Form 990 .

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

		f the Treasury tue Service	► Do not ► Go to	enter socia o www.irs.g	l security numbers on the conference of the conf	nis form as it ions and the	may be related in	nade publ formation.	11c1909	Open to Public Inspection
Ā			ndar year, or tax year			, 2018, an			ember 30	, 20 19
В		applicable			INDNESS COMMUNITY		<u>~</u>			er identification number
	Address		Doing business as						1	27-0858135
$\bar{\Box}$	Name ch	-	Number and street (or	E Telepho	ne number					
$\overline{\mathbf{Z}}$		nitial return 12249 Camden St.								313-521-8304 +
$\tilde{\Box}$		m/terminated		province, cour	ntry, and ZIP or foreign posta	l code			 	0.0 021 0004
$\bar{\Box}$	Amende		Detroit, Michigan 4	8213	-				G Gross re	eceipts \$
$\tilde{\Box}$		on pending	F Name and address of		er Leslie Pugh			H/al Is this a		subordmates? Yes No
12249 Camden St. Detroit, Michigan 48213								1	-	s included? Yes No
1	Tax-exe	mpt status	√2 501(c)(3)	501(c) (947(a)(1) or	1675			a list (see instructions)
J	Website		43 50 1(0)(0)		7 4 (modicate)	<u>,41(0)(1)(0)</u>	_ <u></u>	┥	p exemption	•
ĸ			Corporation Trust	Associa	ition ☐ Other ▶	L Year	of formation			of legal domicile MI
_	art I	Summ				1				1011
	1			tion's miss	ion or most significant	activities:				
ė	1		ct and change the liv		_					
Ĕ	ł									
Governance	2	Check th	is box ▶ ☐ if the ord	anization	discontinued its opera	ttons er disr	osed of	more tha	n 25% of	its net assets.
õ	3	Number o	of voting members of	of the gove	ming body (Part VI, lin	e 1RECE	IVED		. 3	9
<u>«</u>	4	Number o	of independent votir	na member	s of the governing boo	v (Part VI.)	ine 1b)		. 4	9
es	5			•	n calendar year 2018	•		. 1,81	. 5	0
Activities &	6		nber of volunteers (e			DEC.1	I' 2019	. [9]	. 6	3
Act	7a				Part VIII, column (¢), li	ne-12		181	. 7a	0
	1				from Form 990-T, line		N. UT		. 7b	0
								Prior Y		Current Year
Α.	8	Contribut	tions and grants (Pa	rt VIII, line	1h)		🗀		150.00	150.00
Revenue	9		service revenue (Pa		•		–		255,490	218,507
š	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)								0
ď	11				es 5, 6d, 8c, 9c, 10c, a		🗀		0	0
	12				nust equal Part VIII, col		_		255,640	218,657
_	13				X, column (A), lines 1-				0	0
	14		paid to or for memb			·	🗀	· ··	0	0
S	15			-	benefits (Part IX, colum	n (A), lines 5-	-10)		0	0
Jse	16a		·		olumn (A), line 11e)		0	0		
Expenses	Ь		draising expenses (f	•			7.	** ***********************************	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
ũ	17		- :		es 11a-11d, 11f-24e)	· · · ·			209,359	177,478.58
_	18	Total exp	enses. Add lines 13	-17 (must	equal Part IX, column	(A), line 25)			209,359	177,478.58
3	19	Revenue	less expenses. Sub	tract line 1	8 from line 12		<u> [</u>		46,281	41,178.42
Assets or Assets or Balances							Be	ginning of C	urrent Year	End of Year
ian sets.	20	Total ass	ets (Part X, line 16)						255,640	218,657
γŽα	21	Total liab	ilities (Part X, line 26	3)			[_		209,359	177,478.58
בּֿצַנ	22	Net asse	ts or fund balances.	Subtract I	ine 21 from line 20	<u> </u>			46,281	41,178.42
P	art II	Signat	ture Block							
Un tru	der pena e, correc	lties of perju t, and compl	ry, I declare that I have ex lete Declaration of prepay	xamined this i	return, including accompany officer) is based on all infor	ng schedules a nation of which	and stateme preparer h	ents, and to as any knov	the best of a	my knowledge and belief, it is
Xustre A Viel							126/2019			
Sig	jn .		ature of officer						ate	· · · · · · · · · · · · · · · · · · ·
Here Leslie Pugh - Director						12	6,2019			
		Туре	or print name and title							
		Print/Ty	pe preparer's name		Preparer's signature		Date	1	Check	If PTIN
Pa		_							self-em	
	epare	1 1.	ame > K.L.S. Fina	ancial LLC				Fi	m's EIN ▶	
US	e Onl	עי –––	ddress ► 2727 Seco		uite 226 Detroit, MI 4	8201		Ph	one no	313-638-8841
140	y the IE				shown above? (see ins					☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Part	III Statement of Program Service Accomplishme	ents		<u></u>
•	Check if Schedule O contains a response or not		s Part III	[
1	Briefly describe the organization's mission:			
	To impact and change the lives of people.			
	Dill			
2	Did the organization undertake any significant program prior Form 990 or 990-EZ?	services during the	year which were not listed on th	
			• • • • • • • • • • • • • • • • • • • •	☐Yes 😡 No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make sign	nificant changes in	how it conducts any program	~
J	services?		now it conducts, any program	
	If "Yes," describe these changes on Schedule O.			☐ Yes
4	Describe the organization's program service accomplish	hmente for each of	its three largest program convec	on an magazirad b
•	expenses. Section 501(c)(3) and 501(c)(4) organizations			
	the total expenses, and revenue, if any, for each program			ocalions to other.
		•		
4a	(Code: 62400) (Expenses \$ 152,518 including	ng grants of \$) (Revenue \$	173,498)
	HOMELESS TRANSITIONAL HOUSING - WE PROVIDE NIC			/
	AND BEDDING FOR OVER 3,500 HOMELESS VETERANS	•••		
	**			
				,
4b	(Code 62400) (Expenses \$ 5,069 including	ng grants of \$) (Revenue \$	5,075)
	COUNSELING - WE PROVIDE SUCCESSFUL CONSULING	IN THE AREA OF C	CHEMICAL DEPENDANCY,	
	ANGER MANAGEMENT, WORK THERAPY, INCLUDING T	RANSPORTING IND	IVIDUALS TO NECESSARY	
	APPOINTMENTS.			

