

Form **990**

(Rev January 2020)

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

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/Form990 for instructions and the latest information

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			dar year, or tax y	ear beginn	iing		, 20	119, and endir	ig	D Employ	or identifi	ication number
В		if applicable								1		
	∐^	ddress change	DENEKI HOU								80014	
	ШΝ	lame change	1075 CHECK							E Telepho	one numbe	er
	[] Ir	nitial return	WASILLA, A	AK 9965	4					907	357-	-0273
	П	inal return/terminated										
	$\square_{\mathbb{A}}$	mended return	1							G Gross r	eceipts \$	73,761.
	\vdash	pplication pending	F Name and addre	ess of principa	l officer				H(a) is this	a group return		
	٠,٠	ppilostion politicing	Same As C						H(b) Are al	l subordinates ," attach a list	included?	——————————————————————————————————————
_	Tav	exempt status	X 501(c)(3)	501(c) () 4 (ın	sert no)	4947(a)(1) or 527	If *No.	," attach a list	(see inst	ructions)
<u>:</u>					/ ("	361 (110)	4347(0)(701 327	-			
		bsite: N/		Т		T		I		exemption nu		
K		m of organization	X Corporation	Trust	Association	Other -		L Year of forma	tion 200	8 ms	state of leg	gal domicile AK
170		Summar	<u>y</u>									-170 001/07 51/
	1						tivities :	O OPERAT	E AN E	ONIT	HOOST	NG COMPLEX
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Activities & Governance	ŀ				- -	- 						
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õ	2	Check this bo		_		•		posed of mor	e than 259	% of its net		
∞	3		oting members of					. a. 1 h.)			3	10
S	4		dependent voting								4	9
ij	5		of individuals en			7 2019 (Pa	iπ v, line z	a)			5	0
ਚੁੱ	7.		of volunteers (e: ed business reve			no (C) dia	- 10 / F F				6 7a	0
•			business taxabl				きしかドア	<u> </u>			7b	0.
		ivet unrelated	OUSITIESS TAXAUL	e income i	10111 1 0111 330		0.70	720		Prior Year	/8 -	Current Year
	8	Contributions	and grants (Par	t VIII. lino	ا اما امر	O(1)	19 60	ryöl –			NOE	
ē,	9 Program service revenue (Part VIII, line 2q)									19,0	185.	23,211.
듄 .	10	•	icome (Part VIII,		-,	and 7d)		ايدًا	ļ			
Revenue	11	Other revenue	e (Part VIII, colu	mo (A) lin	os 5 6d 9c		Ed Nat 1		-	4 C C	16	E0 EE0
_	12	Total revenue	e — add lines 8 th	hrough 11	es J, Oe, Oc,		TEIN O	100 12\	<u> </u>	45,5 64,6		50,550.
								1116 12)		04,0	31.	<u>7</u> 3,761.
		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)										
ø.	15				-		nn (A), line	es 5-10)		18,6	64.	15,295.
Expenses	16 a	Professional 1	fundraising fees	(Part IX, c	olumn (A), Iın	e 11e)			L			
e d	b	Total fundrais	sing expenses (P	art IX, colu	ımn (D), line	25) 🕨				74.95 C		
Ω	17		es (Part IX, colu					· · · · · · · · · · · · · · · · · · ·	- Personal Party	130,3	53	121,149.
	18		es Add lines 13-) line 25)			149,0		136,444.
	19		expenses Subt			00.0	·,, 20,		-	-84,3		-62,683.
8 8		Tievende 1633	- CAPCHISCS CABO	TOCK MILE TO	THOM THE 12				P	ng of Current		End of Year
sots	20	Total assets ((Part X, line 16)						 	1,193,4		1,127,069.
Bale	21		s (Part X, line 26	5)								
Net Ass Fund Ba									<u> </u>	1,565,6		1,561,915.
			fund balances	Subtract III	ne 21 from line	e 20				-372,1	63.	-434,846.
		Signatur										
Unde	r penah	ties ot perjury, I deci Peclaration of/orena	ace that I have examine are (other than officer	ed this return i	ncluding accompar	nying schedule	s and statemen	nts, and to the best	of my knowle	dge and belief,	it is true,	correct, and
		1. 1.		レベフ	/					19	~ /~	1771
			~ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<u> </u>				*******************************	<u> </u>		0.1.6	
Siç	jn	Piggalu	ire of officer	WEA	15-1	Pus	51 N.S	NI	2º	7)		
He	re	40	MN U	- WC 1		1	. , , , , ,	1 4				
		Type or	print name and title			1						
		Print/Type p	oreparer's name		Preparer's signa	ature R	Lla	Date		Check }	K if P	TIN
Pai	id	Bradle	ev S Cage		Bradley	S Cage	e	1 1 12	20	self-employe	- 1	01533714
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	10010 1111 01000 01								Phone no	713	0.0001	
Mar	/ the	IRS discuss the	is return with the				uctions)			Tr noise 110		X Yes No
14161)	UIC	ii vo uiscuss lili	is return with the	hichaici ;	HOWIT SHOWE,	(200 1121)	actions)					122 1 140

