Fo	9 9	Return of Organization Exempt From	ı İncomo T		OMB No 1545-0047
, \$		Linder section 501(a) 507 or 4047(a)(4) -4 4 - 144 - 159	i income i	ЗX	
*		Under section 501(c), 527, or 4947(a)(1) of the internal Revenue Code	e (except private fo	undations	
.De zinte	pariment of ernal Reven	the Treasury we Service Do not enter social security numbers on this form as it n Go to www.irs.goviForm990 for instructions and the la	nay be made publ	°-11)_	Open to Public
Ā		2017 calendar year, or tax year beginning , 2017, and		11-	Inspection
В		applicable C Name of organization Credit & Homeownership Empowerment Services	ending	D Employ	, 20
	Address	change Doing business as	s, inc.	D Employ	er identification number
	Name ch	nange Number and street (or P.O. box if mail is not delivered to street address) Ro	om/suite	E Telephor	27-3693233 ne number
$\overline{\mathbf{V}}$	initial rela	urn 3125 Glilham Plaza		w releption	816-533-7417
Ц		in/terminated. City or town, state or province, country, and ZIP or foreign postal code			010-333-7477
片	Amended	234 4 2 3 3 4 1 3 4 3 4 3 4 3 4 3 4 3 4 3 4 3 4		G Gross re	celpts \$ 400.4
	Applicate	on pending F Name and address of principal officer	Ha Isthisag		subordinates? Yes V No
_	Tay-even	npt status	H(b) Are all	subordinates	included? Yes No
j	Website:				list. (see instructions)
K		Proprieston [2] Country [1]	H(c) Group	·	
F	art i	Summary Corporation I rust Association Other L Year of the summary	formation: 2010	M State	of legal domicile MO
	1	Drieft, describe of	UD approved hous	inter Contra	m lat wat let make the
Activities & Governance		education, counseling and coaching organization.	opported hous	any, mai	mai and cledit
Ē			**************************************		
ž.	2	Check this box > if the organization discontinued its operations or dispos	sed of more than	25% of i	ts not assets.
Ğ	3	Number of voting members of the governing body (Part VI, line 1a)	_	3	
8	5	Number of independent voting members of the governing body (Part VI, line	11b) . /	4	
\$	6	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	Alle	5	
5	7a -	Total number of volunteers (estimate if necessary)	\ 	6	
_		Total unrelated business revenue from Part VIII, South C, line 12	$V \cdot V \cdot \cdot$	7a	
	<u> </u>	The state of the s	Prior Yes	7b	
a	8 (Contributions and grants (Part VIII, line 1h)	Prior re		Current Year
Ре чепие	9 }	Program service revenue (Part VIII, line 2g)	•	153.744	159,89
ě	10	Other revenue (Part VIII, column (A), lines 8, 4 and 76 AN CH	;	70,959	90,55
_	11 0	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 95, 16(and 14)		150,000	150,00
	12	Total revenue - add lines 8 through 11 (must equal Par Pilip countr (A), line 12	2)	374,703	400,44
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)			
	1	Benefits paid to or for members (Part IX, column (A), line 4)			
Şe	16a F	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10 Professional fundraising fees (Part IX, column (A), line 11e))	50,000	55;56
Expenses	b T	Total fundraising expenses (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶			West Manual report
ω̈́	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			
i	18 T	fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		253,366 303,366	263,98
	19 F	Revenue less expenses. Subtract line 18 from line 12		71,337	319,54
20 of			Beginning of Cun	M	End of Year
Net Assels Fund Balanc		otal assets (Part X, line 16)		608,824	745,85
Wet A		Total fiabilities (Part X, line 26)		118,745	207,48
	22 N	Net assets or fund balances. Subtract line 21 from line 20		490,079	538,16
_					· - · · · · · · · · · · · · · · · · · ·
Sig	n (es of perjury. Loleclare that I have examined this return, including accompanying schedules and and complete. Degration of preparer other than officer) is based on all information of which pre-	statements, and to the paret has any knowled Date	7/18/	2016
	ļ	Type or print name and title		1-1	×010
Pai	id	Print/Type preparer's name Preparer's signature	Date	<u> </u>	PTIN
	parer		1	Check self-emplo] # [
	e Only	Firm's name >	Firm't	EIN ►	·· <u> </u>
		Firm's address >	Phone		
		discuss this return with the preparer shown above? (see instructions)			Yes No
FOR	Pananua	rk Raduction Act Notice, see the consents instructions			000