				**

4c		ng grants of \$) (Revenue \$	39,934)
	PROVIDING MEALS FOR THE HOMELESS - WE FEED OV	ER 2,100 HOMELES	SS AND LOW INCOME INDIVIDUAL	.S
	IN THE CALENDAR YEAR OF 2018 - 2019.			
				·
4d	Other program services (Describe in Schedule O.)			
	(Expenses \$ including grants of \$) (Reven	υe \$)	
4e	Total program service expenses ► 196,	371		

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Part IV Checklist of Required Schedules

			Yes	No
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	/	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	/	
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	•	✓
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		/
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		✓
6	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, Part I	6		\
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		/
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		/
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian 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		✓
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	de la capital	/
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		/
b	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	11b		✓
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
d	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	11d		V
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		/
f	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	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
	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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		Y
14a	•	170		V
b	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		✓
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		_
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		<u></u>
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		/
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		<u> </u>
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		V,
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Ļ
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u> </u>	
21	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	000	V (2016
		F	4441	

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Part	Checklist of Required Schedules (continued)			Page
			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		/
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		/
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of 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	24a		/
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		/
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		V
25a	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	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		✓
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	·	/
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).			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		V,
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		V
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		/
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		✓
34	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		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
	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	35b		/
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		/
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	37	-	V
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	V	
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	. L No
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		. 05	1
1a b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	L	1