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101L 01/21/20

Forn	n 990 (2019) DENEKI HOUSE INC.		20-8	001449	Page 2
Pa	nill Statement of Program Service Accomplis				
	Check if Schedule O contains a response or note to ar	y line in this Part III			
1	Briefly describe the organization's mission	TOO YOU TROOMS DIGIST		T 0	
	TO OPERATE AN 8 UNIT HOUSING COMPLEX	FOR TOM INCOME DISABLE	ED INDIATOR	772	
			-	- <i></i>	
	Did the organization undertake any significant program servic	es during the year which were not I	isted on the prior		
_	Form 990 or 990-EZ?		p	☐ Ye:	s X No
	If "Yes," describe these new services on Schedule O			Ų.	<u> </u>
3	Did the organization cease conducting, or make significant ch	anges in how it conducts, any prog	ram services?	Ye	s X No
	If "Yes," describe these changes on Schedule O			لــا	
4	Describe the organization's program service accomplishments Section 501(c)(3) and 501(c)(4) organizations are required to and revenue, if any, for each program service reported	s for each of its three largest progra report the amount of grants and all	im services, as me ocations to others,	asured by ex the total exp	xpenses penses,
4:	a (Code) (Expenses \$ 111,226, incl	luding grants of \$) (Revenue	\$	
	OPERATION OF HOUSING PROJECT FOR LOW-			Ť	
		TUCOUS DECEMBED TUDE 1			
				. – – – –	
				. 	
4 t	b (Code) (Expenses \$ incl	uding grants of \$) (Revenue	\$)
				· -	
					
				·	
4 0	c (Code) (Expenses \$ incl	uding grants of \$) (Revenue	\$)
				. 	
				. 	
				- 	
4	d Other program services (Describe on Schedule O)				
-7 %	(Expenses \$ including grants of	\$) (Rev	renue \$)
4 6	e Total program service expenses 111,22				
BAA		EA0102L 07/31/19		For	rm 990 (2019)

Form 990 (2019) DENEKI HOUSE INC. Part V Checklist of Required Schedules

3AA	TEEA0103L 07/31/19	Form	990 (2019)
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	200	X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).	17		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		х
Ł	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
ŧ	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X.	11 f	_	Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	X	
	I Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d	X	
	assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
	a Did the organization report an amount for investments — other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII Did the organization report an amount for investments — program related in Part X, line 13, that is 5% or more of its total	11 6		Х
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, IX, or X as applicable			
	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V	10		X
	for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
	complete Schedule D. Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian	8		X
8	environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,'	7		Х
7	Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, the	6		X
6	assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D,	5		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C. Part II	4	 	х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Yes	No

Form 990 (2019) DENEKI HOUSE INC. Partix Checklist of Required Schedules (continued)

			Yes	No					
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х					
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's curriand former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	rent 23		х					
24 8	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as o the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	f 24	3	х					
ł	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24		$oxed{oxed}$					
•	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defeas any tax-exempt bonds?	e 24	3						
(d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24	1						
25 a	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25	,	Х					
i	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, a that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' comple Schedule L, Part I	ind <i>te</i> 251		х					
26	5 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II 7. Did the organization provide a great or other assistance to any surrent or former officer, director, trustee, key.								
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		x					
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions)								
ā	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV 28a								
t	b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV . 28b								
C	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV	286	;	х					
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	ـــــــ	X					
30	contributions? If 'Yes,' complete Schedule M	30		х					
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31	ļ	X					
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х					
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		х					
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		x					
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35	·	Х					
t	o If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	351	,	ļ 					
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		х					
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI								
38	38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O 38								
Pa	Part V Statements Regarding Other IRS Filings and Tax Compliance								
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No					
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	4							
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . 1 b	0	***						
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1	X						
BAA			n 990 (2019)					

Form 990 (2019) DENEKI HOUSE INC.

Rant V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			res	NO
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
t	o If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	11212501	4.01.7.2
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	被將		
3 8	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	,	X
Ł	olf 'Yes,' has it filed a Form 990 T for this year? If 'No' to line 3b, provide an explanation on Schedule Q	3 b		
4 a	a 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)?	4a		х
t	olf 'Yes,' enter the name of the foreign country	933	7.23	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
Ł	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
C	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
ŧ	o If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		X
t	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		х
c	If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d	1	200	433
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
ç	lf the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	231.	2,525	
_	organization have excess business holdings at any time during the year?	8	San Maria	Service 1
	Sponsoring organizations maintaining donor advised funds.	E	E-15-234	
	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b	ieth w	माब्र स्थाय
	Section 501(c)(7) organizations. Enter I Initiation fees and capital contributions included on Part VIII, line 12		源語	
	o Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b	W.11		
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)	Visio		
2 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	V.		
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in			
	which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	838	1	X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	of Yes, has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	146		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	Ances California	X
	If 'Yes,' see instructions and file Form 4720, Schedule N	198	為於中	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If 'Yes,' complete Form 4720, Schedule O.	16	7750	X
<u> </u>	TECADIASI 07/21/19	Form	990 (2010

