			nark icons to display help windows. In will enable you to file a more complete return and reduce the chances the	IRS will nee	d to contact y	ou.		
			Short Form			OMB No. 1545-0047		
Form 990-EZ			Return of Organization Exempt From In					
101			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (ex			2019		
			Do not enter social security numbers on this form, as it may			Open to Public		
Dep	artment o	of the Treasury		-		Inspection		
		nue Service	► Go to www.irs.gov/Form990EZ for instructions and the late		ion.			
			ar year, or tax year beginning , 2019, an , 2019, an C Name of organization M	nd ending		, 20		
	Check if ap Address c		Ethiopia and Eritrea Returned Peace Corps Volunteers, Inc.		D Employer i	dentification number 54-211333		
	Name cha	0		Room/suite	number			
	Initial retu	rn	1634 Martha Terrace		·	01-996-9348		
Н		rn/terminated	City or town, state or province, country, and ZIP or foreign postal code					
	Amended Applicatio	n pending	Rockville, MD 20852		Number	▶ he		
G	Account	ting Method:	□ Cash □ Accrual Other (specify) ►	H	Check 🕨 🗹	if the organization is not		
1 \	Nebsite	e:► <u>https</u> :	//ethiopiaeritrearpcv.org/cpages/home		•	tach Schedule B		
JI	ax-exen	npt status (che	eck only one) — _ 501(c)(3) _ 501(c) () ◀ (insert no.) _ 4947(a)(1) or	527	(Form 990, 99	90-EZ, or 990-PF).		
		organization:	· · · · · · · · · · · · · · · · · · ·					
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or mo 500,000 or more, file Form 990 instead of Form 990-EZ .		l assets	•		
-	art I		5500,000 or more, file Form 990 instead of Form 990-EZ e, Expenses, and Changes in Net Assets or Fund Balance		instruction	∮ s for Part I) I v		
	arti		the organization used Schedule O to respond to any question in	•		, <u> </u>		
he	1		ons, gifts, grants, and similar amounts received			24,101.98		
he			ervice revenue including government fees and contracts		2	, , , , , , , , , , , , , , , , , , , ,		
he	3	-	ip dues and assessments		3	465.00		
he	4	Investment	income		4			
	5a		ount from sale of assets other than inventory 5a					
	b		or other basis and sales expenses					
	с 6		ss) from sale of assets other than inventory (subtract line 5b from line d fundraising events:	e 5a)	5c			
ē	а		ome from gaming (attach Schedule G if greater than					
Revenue	b			contribution	ns			
Sev Sev		from fundr	aising events reported on line 1) (attach Schedule G if the					
_		sum of suc	h gross income and contributions exceeds \$15,000) 6b					
	С		t expenses from gaming and fundraising events 6c					
	d		e or (loss) from gaming and fundraising events (add lines 6a and					
	-	line 6c) .	· · · · · · · · · · · · · · · · · · ·		· · 6d			
	7a b		s of inventory, less returns and allowances					
	C C		it or (loss) from sales of inventory (subtract line 7b from line 7a)		7c			
	8		nue (describe in Schedule O)					
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			24,566.98"		
	10		I similar amounts paid (list in Schedule O)			21,500.00		
	11		aid to or for members					
es	12		ther compensation, and employee benefits March					
Expenses	13		al fees and other payments to independent contractors b					
, N	14		y, rent, utilities, and maintenance					
ш	15 16		ublications, postage, and shipping			423.52		
	17		enses. Add lines 10 through 16			21,923.52		
	10		(deficit) for the year (subtract line 17 from line 9)			21,020.02		
Net Assets	19		or fund balances at beginning of year (from line 27, column (A)) (
Ass			r figure reported on prior year's return)]		
let	20	Other char	iges in net assets or fund balances (explain in Schedule O)		20			
z	21	Net assets	or fund balances at end of year. Combine lines 18 through 20		. 🕨 21			
Fo	r Paper	work Reduct	ion Act Notice, see the separate instructions. Cat. N	lo. 10642l		Form 990-EZ (2019)		