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)	
_	Enter the number of employees reported an Earna W.O. Transmitted of Warra and Total	Yes No
2a	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 2a	
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b /
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 🗸
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule Q .	3b 🗸
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	
h	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:	4a
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 🗸
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 🗸
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c 🗸
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6a 🗸
	gifts were not tax deductible?	6b /
7	Organizations that may receive deductible contributions under section 170(c).	
а	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?	7a /
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b /
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c /
d	If "Yes," indicate the number of Forms 8282 filed during the year	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 🗸
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f 🗸
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 🗸
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h /
8 .	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8 /
9	Sponsoring organizations maintaining donor advised funds.	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a 🗸
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b /
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	
11	Section 501(c)(12) organizations. Enter:	
а	Gross income from members or shareholders	
b	Gross income from other sources (Do not net amounts due or paid to other sources	
	against amounts due or received from them.)	12a \
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	
a	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	
_	the organization is licensed to issue qualified health plans	
с 14а	Did the organization receive any payments for indoor tanning services during the tax year?	14a 🗸
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b 🗸
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
4-	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16
16	Is the organization an educational institution subject to the section 4966 excise tax on het investment income? If "Yes," complete Form 4720, Schedule O.	
	II 165, Complete Form 4720, Coneduce O.	Form 990 (2018)

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Part	, g and an area and area and area area area area area area area are			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule	O. See	ınstruc	tions
	Check if Schedule O contains a response or note to any line in this Part VI	<u>.</u>		
Secti	on A. Governing Body and Management			
		C-2-74	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	9		
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship of any other officer, director, trustee, or key employee?	vith 2	2	/
3	Did the organization delegate control over management duties customarily performed by or under the di supervision of officers, directors, or trustees, or key employees to a management company or other person?		3	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	1	1
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	. [5	5	
6	Did the organization have members or stockholders?	. 6	;	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approne or more members of the governing body?	4	a	
b	Are any governance decisions of the organization reserved to (or subject to approval by) memb stockholders, or persons other than the governing body?		b	/
8	Did the organization contemporaneously document the meetings held or written actions undertaken du	y 42		
	the year by the following:			
а	The governing body?	. 8	а	
b	Each committee with authority to act on behalf of the governing body?	. 8	b	/
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	d at		
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		\bot
Secti	on B. Policies (This Section B requests information about policies not required by the Internal R	evenue		
		<u> </u>	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	. 10)a	₩
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapt			
44	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes. Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the fo			+
11a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			Y
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	. 12	2a	A Maria
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflict		_	+~_
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "You		-	
·	describe in Schedule O how this was done	. 12	2c	
13	Did the organization have a written whistleblower policy?		-	1
14	Did the organization have a written document retention and destruction policy?		4	1/
15	Did the process for determining compensation of the following persons include a review and approval			1
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision	on?		3
а	The organization's CEO, Executive Director, or top management official	. 15		/
b	Other officers or key employees of the organization	. 15	ib	
	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 arrangements with a taxable entity during the year?	. 16	a Sa	/
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ıts 🍍		
	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	ib	⅃ ✓
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► MICHIGAN			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and	∌90-T (S	ection	501(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict financial statements available to the public during the tax year.			cy, and
20	State the name, address, and telephone number of the person who possesses the organization's books a	nd recor	ds ►	
	LESLIE A. PUGH 12249 CAMDEN ST. DETROIT, MICHIGAN 48213		- 00	

	(2018)	

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

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

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1a 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.

List persons in the following order. individual trustees or directors; institutional trustees; officers; key employees, highest compensated employees; and former such persons.