Form 990 (2019) DENEKI HOUSE INC. 20-8001449 Page 6 Battill Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O **b** Enter the number of voting members included on line 1a, above, who are independent q 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х X 6 Did the organization have members or stockholders? 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more Х members of the governing body? 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, Х stockholders, or persons other than the governing body? 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8 a b Each committee with authority to act on behalf of the governing body? 8 b X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code No 10 a X 10 a Did the organization have local chapters, branches, or affiliates? b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10b operations are consistent with the organization's exempt purposes? 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Х to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in X See Schedule O 12 c Schedule O how this was done X 13 13 Did the organization have a written whistleblower policy? 14 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15 a 15b b Other officers or key employees of the organization If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16**b** Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Other (explain on Schedule O) Another's website Upon request Own website X Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to

20

the public during the tax year

WASILLA AK 99654

State the name, address, and telephone number of the person who possesses the organization's books and records

See Schedule O

Partial Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0 in columns (D), (E), and (F) if no compensation was paid
 - · List all of the organization's current key employees, if any See instructions for definition of 'key employee'
- · List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- · List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

		(C)								
(A) Name and title		than is	one both	box, an o ector	unles officer oftruste		son	Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	Institutional trustee Individual trustee or director		Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099 MISC)	related organizations (W 2/1099 MISC)	compensation from the organization and related organizations
(1) PHYLLIS SULLIVAN	_0									
BOARD CHAIR	0	X			L	<u> </u>	L	0.	0.	0.
(2) CAROLYN COVINGTON	0									
Secretary	0	X						0.	0.	0.
(3) MARK LARSON	0									
Director	0	Х	Ш				_	0.	0.	0.
(4) RUSSELL JOYCE	0					•				
Director	0	X			<u> </u>	ļ	ļ	0.	0.	0.
_(5)_VALERIE_MITTELSTEAD	0						ł			
VICE CHAIR	0	X	Ш					0.	0.	0.
(6)JAIME_RODRIGUEZ	0									
Director	0	X	Ш			ļ		0.	0.	0.
(7) KAREN WARD	0							_	_	_
Director	0	Х					_	0.	0.	0.
(8) DONITA MITCHELL	0							_	_	_
Director	0	X			<u> </u>			0.	0.	0.
_(9) JOHN_WEAVER	0					'	i	_	_	_
CEO	0			X			_	0.	0.	0.
(10) JULIE FEY	0							_	_	_
DIRECTOR FINANC	0			Х				0.	0.	0.
(11)										
(12)										
(13)										
(14)										
				نسبا			_			

Section A. Officers, Directors, Tr	(B)	Ney		(C		.es,	all	iu nighest coi	npensateu Em	Dioyees (continued
(A) Name and title	Average hours per week	box, offic	unle er ar	heck ss pe nd a c	erson directe	than of	n an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	(list any hours for related organiza tions below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	-ormer	the organization (W 2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15)									 	
(16)										
<u>(17)</u>							-			
(18)										
(19)										:
(20)										
(21)										
(22)				-						
(23)										
(24)										
(25)									***************************************	
1 b Subtotal	<u> </u>	اـــــا			L		-	0.	0.	0.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)	n A						>	0.	0. 0.	0.
Total number of individuals (including but not limit from the organization 0	ed to thos	e listi	ed a	bov	e) w	ho re	ecer			
The state of the s										Yes No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such	or, trustee <i>individual</i>	, key	em	ploy	ee,	or hig	ghes	st compensated er	nployee	3 X
4 For any individual listed on line 1a, is the sum of r the organization and related organizations greater such individual	eportable than \$150	comp	ens 7 /	atio f 'Ye	n ar es, ' c	nd oth	ner lete	compensation from Schedule J for	n	4 X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,									ıvıdual	5 X
Section B. Independent Contractors									<u> </u>	
1 Complete this table for your five highest compensation from the organization Report comp	ensation f	or the	nt co	lend	acto lar y	ear e	endi	ng with or within the	ne organization's ta	year
(A) Name and business addr	ess							Description o	f services	(C) Compensation
2 Total number of independent contractors (including		ımıte	d to	thos	se lis	sted a	abo	ve) who received r	nore than	
\$100,000 of compensation from the organization	0									ACCRETATION TO A COLOR

Form **990** (2019)