CIS IMAGE — Do Not Correspond for Signature

Form 98		Page 2
Part		
1	Check if Schedule O contains a response or note to any line in this Part III. Briefly describe the organization's mission:	D
•	briefly describe the organization 8 mission:	
	Housing, financial and credit counseling, education and coaching provided to low-to-moderate income individuals and	families.
2	Did the organization updatake any confused execute any desired execute and the organization updatake any confused execute any desired execute and the organization updatake any confused execute and the organization updatake and the	
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Twa Can.
	If "Yes," describe these new services on Schedule O.	Yes INo
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
		Yes 🗹 No
4	Describe the organization's program service accomplishments for each of its three largest program services, at	
	expenses. Section 50 I(C)(3) and 50 I(C)(4) organizations are required to report the amount of grants and allocate	s measured by ions to others,
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ Including grants of \$) (Revenue \$	

		,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
		·**
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~~~~~~~
		. 60- 6
	***************************************	
40	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	<del></del>
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$	.i)
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		***************************************
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	***************************************	
	***************************************	****************
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	
4e	Total program service expenses ▶	

Form 990 (2017)



# Part IV Checklist of Required Schedules

				1
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," compléte Schedule A		Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1	1	_
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	2		<b>/</b>
4	election 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 School C. Post II.	3		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		✓_
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C. Part III			,
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	_5	ļ	✓
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1			,
7	Did the organization receive or hold a conservation easement, including easements to preserve and	6		✓
_	the environment, historic land areas, or historic structures? If "Yes." complete Schedule D. Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		<u>√</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, can a con-	- <u>-</u> -		<u> </u>
	debt negotiation services? If "Yes," complete Schedule D, Part IV	,9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	-		
11	endowments, permanent endowments, or quasi-endowments? If "Yes," complète Schedule D, Part V.	10		✓_
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	was state
	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		<b>✓</b>
С	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XIII.	11c		<u>·</u> ✓
d		11d	1	<u> </u>
е	Did the organization report an amount for other liabilities in Part X. line 25? If "Yes," complete Schedule D. Rest V.	11e	<b>Y</b>	<b>√</b>
	Uid 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	111		<u>▼</u>
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII			
b	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	12a		<u> </u>
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		<u> </u>
	Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		<u>√</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking	144		<u> </u>
	fundraising, business, investment, and program service activities outside the United States, or aggregate	14b		/
5	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," compléte Schedule F, Parts II and IV			
6	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.	15		<u>√</u>
7	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)	16		<u>√</u>
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		<u>✓</u>
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓_
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9á?  If "Yes," complete Schedule G, Part III	19	T	✓
		Eart	DOO.	2017

				MISE OF R	equired (	Schedule	es (conti	2112									
	-	va Did	the orga	nization or	perate one the organ		- (00/1(/)	iluea)									
-	9.	1 2···	es" to fir	ne 20a, did	perate one the organ port more on Part IX, i	or more h	nospital fa	acilition 2	H m.c.								Page
	~	' Uid I	he orga	nization re	the organ port more on Part IX, port more to 2? If "Yes,	ization att	lach a cor	OV of the .	// "Yes,"	complete	Schedi	ula LI			···	Yos	<del></del>
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	24a	onipio markini	yees? /f	"Yes," con	ind former inplete Sch	Officers,	directors	i. Ituetaa	line 3,	4, or 5	about	· · ·	٠.,		22	- 1	,
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	h	District	1 24d an	d complete	ve a tax-e ay of the y e Schedule it any proci tain an esc	ear, that v	vas issue	d after c	Outstar	nding pri	ncina) a		• • •	. [	23	- 1	/
	c	Did the	organiza	ation inves	e Schedule it any proce tain an esc t bonds?	* K. // "No,	go to li	ne 25a	secembe	r 31, 200	27 If "Y	o fribuit	f more i	than	-		-
	•	to dota-	organiza	ation main	t any proce tain an esc t bonds? an "on be	eeds of ta	x-exemo	t bondo i		٠.,		o, answ	er lines .	246	-	į	
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	4	isqualie	r forme	r ófficets	arry amou	nt on Part	t X. line i	5 6		í., .		וס ספר פייי	r 990-EZ	?	-1	1	
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3	1 Dict +	be -	contribu	tions? // "	Yes " co-	s of art, p	historical	treamin	ions? If	"Yes," co.	mplete s	Soha i	[	28c	1,		
	Part I	organ	ization li	quidate, te	ontribution:  Yes, "comp  erminate, c	vete Sched	dule M	casure	ss, or oth	her simíl:	ar asser	e or a	M	29	1	*****	
32	Did ti	ha	. •	٠	arringto, C	or dissolve	and cea	ise oner	neta			s, or que	alified [			~~	
	como	Into Organ	ization :	sell, excha	י י		· :		anons? H	f "Yes, "-c	omplete	. Sahaw.	L	30			
33	Did th	o ere oche	anle N'	Part II	ange, dispo	ose of, or	transfer	more +	han ma			- ocneau	re N,	T	1	-	
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· 34														T	-	-	
	Or IV	e organi	zation re	lated to a	ny tax-exe	s," comple	ete Sched	dule R p	om the öi	rganizatio	on under	Boorder	_ 3	2	1		
35a	Diet she	rio Part V	ine 1		lled entity of section	mpt or tax	xable ent	itv? 14 40	ar().	٠.,		, raAnisu	ions		1-	•	
b	If "You	organiza	tion hav	e a contro	ر ۱۰۰۰ نامیدال	٠.,		· · · · · · · · · · · · · · · · · · ·	es," con	nplėte Sc	hedule l	· · . B Ba	3	3	1		
	Control	enil of	35a, dic	the orna	med entity (	within the	Meaning	Of ones		٠.,		" rart II,	"",		1		
36															1		
	related	501(c)(	3) orgai	lizations	Dist at	7 512(b)(13	3)? // "Yes	s:"come	or engag	ia in any	transac	tion was	35	2	1		
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Form **990** (2017)