Check this box if neither the organization no	or any relate	d org	aniz	atio	n c	ompe	nsa	ated any currer	t officer, directo	r, or trustee.
				(0	C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and Title	Average hours per	box,	unles	s pe	rson	than on the stantants of the stantants o	n an	Reportable compensation	Reportable compensation from	Estimated amount of
	week (list any hours for related organizations below dotted line)	Individua or directo		Officer	-	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) DR. ZACHARY HICKS										
PRESIDENT	35		<u> </u>		<u> </u>	ļ	<u> </u>	0	0	
(2) SHAWN K. JACQUE		,			ļ			ŀ		
VICE PRESIDENT	15	_	<u> </u>		L.		_	0	0	
(3) HENREEN BURTON								_		
SECRETARY	15	V	1	<u> </u>	ļ		<u> </u>	0	0	(
(4) WILFRED BAILEY		,	'	İ					· ·	
TRUSTEE BOARD MEMBER	15		<u> </u>		ļ	<u> </u>		0	0	
(5) REGINALD JONES						ļ				
TRUSTEE BOARD MEMBER	15	V	ļ	ļ	L	<u> </u>	L.	0	0	
(6) CRYSTAL LOVEJOY			1							
TRUSTEE BOARD MEMBER	15	_		<u> </u>			╙	0	0	(
(7) ONNIE JACQUE			ł							
TRUSTEE BOARD MEMBER	15	_		<u>L</u>			L	0	0	(
(8) RENEE ALFORD					l					
TRUSTEE BOARD MEMBER	15	L					<u> </u>	0	0	(
(9) LESLIE A. PUGH							ľ			
PROGRAM DIRECTOR	15							0	0	
(10)										
(11)	-									
(12)		<u></u>	-							
(13)		 		 -	-					
(14)			\vdash					-		
		<u></u>		l	ــــــــــــــــــــــــــــــــــــــ	<u> </u>	<u> L</u>	1	<u> </u>	L

Par	VII Section A. Officers, Directors, Trus	ees, Key E	mploy	yees	s, ar	nd H	lighes	st C	ompensated E	mployees (continue	ed)
					(0	C)	_					,
	(A) (B) Position (do not check more than or				one	(D)	(E)		(F)			
	Name and title	Average hours per	5 DOX; 01.1000 por 0011 10 0						Reportable compensation	Reportab compensation		Estimated amount of
		week (list any hours for	_					,	from	related	1	other
		related	함	stitu	Officer	ey er	ghes	Forme	the organization	organizatio (W-2/1099-N		compensation from the
		organizations below dotted	ctor	ions	Ì	Key employee	yee co	"	(W-2/1099-MISC)			organization and related
		line)	Individual trustee or director	Institutional trustee		yee	mpei		1			organizations
		}	, e	stee		 	Highest compensated employee		1			
(15)						_	ä					
1.19/												
(16)												
(17)												
(18)												
3.1.97								ļ				
(19)					-			Ė				
32												
(20)												
· ·	· · · · · · · · · · · · · · · · · · ·							_				
(21)												
(22)				\vdash	-							
35:-7												
(23)												
(24)		 										
(2E)								_				
(25)												
1b	Sub-total	L		<u>.</u>								
C	Total from continuation sheets to Part											
d	Total (add lines 1b and 1c)											
2	Total number of individuals (including but		i to th	ose	list	ed a	above	e) w	ho received m	ore than \$1	00,000	of
	reportable compensation from the organi	zation >									·	Yes No
3	Did the organization list any former of	ficar direc	tor o	r fr	nefe	20	kov s	mr	Novee or high	est compe	nested	
3	employee on line 1a? If "Yes," complete								· · · ·			3
4	For any individual listed on line 1a, is the							n a	nd other comp	ensation fr	om the	
	organization and related organizations	greater the	an \$1	150,	000	7 /	f "Ye	s, "	complete Sch	edule J fo	r such	
	individual			•	•		•					4
5	Did any person listed on line 1a receive of for services rendered to the organization	r accrue co	ompei	nsat 'ete	ion Sch	froi edi	m any ule .l f	un Ors	related organiz	ation or inc		5
Section	on B. Independent Contractors	1 103, 0	Опр	-				<u> </u>	idon porcon	 	· ·	1 - 1
1	Complete this table for your five highest	compensate	ed inc	depe	end	ent	contr	acto	ors that receive	ed more tha	n \$100,	,000 of
	compensation from the organization. Rep	ort compe	nsatio	on fo	or th	ne c	alend	lar y	ear ending wit	h or within	the orga	anization's tax
	year.							1				
	(A) Name and business add	ress						ļ	(B) Description of s	ervices	c	(C) Compensation
								┢				
		<u> </u>						\vdash				
								<u>L</u>	** * * * *		W 22 A. of	Name of the same o
2	Total number of independent contractor	ors (includir	ng bu	ıt n	ot 1	ımit	ed to	o th	nose listed ab	ove) who		
	received more than \$100,000 of compens	ation from	ine or	gan	ızal	iON					PET LEVE	A PART OF THE PART

