar	t III Statement of Program Service Acco	-		•		_
	Check if the organization used Schedu			Part III	/Ba	Expenses guired for section
∕ha	it is the organization's primary exempt purpose?	NICARAGUA SCHO	LARSHIP FUND			(c)(3) and 501(c)(4)
s n	cribe the organization's program service accom neasured by expenses. In a clear and concise ons benefited, and other relevant information for	manner, describe the each program title.	e services provided	d, the number of		anizations, optional fo ers)
28	WE PEOVIDE SMALL STIPEND SCHOLARSHIPS T	O PROMISING STUDE	NTS, PRE-SCHOOL TI	HROUGH		1
	UNIVERSITY, IN NICARAGUA					
_						
2	(Grants \$ 48500) If this amou	nt includes foreign gr	ants, check here .	▶ ⊻	288	4850
29					1	1
	(Grants \$) If this amou	nt includes foreign gr	ants chack hara	► □	298	.
30	(Claries 4) It this amou	Tit includes foreign gr	arits, check fiele .	· · · <u> </u>	230	
						1
	(Grants \$) If this amou	nt includes foreign gr	ants. check here	▶ □	30a	<u>,</u>
31	Other program services (describe in Schedule C				-	
	, -				1	
	(Grants \$) If this amou	nt includes foreign gr	ants, check here .	▶ □	318	a l
32	(Grants \$) If this amount Total program service expenses (add lines 28	nt includes foreign gr	ants, check here .	▶ □	31a	
	Total program service expenses (add lines 28 List of Officers, Directors, Trustees, and F	nt includes foreign gr a through 31a) (ey Employees (list eac	ants, check here	▶ □ ▶ pensated—see the II	32	4850
	Total program service expenses (add lines 28	nt includes foreign gr a through 31a) (ey Employees (list eac	ants, check here h one even if not coming question in this	pensated—see the ⊪	32	485
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Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		
33	Did the exceptation engage in any eignificant activity not provided to the IDC2 If "Vee." provide a		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		_
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	30		
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34		~
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
_	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	-	~
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35b		
С	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		_
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	330	•	
	during the year? If "Yes," complete applicable parts of Schedule N	36		~
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		ş.	13.50
b	Did the organization file Form 1120-POL for this year?	37b	, ,	~
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	أعثنا	ž. "i.	
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a	2	~
39	· · · · · · · · · · · · · · · · · · ·	<u>.</u>	ì	
ъэ a	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities		Ž.	- 2
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under		. 1	
	section 4911 ▶, section 4912 ▶, section 4955 ▶	*		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958	.	N.	ï
	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 990-EZ? If "Yes," complete Schedule L, Part I	401	}	
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	40b	186	
·	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		1	
	40c reimbursed by the organization		* * * * * * * * * * * * * * * * * * *	1
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40-	40	. %
41	List the states with which a copy of this return is filed ▶	40e		Ļ
42a	The organization's books are in care of ▶ Telephone no. ▶			
	Located at N			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	~	
	If "Yes," enter the name of the foreign country: NICARAGUA See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			. ,3
	Financial Accounts (FBAR)		, ***	Į ,«
С	At any time during the calendar year, did the organization maintain an office outside the United States? .	42c		٠٠٠
•	If "Yes," enter the name of the foreign country ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		. 1	
	and enter the amount of tax-exempt interest received or accrued during the tax year		,, ·	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	\$ \$2.5 \$ \$2.5	Yes	No
774	completed instead of Form 990-EZ	44a		
ь	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	440		
	completed instead of Form 990-EZ	44b		'
c	Did the organization receive any payments for indoor tanning services during the year?	44c		- v -
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		3	21
45-	explanation in Schedule O	44d		
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	3 .	
D	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	3		
	Form 990-EZ (see instructions)	45b		i vääv

Form 99	90-EZ (2016)						P	Page 4
							Yes	No
46	Did the organization engage, directly or in	idirectly, in political c	ampaign activities of	on behalf of o	r in oppositi	on str		
	to candidates for public office? If "Yes," of		, Part I	<u> </u>		46		
Part								
	All section 501(c)(3) organization	s must answer que	stions 47-49b and	d 52, and co	mplete the	tables for	or line	es
	50 and 51							
	Check if the organization used Sch	nedule O to respond	I to any question in	this Part VI				
			··				Yes	No
47	Did the organization engage in lobbying	activities or have a	section 501(h) elect	ion in effect	during the t	ax		
	year? If "Yes," complete Schedule C, Part					47		./
48	Is the organization a school as described in		1)2 If "Ves " complete	Schodule E		48		×
49a	Did the organization make any transfers to							-
							 	-
b	If "Yes," was the related organization a se					49b	لــــــا	
50	Complete this table for the organization's							
	employees) who each received more than	\$100,000 of comper	isation from the org			, enter in	one	
		(b) Average	(c) Reportable	(d) Health contributions		(e) Estimate	d amoi	int of
	(a) Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MISC	bonofit alana		other com		
			(FORMS AV EL TOSS AVIOC	" compe	nsation			
					ļ			
				1				
				 				