Par	- A COMPRISE CONTRACTOR IN THE PROPERTY OF THE			Page
	Check if Schedule O contains a response or note to any line in this Part V			. r
1a	Entar the number reported in During Arm		Yes	No
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  1a  1b			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	199		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c	NOW RIVE	A RESELVAN
	Statements, filed for the calendar year ending with or within the year covered by this return  2a			
þ	if at least one is reported on line 2a, did the organization file all required federal employment fax returns?	2b	<b>E</b>	Milio I
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20 A	105 (31 <u>0</u>	1
3a	bid the organization have unrelated business gross income of \$1,000 or more during the year?	3a	SEAR	2000
þ	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an evolunation in School to 0	3b		7
4a	At any time during the calendar year, did the organization have an interest in or a signature or other puthosis.	<del>-</del>	<del>                                     </del>	<del>  ▼</del> -
	over, a intartelal account in a foreign country (such as a bank account, securities account, or other financial		ĺ	
L.	accounty?	4a		1
D	If "Yes," enter the name of the foreign country: ▶			3
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a				
ь	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		V.
c	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b		1
6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c		1
	organization solicit any contributions that were not tax déductible as charitable contributions?			
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		1
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 1706	DATE OF	ALC: NO.	363063
8	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	2) <b>(6) (6)</b>	
b	If "Yes;" did the organization notify the donor of the value of the goods or services provided?	7b		7
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			
		7c		✓
d e	If "Yes," indicate the number of Forms 8282 filed during the year			<b>观感</b>
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
g	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .  If the organization received a contribution of qualified intellectual property, did the organization file form 8899 as required?	7f		1
ħ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79		<b>✓</b>
8 -	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h	35.75	100 SEE
	sponsoring organization have excess business holdings at any time during the year?	8	AND SHAPE	<b>新教教</b>
9	Sponsoring organizations maintaining donor advised funds.	7-923-H-107	36.2	304 HIGE
а	Did the sponsoring organization make any taxable distributions under section 4966?	92	A PLOTE	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501 (c)(7) organizations. Enter			553
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
a b	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.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in fleu of Form 1041?			
b		12a	राज्यक्रक	ASSESSED !
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	130	2485-75G	<b>州高铁铁</b>
	Note. See the instructions for additional information the organization must report on Schedule O.	13a	STREET,	
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			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<b>√</b>
h	If "Vos " has it filed a Form 700 to report these permanted if "Itle " annuals an evaluation in Octobrille O			

	990 (2017)				Page
Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 the response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change Check if Schedule O contains a response or note to any line in this Part VI	e in Schedule O	Con in		ions.
Sect	ion A. Governing Body and Management	······································	<u> </u>		. [
1				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year.  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.	1a	6		
ь 2	Enter the number of voting members included in line 1s, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business any other officer, director, trustee, or key employee?	1b relationship with	4 4 2		
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, or trustees, or key employees to a management company or other	under the direct	3		<b>y</b>
4	Did the organization make any significant changes to its governing documents since the prior Form 39	3D was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization	nn's assets?	5		1
6	Did the organization have members or stockholders?		6	-	7
7a	Did the organization have members, stockholders, or other persons who had the power to one or more members of the governing body?	elect or appoint	7a		<b>√</b>
þ	Are any governance decisions of the organization reserved to (or subject to approval stockholders, or persons other than the governing body?	by) members,	7a 7b		,
8	Did the organization contemporaneously document the meetings held or written actions un the year by the following:	dertaken dunng	70		
а	The governing body?		8a	A LANCOS	THE PLAN
þ	Each committee with authority to act on behalf of the governing body?		8b	7	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		a		1.
<u>Secti</u>	on B. Policies (This Section B requests information about policies not required by the	Internal Rever	ue C	ode.)	<u> </u>
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		1
b	If "Yes," did the organization have written policies and procedures governing the activities of	such chapters.			
44.	affiliates, and branches to ensure their operations are consistent with the organization's exem	pt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	e filing the form?	11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			學學	

b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10ь		
11a		11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		00K4K0	2012935
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	3(3)
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	J	
13	Did the organization have a written whistleblower policy?	13		<del> </del>
14	Did the organization have a written document retention and destruction policy?	14		<b></b> -
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?			
а	The organization's CEO, Executive Director, or top management official	15a	STATE OF STA	rsaipoda V
b	Other officers or key employees of the organization	15b		1
	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?	- Minnistra		
b		16a	ON EUTHORN	SAC COM
U	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?			
	organization a exempt status with respect to such arrangements? , , , , , , , , , , , , , , , , , , ,	1166		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ Missouri