r art viii		Check if Schedule O contains a response or note to any 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			
s, Grants Amounts	1a b	Federated campaigns Membership dues		0		Tevenue					
ર, ≼	C	Fundraising events .		0							
ons, Grfts, Similar Ar	d	Related organizations		0							
Sim	e f	Government grants (con All other contributions, gi		0							
Contributions, and Other Sim	-	and similar amounts not inc	luded above 1f	150.00							
i d	g h	Noncash contributions includ Total. Add lines 1a-1		····· · · · · · · · · · · · · · · · ·	150.00						
		Total. Add lines 1a-1	· · · · · · · · · · · · · · · · · · ·	Business Code	2000						
Program Service Revenue	2a	HOMELESS SHELTER	₹	62400	173,498						
ě	b	COUNSELING		62400	5,075			,			
içe	С	FEEDING HOMELESS	PROGRAM	62400	39,934						
Ser	d										
E	е										
ogu	f	All other program ser									
4	g	Total. Add lines 2a-2			218,507						
	3	Investment income and other similar amo									
			· ·								
	4	Income from investmen	•	·							
	5	Royalties	(i) Real	(ii) Personal			15223-7-1082-05				
	6a	Gross rents	(,,	(7,							
1		Less: rental expenses									
	c	Rental income or (loss)									
İ	d	Net rental income or	(loss)	▶							
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other							
	b	Less cost or other basis and sales expenses .			Ebraha da pappi						
	С	Gain or (loss)									
	d	Net gain or (loss) .		<u> ▶</u>							
Other Revenue	8a	Gross income from fu	undraising								
er Re		of contributions reported See Part IV, line 18 .	ed on line 1c).	\ \							
Ŏ#		Less: direct expenses		·L							
		Net income or (loss) f		events . ►			ZETKIN STVOTEKSTONIA Z	Children Andrews and Angres Andrews			
	9a	Gross income from ga	-			Property of the					
		• • • • • •	a				Mar. 12.00				
	b	Less: direct expenses		·	60 5 1 4 2 5 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1		THE THE PERSON NAMED IN COMMEN	331631641114143554264124			
	C 100	Net income or (loss) f Gross sales of ir		ivities	Division Sales Par						
	10a	returns and allowance		Ì							
	ь	Less: cost of goods	_								
•	C	Net income or (loss)	from sales of inv		A STATE OF THE PARTY OF THE PAR	The state of the s	BOTO A MEASURE PRODUCTION				
	├ ─	Miscellaneous F		Business Code	0.0000000000000000000000000000000000000						
	11a										
	b						<u> </u>				
	С		•		<u> </u>	_	 	-			
	d	All other revenue .			 	Reserving the transfer for the original transfer in					
	е	Total. Add lines 11a-									
	12	Total revenue. See	nstructions .	<u> • • </u>	218,657	<u>′L</u>		Form 990 (2018)			

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

00000	Charle if School to O contains a record				
Do as	Check if Schedule O contains a respon				
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	
-	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				100000000000000000000000000000000000000
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees		,		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) $$.				
7 8	Other salaries and wages				
9	Other employee benefits				
10	Payroll taxes				
11 '	Fees for services (non-employees):			,	
a b	Management				
C	Accounting	3,750.00			
ď	Lobbying	0,700.00			
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees			The state of the s	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	5,502.46			,
14	Information technology				
15	Royalties	204 027 00	-		
16 17	Occupancy	124,255.00 2.109.13			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	2,109.13	-		
19	Conferences, conventions, and meetings	1,482.42			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance	478.20			
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	BANK FEES	172.00		THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLU	THE PERSON OF TH
b	CONSUMABLE SUPPLIES	4,338.01			
С	BUILDING MAINTENANCE	14,093.07		·	
d	TELEPHONE EXPENSE	4,923.47			
е	All other expenses	16,374.82			
25	Total functional expenses. Add lines 1 through 24e	177,478.58		 	
26	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 following SOP 98-2 (ASC 958-720)				
					Form 990 (2018)