51	Total number of other employees paid over Complete this table for the organization's \$100,000 of compensation from the organization	s five highest compe	ensated independer	nt contractors	who each	received	more	than
	(a) Name and business address of each independ	ent contractor	(b) Type of se	rvice	(c)	Compensation	nc nc	
				ł				
d	Total number of other independent contra	ctors each receiving	over \$100,000 .	. ▶				
52	Did the organization complete Schedu	le A? Note: All se	ction 501(c)(3) org	anizations m	nust attach	a		
	completed Schedule A					► 🗌 Yes		No
Under p	penalties of perjury, I declare that I have examined this re	eturn, including accompan	ving schedules and stater	ments, and to the	best of my kno	owledge and	belief.	ıt ıs
	prrect and complete Declaration of preparer (other than							
	Worten Milank				510 17			
Sign	Signature of officer			Dat	- 11 11 11			
Here	- DOLSUT MOS	< 10,1 PD	S NEW T					
	Type or print name and title		- CANCAIT					
	Print/Type preparer's name	Preparer's signature		Date	T	PTIN		
Paid					Check Self-employ			
Prep	i = .	<u>. I</u>						
Use					n's EIN ▶			
May H	Firm's address ► he IRS discuss this return with the preparer	shown above? See i	nstructions		one no	► □ V ₂	\Box	No
iviay (I	no into discuss this return with the brebater	SHOWIT ADOVE: SEE I			<i>.</i>	► 📙 Yes		40

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2016 Open to Public

Internal Revenue Service Inspection Name of the organization Employer identification number ACCION ESPERANZA PARTNERSHIP FOR HOPE 27-2576204 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is. (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12q Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (iı) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 isted in your governing other support (see support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

	lle A (Form 990 or 990-EZ) 2016			4 7 0/11/1	VAV:- \ =	70/L\/4\/A\/	Page 2
Part	Support Schedule for Organiza	ations Descr	ibed in Secti	ons 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(vi) Jufu under
	(Complete only if you checked the	ne box on line	≥ 5, 7, or 8 or	Part I or If the	e organizatioi	i ialled to qua	any under
01	Part III. If the organization fails to	o quality unde	er the tests iis	ited below, p	lease comple	te Part III.)	
	ion A. Public Support ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
Caler 1	Gifts, grants, contributions, and	(a) 2012	(6) 2010	(0) 2011	(4) 2010	(0, _ 0 . 0	(1)
•	membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization'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						
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)					Agency Control of the	
6	Public support. Subtract line 5 from line 4		z 🐒 '		(
	ion B. Total Support	1	1 10010		(n 0015	(1) 0040	10 Tatal
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4			-			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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 assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10		774	18	# 1		
12	Gross receipts from related activities, etc.					12	504()(0)
13	First five years. If the Form 990 is for t	•					
	organization, check this box and stop he			· · · · ·		• • • • •	<u> </u>
	ion C. Computation of Public Support Public Support percentage for 2016 (line			I 1 column (fl)	 -	14	%
14 15	Public support percentage for 2016 (infe					15	/ 6
16a		nization did no	t check the bo	x on line 13. a	 nd line 14 is 30		
.00	box and stop here. The organization qua	alifies as a pub	licly supported	lorganization			▶ □
b					Sa, and line 15	ıs 33 ¹ /3% or m	
-	this box and stop here . The organization	n qualifies as a	publicly suppo	orted organizat	ion		> 🗆
17a	10%-facts-and-circumstances test—2					6a, or 16b, and	d line 14 ıs
	10% or more, and if the organization meets the organization	eets the "facts	s-and-circumst	ances" test, clest. The organ	heck this box a	and stop here .	Explain in
b		2015. If the ord	ganization did i	not check a bo	ox on line 13, 1	l6a, 16b, or 17	a, and line
.,	15 is 10% or more, and if the organiz	ation meets ti	he "facts-and-	circumstances	" test, check	this box and	stop here.

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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.)

Sect	ion A. Public Support			: '	•		
Caler	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						(-)
	received (Do not include any "unusual grants")	42600	30600	34235	48140	50851	306426
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	i					
3	Gross receipts from activities that are not an	i i		-			
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid					'	
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	42600	30600	34235	48140	50851	306426
7a	Amounts included on lines 1, 2, and 3				`	***	
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000			1			
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from		3		31 %		
	line 6.)	100			\$1		306426
	on B. Total Support						
	idar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	42600	30600	. 34235	48140	50851	306426
10a	Gross income from interest, dividends, payments received on securities loans, rents,	1					
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
D	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on	f					
12	Other income. Do not include gain or						
	loss from the sale of capital assets				}		
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,			-			
	and 12.)						306246
14	First five years. If the Form 990 is for the		s first, second	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop her						▶ □
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2016 (line 8					15	100 %
16	Public support percentage from 2015 Sch			<u> </u>	<u></u>	16	%
	on D. Computation of Investment Inc						
_17	Investment_income_percentage_for_2016_(li					- 17	%
18	Investment income percentage from 2015					18	%
19a	331/3% support tests—2016. If the organic	zation did not o	The organization	on line 14, and	d line 15 is mo	ore than 331/3%	
	17 is not more than 331/3%, check this box a						
b	331/3% support tests—2015. If the organization 18 is not more than 331/3%, check this b	ation at a not ch	eck a box on l	ine 14 or line 19	a, and line 16	is more than 33	31/3%, and
20	line 18 is not more than 331/3%, check this 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	Ā.	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	1	
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).	ž 2	-
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
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.	3b	
С	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.	3c	

- 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?
- 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 (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.)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

ACCION ESPERANZA PARTNERSHIP FOR HOPE	27-2576204
PART I, LINE 10	
NICARAGUA SCHOLARSHIP STIPENDS PAID \$48500	
FULL ACCOUNTING AVAILABLE UPON REQUEST	
PART I, LINE 16	
STATE OF OREGON FEES: \$75	
WIRE FEES \$175	
PART III	
ESPERANZA MEANS HOPE OUR NON-PROFIT OFFERS SCHOLARSHIPS TO NICARAGUAI	IS SEEKING TO ACHIEVE
SELF-SUFFICIENCY, SEEKING TO SUPPORT THEIR FAMILIES, AND ESPECIALLY SEEKING	TO BUILD RESILIENT
COMMUNITIES	