(ACIPALITATION)	Check if Schedule O contains a	response or note to an	y line in this Part VIII			
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts its	1 a Federated campaigns	1 a				
ons, Gifts, Grants Similar Amounts	b Membership dues	1 b				
S, E	c Fundraising events	1 c				
ar /	d Related organizations	1 d				
S, C	e Government grants (contributions)	1e 23,211				
8 2	f All other contributions, gifts, grants, and					
tre	similar amounts not included above. • Noncash contributions included in	1f				
Contributions, Gifts, Grants and Other Similar Amounts	lines 1a-1f	1 g				
Col	h Total. Add lines 1a-1f		23,211.			
÷ ÷		Business Code		學研究哲學的理解特		
Program Service Revenue	2a					
Be !	b					
Vice	C					
Ser	d		<u> </u>			
Ē	e					
ogra	f All other program service revenue	<u> </u>				
ď	g Total. Add lines 2a-2f		•			
	3 Investment income (including divid	ends, interest, and				
:	other similar amounts)					
	4 Income from investment of tax-exe	empt bond proceeds	<u> </u>			
	5 Royalties	() 5	THE SECOND SECON			
	(i) Rea	al (ii) Personal				
	6 a Gross rents 6 a					
	b Less rental expenses 6b					
	c Rental income or (loss) 6c					PRINCE SEASON
	d Net rental income or (loss)		- Designation of the Section of the	A STATE OF THE STA		
	7 a Gross amount from (i) Securi	ities (ii) Other				
	sales of assets other than inventory 7a					
	b Less cost or other basis					
	and sales expenses 7b					
	c Gain or (loss) 7c		THE PARTY OF THE P			
	d Net gain or (loss)		ASSESSED WASHINGTON OF THE PROPERTY OF THE			inconnecessories de la compansión de la co
单	8 a Gross income from fundraising events					
/enue	(not including \$ of contributions reported on line 1c)	-				
	,					
1	See Part IV, line 18	8a				
Other Re	b Less direct expensesc Net income or (loss) from fundrais				AND COMPANY OF THE	MEGATION PROPERTY REPORTS AND
0	•	ing events				
	9 a Gross income from gaming activities See Part IV, line 19.	9 a				
	h Less, direct expenses	9h				
	c Net income or (loss) from gaming	<u> </u>	→		HAME TO SHARE THE STORE STORE	der Marthagen 1. man errenen
		I I			37234 2727 1737	
	10 a Gross sales of inventory, less returns and allowances	10a				
	b Less cost of goods sold	106				
	c Net income or (loss) from sales of		►	CANADA A PORTO SA PREBINA	LONG THE REPORT OF THE PARTY OF	A SECTION OF THE PROPERTY OF T
	C Tack fricting of (1033) from Sales of	Business Code				
꽃	11 a RENTAL INCOME .		48,817.	48,817.	THE PARTY OF THE P	AND SERVICE PROPERTY OF THE SERVICE
질			1,662.	1,662.		ļ -
<u> </u>	<pre>b MISCELLANEOUS</pre> c INTEREST INCOME	· 	71.	1,002.		71.
Miscellaneous Revenue	d All other revenue		+ '1.			
Σ	e Total. Add lines 11a-11d	L	50,550.			
	12 Total revenue See instructions	<u></u>	► 73 761	50.479	0.	71.

TEEA0109L 07/31/19

Part X Statement of Functional Expenses

Form 990 (2019) DENEKI HOUSE INC 20-8001449 Page 10 Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (D) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Program service Management and Fundraising expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 0 0 0 0. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0 0 0 0. Other salaries and wages 11, 347 368 9,979 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 2,523 2,523 Payroll taxes 10 425 1,425 Fees for services (nonemployees) a Management 6.103 6,103 **b** Legal 150 150 c Accounting 5,000. 5,000 d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0) Advertising and promotion 27. 27. 13 Office expenses 3,837 3,837 Information technology Royalties 16 Occupancy 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 74 19 74 Payments to affiliates 22 Depreciation, depletion, and amortization 68,626 68,626 23 Insurance 3.667 3,667 Other expenses Itemize expenses not covered above (List miscellaneous expenses not covered above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule (1) 15,452 15,452 a UTILITIES b CONTRACTS 11.127 11,127 c GARBAGE AND TRASH 3,844 3,844 d VEHICLE REPAIRS 1,188 1,188 2,006 48 2,054 e All other expenses 25,218 0. 25 136,444 111,226 Total functional expenses Add lines 1 through 24e. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational

campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing	1,693.	1	3,928.
	2	Savings and temporary cash investments.		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	119.	4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under		250	
		section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NAME OF TAXABLE PARTY O	6	TANKS PRODUCTION OF THE PARTY O
	7	Notes and loans receivable, net	}	7	
w	8	Inventories for sale or use		8	
ž	9	Prepaid expenses and deferred charges	300.	9	210
Assets	_	1 1	300.	3	310.
_	10 a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 1,868,799.			
	b	Less accumulated depreciation 10b 816,098.	1,121,327.	10 c	1,052,701.
	11	Investments – publicly traded securities		11	
	12	Investments – other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	70,031.	15	70,130.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,193,470.	16	1,127,069.
	17	Accounts payable and accrued expenses	46,317.	17	42,599.
	18	Grants payable		18	
	19	Deferred revenue .		19	
	20	Tax-exempt bond liabilities		20	
9	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
⊐	23	Secured mortgages and notes payable to unrelated third parties	1,515,700.	23	1,515,700.
	24	Unsecured notes and loans payable to unrelated third parties	2,525,.50.	24	2,023,.00.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.	3,616.	25	3,616.
	26	Total liabilities. Add lines 17 through 25	1,565,633.	26	1,561,915.
\$		Organizations that follow FASB ASC 958, check here ► X			
8		and complete lines 27, 28, 32, and 33.			
a	27	Net assets without donor restrictions .	-372,163.	27	-434,846.
Bal	28	Net assets with donor restrictions	3727.5001	28	
힏		Organizations that do not follow FASB ASC 958, check here ▶		19200	
֓֞֞֞֞֞֩֓֓֓֡֞֞֞֞֞֞֞֞֞֡֞֞֡		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds	A VALORITATION AND AND AND AND AND AND AND AND AND AN	29	
ţ	30	Paid-in or capital surplus, or land, building, or equipment fund	 	30	
8		Retained earnings, endowment, accumulated income, or other funds		31	 -
As	31	Total net assets or fund balances	272 162	32	_/3/ 0/2
et l	32		-372,163.		-434,846.
~	33	Total liabilities and net assets/fund balances	1,193,470.	33	1,127,069.

Forn	990 (2019) DENEKI HOUSE INC. 2	0-8001449	Page 12					
Pa	Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	73,761.					
2	Total expenses (must equal Part IX, column (A), line 25)	2	136,444.					
3	Revenue less expenses Subtract line 2 from line 1	3	-62,683.					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-372,163.					
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses .	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.					
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	-434,846.					
Pa	texiling Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
			Yes No					
1	Accounting method used to prepare the Form 990. Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O							
2 :	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a X					
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis	ed on a						
i	Were the organization's financial statements audited by an independent accountant?		2b X					
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both X Separate basis Consolidated basis Both consolidated and separate basis	ate						
(of the state of the state of the community of the state o	the audit,	2 c X					
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O							
	3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?							
ł	olf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the requ	ured audit	_					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b X					
BAA	TEEA0112L 01/21/20		Form 990 (2019)					

SCHEDULE A (Form 990 or 990-EZ)

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.

Department of the Treasury Internal Revenue Service ► Go to www irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2019

Open to Rublic

This pestion

Name of	ame of the organization Employer identification number										
	KI HOUSE INC.					20-800144					
Part	Reason for Public Cha	rity Status (All org	anizations must co	mplete	this p	art.) See instructio	ns.				
The or	ganization is not a private found	ation because it is (Fi	or lines 1 through 12, ch	eck only	one bo	x)					
1	A church, convention of chur	ches, or association of	f churches described in	section	170(b)	1)(A)(i).					
2	A school described in sectio	n 170(b)(1)(A)(ii). (Atta	ech Schedule E (Form 9	90 or 99	0-EZ))						
3	A hospital or a cooperative h		•			(iii).					
4											
_	name, city, and state										
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(bx1)(A)(iv). (Complete Part II)										
6	A federal, state, or local gove	ernment or governmen	ital unit described in se	ection 17	<mark>/0(ь)(</mark> 1)(A)(v).					
7	X An organization that normally in section 170(b)(1)(A)(vi).		al part of its support from	n a gove	ernment	al unit or from the gene	ral public described				
8	A community trust described	in section 170(b)(1)(A	N(vi). (Complete Part II)							
9	An agricultural research orga or university or a non-land-gi	anization described in	section 170(b)(1)(A)(ix)	operate							
10	An organization that normally receives (1) more than 33-1/3% 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 33-1/3% 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.)										
11	An organization organized ar	nd operated exclusively	to test for public safety	/ See	section	509(a)(4).					
12	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 12g										
a											
b [
c	Type III functionally integrate organization(s) (see instruction	ed. A supporting organons) You must comp	nization operated in coni lete Part IV, Sections A	nection v D, and	vith, and E.	functionally integrated	with, its supported				
d	Type III non-functionally inte functionally integrated. The oinstructions). You must comp	organization generally r	nust satisfy a distribution	connect n requir	tion with ement a	its supported organizat nd an attentiveness req	tion(s) that is not juirement (see				
e	Check this box if the organization integrated, or Type III non-fu	ation received a writter	determination from the	IRS tha	it it is a	Type I, Type II, Type III	functionally				
f i	Enter the number of supported of	organizations	.,								
g	Provide the following information	about the supported	organization(s)								
(1)	Name of supported organization	(II) EIN	(iil) Type of organization (described on lines 1 10 above (see instructions))	in your g	s the ion listed overning nent?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
				Yes	No		j				
				103	140						
(A)											
						l					
(B)											
(C)	<u> </u>										
(D)											
(E)	E)										
Total											

