

Form **990-T**

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0687

2016

For calendar year 2016 or other tax year beginning _____, and ending _____
Information about Form 990-T and its instructions is available at www.irs.gov/form990t.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

A Check box if address changed

B Exempt under section
 501(C)(3)
 408(e) 220(e)
 408A 530(a)
 529(a)

Name of organization (Check box if name changed and see instructions)

Print or Type **Esperanza International Foundation**

Number, street, and room or suite no. If a P O box, see instructions
13219 NE 20th Street #208

City or town, state or province, country, and ZIP or foreign postal code
Bellevue WA 98009

D Employer identification number (Employees' trust, see instructions)
91-1585511

E Unrelated business activity codes (See instructions)

C Book value of all assets at end of year
1,602,372

F Group exemption number (See instructions) ▶

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity
 ▶

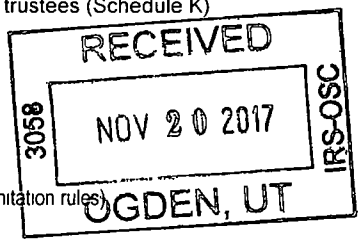
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
 If "Yes," enter the name and identifying number of the parent corporation
 ▶

J The books are in care of ▶ **Greenwood, Ohlund & Co.,** Telephone number ▶ **206-782-1767**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
	c Balance ▶			
1c				
2	Cost of goods sold (Schedule A, line 7)			
3	Gross profit Subtract line 2 from line 1c			
4a	Capital gain net income (attach Schedule D)			
4b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
4c	Capital loss deduction for trusts			
5	Income (loss) from partnerships and S corporations (attach statement)			
6	Rent income (Schedule C)			
7	Unrelated debt-financed income (Schedule E)			
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)			
12	Other income (See instructions, attach schedule)			
13	Total. Combine lines 3 through 12	0		0

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income)

14	Compensation of officers, directors, and trustees (Schedule K)			14
15	Salaries and wages			15
16	Repairs and maintenance			16
17	Bad debts			17
18	Interest (attach schedule)			18
19	Taxes and licenses			19
20	Charitable contributions (See instructions for limitation rules)			20
21	Depreciation (attach Form 4562)			21
22	Less depreciation claimed on Schedule A and elsewhere on return			22a
23	Depletion			22b
24	Contributions to deferred compensation plans			23
25	Employee benefit programs			24
26	Excess exempt expenses (Schedule I)			25
27	Excess readership costs (Schedule J)			26
28	Other deductions (attach schedule)			27
29	Total deductions. Add lines 14 through 28			28
30	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13			29
31	Net operating loss deduction (limited to the amount on line 30)			30
32	Unrelated business taxable income before specific deduction Subtract line 31 from line 30			31
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)			32
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32			33
				34



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Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and	
a Enter your share of the \$50,000, \$25,000 and \$9,925,000 taxable income brackets (in that order) (1) \$ <input type="text"/> (2) \$ <input type="text"/> (3) \$ <input type="text"/>	
b Enter organization's share of (1) Additional 5% tax (not more than \$11,750) <input type="text"/> \$	
(2) Additional 3% tax (not more than \$100,000) <input type="text"/> \$	
c Income tax on the amount on line 34 <input type="text"/>	35c
36 Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 34 from Tax rate schedule or Schedule D (Form 1041) <input type="text"/>	36
37 Proxy tax. See instructions <input type="text"/>	37
38 Alternative minimum tax <input type="text"/>	38
39 Tax on Non-Compliant Facility Income See instructions <input type="text"/>	39
40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies <input type="text"/>	40

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) <input type="text"/>	41a	
b Other credits (see instructions) <input type="text"/>	41b	
c General business credit. Attach Form 3800 (see instructions) <input type="text"/>	41c	
d Credit for prior year minimum tax (attach Form 8801 or 8827) <input type="text"/>	41d	
e Total credits. Add lines 41a through 41d <input type="text"/>		41e
42 Subtract line 41e from line 40 <input type="text"/>		42
43 Other taxes. Check if from: Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8617 <input type="checkbox"/> Form 8666 <input type="checkbox"/> Other (alt sch) <input type="checkbox"/>		43
44 Total tax. Add lines 42 and 43 <input type="text"/>		44 0
45a Payments. A 2015 overpayment credited to 2016 <input type="text"/>	45a	
b 2016 estimated tax payments <input type="text"/>	45b	
c Tax deposited with Form 8868 <input type="text"/>	45c	
d Foreign organizations. Tax paid or withheld at source (see instructions) <input type="text"/>	45d	
e Backup withholding (see instructions) <input type="text"/>	45e	
f Credit for small employer health insurance premiums (Attach Form 8941) <input type="text"/>	45f	
g Other credits and payments. Form 2439 <input type="text"/> Form 4136 <input type="text"/> Other <input type="text"/> Total <input type="text"/>	45g	
46 Total payments. Add lines 45a through 45g <input type="text"/>		46
47 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>		47
48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed <input type="text"/>		48
49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid <input type="text"/>		49
50 Enter the amount of line 49 you want credited to 2017 estimated tax <input type="text"/> Refunded <input type="checkbox"/>		50

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51 At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here <input type="checkbox"/>	Yes	No
52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file <input type="checkbox"/>		X
53 Enter the amount of tax-exempt interest received or accrued during the tax year <input type="text"/> \$		X

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Chief Exec Officer

May the IRS discuss this return with the preparer shown below (see instructions)?

Yes No

Print/type preparer's name	Preparer's signature	Date	Check	PTIN
Amanda O'Rourke, CPA	<i>Amanda O'Rourke</i>	11/10/17	self-employed	P01539825
Firm's name	Firm's EIN			
GREENWOOD, OHLUND & CO. LLP, CPA'S	91-0873571			
Firm's address	Phone no			
4241 21ST AVE W # 400 SEATTLE, WA 98199	206-782-1767			