Form	990-EZ (2019)					Page 2
Pa			<u>_</u>			
_	rt II Balance Sheets (see the instructions f Check if the organization used Schedule		ny question in this	Part II....		\square
				(A) Beginning of year	(B) End of year
22	Cash, savings, and investments			7.858.00	22	10.688.52
23	Land and buildings			-,	23	
24	Other assets (describe in Schedule O)				24	
25	Total assets			7,858.00		10,688.52
26	Total liabilities (describe in Schedule O)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	26	
27	Net assets or fund balances (line 27 of column	(B) must agree with	line 21)	7,858.00		10,688.52
	t III Statement of Program Service Accom				21	10,000.02
i ai		• •		,		Expenses
W/ba	Check if the organization used Schedule O to respond to any question in this Part III					
)(3) and 501(c)(4)
as n	bribe the organization's program service accompli- neasured by expenses. In a clear and concise months of the service of the s	nanner, describe the			organ	izations; optional for s.)
28	Provide financial assistance for girlls' education in se	outhern Ethiopia. A N	lega Vision Decelopr	nent project		
	in Borana, Ethiopia					
he	(Grants \$) If this amount	includes foreign gra	ints, check here .	► 🗌	28a	20,000.00
29	Provide funds for computer, software, and IT training					i
	(Grants \$) If this amount	includes foreign gra	ints. check here	► 🗆	29a	1,500.00
30						,
	(Grants \$) If this amount	includes foreign gra	ints chack hara	▶ □	30a	
21	Other program services (describe in Schedule O)			🕨 🗆	004	
51		includes foreign gra		· · · · ·	31a	
32	Total program service expenses (add lines 28a t				32	
	t IV List of Officers, Directors, Trustees, and Key					tions for Part IVA
r ai	Check if the organization used Schedule				ISTIUCI	
	Check II the organization used Schedule		(c) Reportable	(d) Health benefits,	· ·	<u>· · · · </u>
	(a) Name and title	(b) Average hours per week devoted to position	(Forms W-2/1099-MISC) (Forms W-2/1099-MISC)	contributions to employ	ot	Estimated amount of her compensation
Jane	t Lee	10				
Pres	ident	10	(0	0
Leo (Cecchini	- 5				
Vice	President	5	(0	0
Ranc	lolph Marcus	0				
Treas	surer	- 8	(0	0
Step	hen Cristophar	0.5				
	d Member	0.5			0	0
Benj	amin Rearick					
	d Member	4			0	0
	nda Habib	-				
	d Member	2			0	0
	stopher Conley	_				
	d Member	2			0	0
					-	
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		90-EZ (2019)			age 3	3
	Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this				
			sran	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		~	- _
he	34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed 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		~	- h
	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 c	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, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		~	-
	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		~	h
	37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a				[
	b 38a	Did the organization file Form 1120-POL for this year?	37b			[
		any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		~	h
	b 39	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b Section 501(c)(7) organizations. Enter: 200	-			
	a b	Initiation fees and capital contributions included on line 9 39a Gross receipts, included on line 9, for public use of club facilities 39b	-			
	40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 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 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	40b		~	h
	c 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				
	е	40c reimbursed by the organization	100			
	41	List the states with which a copy of this return is filed ►	40e		V	-
						-
	b	Located at \blacktriangleright $ZIP + 4 \blacktriangleright$ 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 account)? If "Yes," enter the name of the foreign country \blacktriangleright	42b	Yes	No V	
		See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
	С	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 ►	42c		~	-
	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		.		_
	44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No V	Ī
	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	44b		~	I
	c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		~	Ī
	45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~	-
	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		~	_

Form	990-EZ	(2019)
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						Yes	No
6	Did the organization engage, directly or ir	ndirectly, in political c	ampaign activities on	behalf of or in oppositi	on	103	
	to candidates for public office? If "Yes," of	complete Schedule C	, Part I [°]		46	1	~
art	VI Section 501(c)(3) Organization All section 501(c)(3) organization 50 and 51.		estions 47–49b and s	52, and complete the	e tables f	or line	es
	Check if the organization used Sc	hedule O to respond	to any question in th	nis Part VI			
		<u> </u>				Yes	No
7	Did the organization engage in lobbying		. ,	•			
	year? If "Yes," complete Schedule C, Par			· · · · · · · · ·			
3 9a	Is the organization a school as described in Did the organization make any transfers t				. 48 49a		<i>v</i>
b							~
ິ	If "Yes," was the related organization a section 527 organization?						d key
	employees) who each received more than						
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimate other com		
ne							
	Total number of other employees paid ov Complete this table for the organization \$100,000 of compensation from the orga	's five highest compe	ensated independent	contractors who each	received	more	thar

d	Total number of other independent contractors each receivi	ng over \$100,000	Þ	
52	Did the organization complete Schedule A? Note: All	section 501(c)(3)	organizations n	nust attach a

completed Schedule A • • .

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 officer) is based on all information of which preparer has any knowledge.

Sign Here	Randolph Marcus, Treasurer			Date June 9, 2020			
he	Type or print name and title						
Paid Preparer	Print/Type preparer's name	Preparer's signature	Date		Check if self-employed	PTIN	
Use Only	Firm's name		Firm's EIN ►				
	Firm's address ►	Phone no.					
May the IRS discuss this return with the preparer shown above? See instructions							