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	tion A. Public Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants.')	22,932.	23,963.	25,710.	19,085.	23,211.	114,901.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				1		0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 5	Total. Add lines 1 through 3 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)	22,932.	23,963.	25,710.	19,085.	23,211.	114,901.
6	Public support. Subtract line 5 from line 4						114,901.
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	22,932.	23,963.	25,710.	19,085.	23,211.	114,901.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	38.	35.	36.	67.	71.	247.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)	1,507.	1,276.	1,882.	1,163.	1,662.	7,490.
11	Total support. Add lines 7 through 10						122,638.
12	Gross receipts from related activi-	ties, etc (see insti	ructions)			12	0.
	First five years. If the Form 990 is organization, check this box and	stop here		third, fourth, or fo	ofth tax year as a s	section 501(c)(3)	▶ []
	tion C. Computation of Pu						
	Public support percentage for 201	•	•	11, column (f))		14	93.69 %
	Public support percentage from 2 33-1/3% support test—2019. If th	e organization did	not check the box	on line 13, and li	ne 14 is 33-1/3% (15 or more, check this	94.01 %
b	and stop here. The organization of 33-1/3% support test—2018. If the	e organization did	not check a box or	n line 13 or 16a, a	ind line 15 is 33-1/	3% or more, chec	k this box
17a	and stop here. The organization of 10%-facts-and-circumstances test or more, and if the organization in the organization meets the 'facts-	st-2019. If the org	anization did not o	theck a box on line	ex and stop here.	. Explain in Part V	6 11 how ► □
	10%-facts-and-circumstances tes or more, and if the organization n organization meets the 'facts-and	neets the 'facts-an -circumstances' te	d-circumstances' test. The organization	test, check this bo on qualifies as a p	ox and stop here publicly supported	. Explain in Part V organization	I how the
	Private foundation. If the organiz	ation did not check	k a box on line 13,	16a, 16b, 17a, or			
					C a b	adula A (Form 99	0 Ar 000 E7\ 2010

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)

Sec	tion A. Public Support	oto notes below, p	icase complete :	<u></u>		······································	
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	(5)2575	(0) 20.0		(4) 2010	(0, 2010	(y 10to)
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						
3	Gross receipts from activities that are not an 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						
	Total. Add lines 1 through 5 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 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6)						
Sec	tion B. Total Support	·		<u>,</u>			
	dar year (or fiscal year beginning in) 🟲	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
-	Amounts from line 6.					. —	
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
	Total support. (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is organization, check this box and	stop here		, third, fourth, or fi	fth tax year as a s	section 501(c)(3)	▶ []
	tion C. Computation of Pu			- 10 (0)		1 2-	9.
	Public support percentage for 201	•	• • •	e 13, column (t))		15	% %
	Public support percentage from 2					16	<u> </u>
	tion D. Computation of Inv					147	<u> </u>
17	Investment income percentage for				ın (f))	17	0/0
18	Investment income percentage fro				15 "	_ 18	
	33-1/3% support tests—2019. If the is not more than 33-1/3%, check	this box and stop	here. The organi	zation qualifies as	a publicly support	ed organization	▶ []
	33-1/3% support tests—2018. If the line 18 is not more than 33-1/3%, Private foundation. If the organiz	check this box an	d stop here. The	organization quali	fies as a publicly s	supported organiz	ation

Part W 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
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(b)	Sense Cupporting Organizations (continued)		<u>'</u>	age 3
शहरव	Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	12.33		
i	a 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		
ı	b A family member of a person described in (a) above?	116		
	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 of 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			
		December	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	7	
Sec	tion D. All Type III Supporting Organizations			
		678-6-11	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	2431	
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 year (see instruct	ions).		
a	The organization satisfied the Activities Test Complete line 2 below	ĺ		
- F	The organization is the parent of each of its supported organizations Complete line 3 below			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see ins	truction	ر م (د)	
•	The digularian supported a governmental citing beschibe in valid to now you supported a government citing test into	-		
2	Activities Test Answer (a) and (b) below	Cikine Park	Yes	No
ā	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		
ŀ	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 activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
ŧ	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 Part VI the role played by the organization in this regard	3b		
DAA	Schodule A (Form 99	0 0- 000	E7\	2010

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	izatior	15	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	on Nov is must	20, 1970 (explain in Pai complete Sections A thro	rt VI) See ough E
Sec	tion 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		
Sec	tion 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).			
	Average monthly value of securities	1a		
t	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	I Total (add lines 1a, 1b, and 1c)	1d	_	
	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		
Sec	tion 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-functionally integ (see instructions)	grated T		
BAA			Schedule A (For	rm 990 or 990-EZ) 2019

Pai	Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organizations	s (continued)	
Sec	tion D — Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	rposes		
2	Amounts paid to perform activity that directly furthers exempt purp in excess of income from activity	tions,		
3	Administrative expenses paid to accomplish exempt purposes of su	upported organizations		
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 the orga in Part VI) See instructions			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Seci	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	建筑建筑	生 多	
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required — explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2019		The transfer of the	
a	From 2014			
	From 2015			
c	From 2016			
	From 2017		MINE STATE OF THE	
е	From 2018			
1	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
	Carryover from 2014 not applied (see instructions)			
	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			
b	Applied to 2019 distributable amount			
C	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 Part VI. 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			
	Breakdown of line /			THE STATE OF
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019 DENEKI HOUSE INC.