218,657 Form 990 (2018)

	1 990 (20			_	Page 1
P	art X				
		Check if Schedule O contains a response or note to any line in this Pa	rt X <u></u> .		<u></u> 🗀
	.		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	255,640	1	218,65
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
Assets	5	Loans and other receivables from current and former officers, directors, trustoes, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D			
	ь	Less: accumulated depreciation 10b		10c	
	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		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	255,640		218,65
	17	Accounts payable and accrued expenses		17	, , , , , , , , , , , , , , , , , , ,
	18	Grant's payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	Collegno (In State College In College In State College	21	ANATO THE SECOND STREET
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
<u>:</u>	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
	23	parties, and other liabilities not included on lines 17–24). Complete Part X	Į	1	
		of Schedule D	209,359	25	177,478.58
	26	Total liabilities. Add lines 17 through 25	209,359	26	177,478.58
_		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and			
ě	ĺ	complete lines 27 through 29, and lines 33 and 34.			100 100 200
aŭ	27	Unrestricted net assets		27	
Bal	28	Temporarily restricted net assets		28	
٦	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
Š	30	Capital stock or trust principal, or current funds	0	30	A STATE OF THE STA
set	31	Paid-in or capital surplus, or land, building, or equipment fund 36	0	1 1 -	
As	32	Retained earnings, endowment, accumulated income, or other funds . 31	0		
Vet	33	Total net assets or fund balances	(4,499.43)	33	36,678.99
_	34	Total liabilities and net assets/fund balances	255,640	34	218,65

~	4	7
Page		_

Part	XI 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		218,	,657
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	77,478	8.58
3	Revenue less expenses. Subtract line 2 from line 1	3		41,178	8.42
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		(4,499	.43)
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 in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		36,67	8.99
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	<u>· · · · · · · · · · · · · · · · · · · </u>	• • •	Yes	<u></u>
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain in			No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	,	<u> </u>
b	If "Yes," check a box below to indicate whether the financial statements for the year were compressived on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or of the audit, review, or compilation of its financial statements and selection of an independent account if the organization changed either its oversight process or selection process during the tax year, experienced.	piled or ed on a versight untant?	2b 2c		
3a	Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set				
	the Single Audit Act and OMB Circular A-133?		3a	 '	/
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	ergo the audits.	3b		
			Form	990 (2018

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number LOVE N KINDNESS COMMUNITY DEVELOPMENT CORPORATION 27-0858135 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) R An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) đ that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (v) Amount of monetary (vi) Amount of (iii) Type of organization (Iv) Is the organization (i) Name of supported organization (ii) EIN listed in your governing (described on lines 1-10 support (see other support (see document? instructions) above (see instructions)) instructions) Yes No (A) (B) (C) (D) (E)