20-8001449

Page 8

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information. (See instructions)

Part II, Line 10 - Other Income

Nature and Source	2019	2018	2017	2016	2015
LAUNDRY AND VENDING Total	\$ 1,662.	\$ 1,163.	\$ 1,882.	\$ 1,276.	\$ 1,507.
	\$ 1,662.	\$ 1,163.	\$ 1,882.	\$ 1,276.	\$ 1,507.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

Complete if the organization answered 'Yes' on Form 990,
 Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 Attach to Form 990.

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

OMB No 1545-0047

Open to Public (Inspection)

DENEKI HOUSE INC 20-8001449 Part : Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring No Yes impermissible private benefit? Rantill Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2 a b Total acreage restricted by conservation easements 2 b c Number of conservation easements on a certified historic structure included in (a) 2 c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2 d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located -Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year **►**\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Ratill Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8 1 a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items > S (i) Revenue included on Form 990, Part VIII, line 1 ► Ś (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: ► Ś a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

▶\$

Schedule D (Form 990) 2019 DENE	KI HOUSE I		and Transcures or Ot	20-800	
3 Using the organization's acquisition					
items (check all that apply)	ori, accession, a	to other records, che	ck any or the following to	at make significant use	of its collection
a Public exhibition		d 🗌 Loan	or exchange program		
b Scholarly research		e Other	r		
c Preservation for future general	ations				
Provide a description of the organ Part XIII	nization's collecti	ons and explain how	they further the organiza	ation's exempt purpose i	n
5 During the year, did the organizat to be sold to raise funds rather th	ion solicit or reci	eive donations of art,	historical treasures, or o	other similar assets	Yes No
Escrow and Custodial A	Arrangements.	Complete if the c	organization answere	d 'Yes' on Form 990	
1 a Is the organization an agent, trus on Form 990, Part X?	tee, custodian or	other intermediary f	or contributions or other	assets not included	Yes No
b If 'Yes,' explain the arrangement	in Part XIII and	complete the followin	g table		
					Amount
c Beginning balance				1 c	
d Additions during the year				1 d	
e Distributions during the year				1 e	
f Ending balance				1 f	
2a Did the organization include an ar					Yes No
b If 'Yes,' explain the arrangement	in Part XIII Che	ck here if the explana	ation has been provided	on Part XIII	
art V Endowment Funds. Co	molete if the	organization ans	swered 'Yes' on For	m 990. Part IV. line	10.
	(a) Current yea				(e) Four years back
1 a Beginning of year balance					1
b Contributions					
c Net investment earnings, gains,					
and losses d Grants or scholarships.					
•		 			+
Other expenditures for facilities and programs Administrative expenses					
q End of year balance					
2 Provide the estimated percentage	of the ourrant w	and halance (line	la column (a)) hold as	<u>- </u>	
a Board designated or quasi-endow	-	ear end balance (line	rg, column (a)) nelu as		
- ·	- <u>- 9</u>	°			
b Permanent endowment C Term endowment	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
The percentages on lines 2a, 2b,	 _	mual 1000/			
The percentages of lines 2a, 2b,	and 20 should en	quai 100 /6			
3a Are there endowment funds not in	the possession	of the organization the	nat are held and adminis	tered for the	Yes No
organization by (i) Unrelated organizations					3a(i)
(ii) Related organizations					3a(ii)
b If 'Yes' on line 3a(ii), are the relat	ed organizations	listed as required or	Schedule R?		3b
4 Describe in Part XIII the intended	•	•			
Pan Wil Land, Buildings, and		INEGRATION S CHOOWING	it itirids		
Complete if the organi		red 'Yes' on For	m 990, Part IV, line	11a. See Form 990), Part X, line 10.
Description of property	(a)	Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land			69,500.		69,500.
b Buildings.			1,715,643.	732,442.	983,201.
c Leasehold improvements					
d Equipment			83,656.	83,656.	0.
e Other					
otal. Add lines 1a through 1e (Colum	n (d) must equal	Form 990, Part X, c	olumn (B), line 10c.)	,	1,052,701.
BAA	(-)			Sched	lule D (Form 990) 2

Schedule D (Form 990) 2019

BAA

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end of-	year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) (B)			
(C)			
(D)			
(E)			
(F)			
` (G)			
(H)			
(1)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12)			
Part VIII Investments - Program Related.	.1	N/A	340-30-31-31
Complete if the organization answered	'Yes' on Form 99	0, Part IV, line 11c. See Form 990), Part X, line 13
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-or	f-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	· · ·
(10)			
Total (Column (b) must equal Form 990, Part X, column (8) line 13)	•	学的是企业企业的企业的企业	
		(1) 10 10 10 10 10 10 10 10 10 10 10 10 10	CACAMITA AND A MANAGEMENT OF THE
Part X Other Assets.	<u> </u>		
Part X Other Assets. Complete if the organization answered 'Y	es' on Form 990, F		t X, line 15.
Complete if the organization answered '\ (a) De	<u> </u>		t X, line 15. (b) Book value
Complete if the organization answered '\ (a) De	es' on Form 990, F		t X, line 15. (b) Book value 70, 129
Complete if the organization answered '\ (a) De (1) RESTRICTED DEPOSITS (2) Rounding	es' on Form 990, F		t X, line 15. (b) Book value 70, 129
Complete if the organization answered (a) De (1) RESTRICTED DEPOSITS (2) Rounding (3)	es' on Form 990, F		t X, line 15. (b) Book value 70, 129
Complete if the organization answered (a) De (1) RESTRICTED DEPOSITS (2) Rounding (3) (4)	es' on Form 990, F		t X, line 15. (b) Book value 70, 129
Complete if the organization answered '\ Complete if the organization answered '\ (a) De (1) RESTRICTED DEPOSITS (2) Rounding (3) (4) (5)	es' on Form 990, F		t X, line 15. (b) Book value 70, 129
Complete if the organization answered '\ Complete if the organization answered '\ (a) De (1) RESTRICTED DEPOSITS (2) Rounding (3) (4) (5) (6)	es' on Form 990, F		t X, line 15. (b) Book value 70, 129
Complete if the organization answered '\ Complete if the organization answered '\ (a) De (1) RESTRICTED DEPOSITS (2) Rounding (3) (4) (5) (6) (7)	es' on Form 990, F		t X, line 15. (b) Book value 70, 129
Complete if the organization answered '\ Complete if the organization answered '\ (a) De (1) RESTRICTED DEPOSITS (2) Rounding (3) (4) (5) (6) (7) (8)	es' on Form 990, F		t X, line 15. (b) Book value 70, 129
Complete if the organization answered '\ (a) De (1) RESTRICTED DEPOSITS (2) Rounding (3) (4) (5) (6) (7) (8) (9)	es' on Form 990, F		t X, line 15. (b) Book value 70,129
Complete if the organization answered '\ (a) De (1) RESTRICTED DEPOSITS (2) Rounding (3) (4) (5) (6) (7) (8) (9) (10)	es' on Form 990, F		t X, line 15. (b) Book value 70, 129
Complete if the organization answered '\ (a) De (1) RESTRICTED DEPOSITS (2) Rounding (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B)	es' on Form 990, F		t X, line 15. (b) Book value 70, 129
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TEEA3303L 8/22/19

Schedule D (Form 990) 2019 DENEKT HOUSE INC.		20-8001449	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statemen	nts With Revenue per R	eturn. N/A	
Complete if the organization answered 'Yes' on Form 9			
1 Total revenue, gains, and other support per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	2 a		
b Donated services and use of facilities	2 b		
c Recoveries of prior year grants	2 c		
d Other (Describe in Part XIII)	2 d		
e Add lines 2a through 2d	· · · · · · · · · · · · · · · · · · ·	2 e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
b Other (Describe in Part XIII)	4 b	122	
c Add lines 4a and 4b		4 c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 1.	2)	5	
Rankill Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses per	Return. N/A	
Complete if the organization answered 'Yes' on Form 9	90, Part IV, line 12a		
1 Total expenses and losses per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		50.5	
a Donated services and use of facilities	2 a		
b Prior year adjustments	2 b		
c Other losses.	2 c		
d Other (Describe in Part XIII)	2 d		
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1			
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
b Other (Describe in Part XIII)	4 b		
c Add lines 4a and 4b		4 c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line	18)	5	
Rait XIII Supplemental Information.			
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b, F	^o art V,	

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4; Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

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.

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

DENEKI HOUSE INC.

Employer identification number 20-8001449

Form 990, Part VI, Line 11b - Form 990 Review Process

BOARD IS GIVEN THE 990 AT THE QUARTERLY BOARD MEETING FOR REVIEW. TAKEN/ADDRESSED DURING BOARD MEETING. FORM 990 IS SIGNED FOR TRANSMITTAL AFTER ALL COMMENTS ARE SATISFIED.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

A DISCLOSURE STATEMENT OF POSSIBLE CONFLICTS OF INTEREST IS ADDRESSED ANNUALLY AT THE APRIL BOARD MEETING. COMPLIANCE WITH THIS POLICY IS ENFORCED BY VERBAL DISCUSSION AMONG THE BOARD MEMBERS. NON-COMPLIANCE WITH THE POLICY MEANS DISMISSAL FORM THE BOARD

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.