Part	Support Schedule for Organiza	ations Descr	ibed in Secti	ons 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(vi)
	· (Complete only if you checked the						alify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	te Part III.)	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and					:	
	_membership_fees_received. (Do not					←¹~~~~~	
	include any "unusual grants.")	11,212.00	18,950.00	200.00	150.00	150.00	113,662
2	Tax revenues levied for the					'	
	organization's benefit and either paid	_		_		'	'
_	to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities	1]		[
	furnished by a governmental unit to the organization without charge						
	_	11,212.00	18,950.00	200.00	150.00	150.00	113,662
4	Total. Add lines 1 through 3	11,212.00	10,950.00	200.00	130.00	150.00	113,002
5	The portion of total contributions by						
	each person (other than a						,
	governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the amount			North Section			
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						113662
Secti	on B. Total Support	The second secon	Control (granus and control fundamental (c) (g) (g) for an in-				
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	11,212.00	18,950.00	200.00	150.00	150.00	113,662
8	Gross income from interest, dividends,						
	payments received on securities loans,	}					
	rents, royalties, and income from					,	•
	similar sources	0	0	0	0	0	0
9	Net income from unrelated business	ł	{			'	
	activities, whether or not the business	1	_			1 '	
	is regularly carried on	0	0	0	0	0	0
10	Other income. Do not include gain or	}				1	
	loss from the sale of capital assets (Explain in Part VI.)	44.040.00	40.050.00	200.00	450.00	150.00	112 662
	Total support. Add lines 7 through 10	11,212.00 238382.00				The same transfer of the same transfer of	
11 12	Gross receipts from related activities, etc.	Chinal and Shake	78-78-78-78-78-78-78-78-78-78-78-78-78-7			12	1,219,702
13	First five years. If the Form 990 is for the	he organizatio	n's first, secor	nd. third. fourth	n, or fifth tax v		
	organization, check this box and stop he	ere					▶ `☑
Secti	on C. Computation of Public Suppo			1			
14	Public support percentage for 2019 (line	6, column (f) d	ivided by line	11, column (f))		14	%
15	Public support percentage from 2018 Schedule A, Part II, line 14						
16a	331/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this						
	box and stop here. The organization qua						
b	331/3% support test-2018. If the organ	ization did not	check a box of	on line 13 or 10	6a, and line 15	is 331/3% or m	nore, check
	this box and stop here. The organization						
17a	10%-facts-and-circumstances test-2	019. If the org	anization did i	not check a bo	ox on line 13,	16a, or 16b, an	d line 14 is
	10% or more, and if the organization m	eets the "facts	s-and-circums	tances" test, c	heck this box	and stop here	Lexplain in
	Part VI how the organization meets the	"facts-and-circ	cumstances" to	est. The organ	ization qualifie	is as a publicly	supported
	organization						
b	10%-facts-and-circumstances test—2	2018. If the org	janization did	not check a bo	ox on line 13,	this boy and	ra, and line
`	15 is 10% or more, and if the organiz Explain in Part VI how the organization	ation meets the	ie iacts-and- ste-and-circum	rcircumstances retances" test	The organizat	tion gualifies as	s a publicly
	supported organization						
40	British foundation If the organization of						

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990 or 990-EZ.
➤ Go to www.lrs.gov/Form990 for the latest information.

Open to Public Inspection

Name of the organization	Employer identification number
LOVE N KINDNESS COMMUNITY DEVELOPMENT CORPORATION	27-0858135
Form 990, Part VI, Section A, Line 8a - Organizations governing body consists of	
Program Director, Program Administrator, Secretary, Bookkeeper, Financial Officers, Board members.	
rogani bilecioi, riograni Administrator, Secretary, Bookkeeper, rinancial Onicers, Board members.	······································
Organizations Management meetings are held at 12249 Camden St., Detroit, MI 48213	

Farm 200 Bart Vi Carta Ada and a state of the state of th	
Form 990, Part VI, Section A, Line 8b - Meetings are documented and held for discussion, all organizational documented and held for discussion, all organizational documented and held for discussion, all organizational documented and held for discussion, all organizational documented and held for discussion, all organizational documented and held for discussion, all organizational documented and held for discussion, all organizational documented and held for discussion all organizational documented and held for discussion and discussion are documented and held for discussion and discussion are documented and held for discussion and discussion are documented and held for discussion and discussion are documented and held for discussion and discussion are documented and held for discussion and discussion are documented and held for discussion and discussion are documented and held for discussion are docume	ntalion
is stored at 12249 Camden St., Detroit, Mł 48213.	
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Form 000 Post VI Cooking D. Line 444 - Form 000 in account of a formal monthly the board monthly and a south of the formal monthly in the formal monthly i	
Form 990, Part VI, Section B, Line 11a - Form 990 is reviewed in a formal meeting with the board members and accompanies and accompanies.	ountant

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