Section 6104 requires an organization to make its Forms 1023 (or 1024 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

☐ 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 of interest policy, and financial statements available to the public during the tax year.

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

Credit & Homeownership Empowerment Services, Inc. 3125 Gillham Plaza, Kańsas City, MO 64109 816-533-7417

Form 990 (201	7)				,						
	Compensation of Officers, Di	rectors T	rueta	206	K	DV 6	Empl	-	Son Winhard	<u> </u>	Page
	Independent Contractors		. 431	<i>.</i> 03,	, 124	ey L	-inh	ОУ	es, nignest	Compensate	d Employees, an
	Check if Schedule O contains a r	esponse o	r note	e to	anv	, lin	e in t	his	Part VII		· r
Section A.	Unicers, Directors, Trustees, Ke	v Employe	88. <b>G</b> i	4 H	lioth	act	Cam		norted Emple		<u> </u>
organization	ie this table for all persons require	d to be lis	ted, f	Repo	ort	con	npens	atic	on for the cale	ndar year endir	
	of the organization's current officion. Enter -0-in columns (D), (E), and	4 (C) 11 110 C(	ampe	nsat	30n	wa	s paid	3.			ardiess of amount
<ul> <li>List all</li> </ul>	of the organization's current key er	nplovees, if	anv.	See	ins	tru	ctions	s for	definition of "	kev employee "	
, rist (II	e organization's rive current higher	st compens	hates	Ami	hlas	7000	e lath	or t	han an officer	diroctor to	e. or key amploye
organization	and any related organizations.	of Form	W-2 :	and/	or	Box	< 7 σ	f Fc	orm 10994MiS	C) of more than	\$100,000 from th
• List al	of the organization's former office	ers, key er	mploy	ees,	, ar	nd t	nighe	st c	ompensated 6	mólovees who	received more tha
0.00,000 0	achoughie combenzation note file	organizatioi	n ang	anv	' rei	ated	a ora:	aniz	ations.		
IIS JSU •	of the organization's former direct	tors or tru	ıstee	s ,tha	át r	ece	ived,	in t	he capacity as	s a former direc	tor or trustee of th
g n-ano	Those wan with a coop of labor lable c	onidensauk	סזד חכ	mm	18 0	หกล	חבכותו	an s	and ami rolator	d araanimatiaaa	
compensate	s in the following order: individed employees; and former such pers	uai trustee	s or	dire	ecto	ors;	insti	tuti	onal trustées;	officers; key	employees; highe
	his box if neither the organization no		d 010	سلمة	-41-			·			
	TO SOME WARRIEST THE OTHER PROPERTY.	any relate	u org	41112	auc	n c C).	ompe	nea	ited any currer	t officer, directo	r, or trustee.
	(A)	(B)	1		-	ition	,		(2)	_	
•	Name and Title	Average					e than Is boti		(D) Reportable	(E)	(F)
		hours per	office	er and			or/trus		compensation	Reportable compensation from	Estimated amount of
		week (list any hours for	Individual trustee or director	2	Q.	놓	る主	7	from the	related organizations	other
		related	d s	Ę.	Officer	Key employee	55	Former	organization	(W-2/1099-MISC)	compensation from the
		organizations below dotted	걸틒	lona	-	븅	88		(W-2/1099-MISC)		organization
		line)	1 sale	hsdituflonal trustee		ě	륳	]			and related organizations
			8	stee			Highest compensate employee	1			-
<del></del>		<del> </del>				ļ	<u>8</u>	<u> </u>			
(1) Coley V	Villiams	50				} :					
President					1			•	11,000	,	
(2) Ron Fa	mer		<u> </u>						11,000	<u>U</u>	
Vice Presider	18	50			✓		l	i	11,000	a	,
	Anderson	1 .								<del>_</del>	
Secretary					√,		نشت			0	
	Adams	1			Į.						-
Treasurer				_	✓				. 0	0	
(5) Nicole I Director	1arper	.05									-
(6)			✓			-			0	0	
	# « # # # # # # # # # # # # # # # # # #					l	ľ.				
(7)											
			. 1			. 1					

(11)

(12)

(14)

Form **990** (2017)

990 (2017) Directors, Tru	NOOF KAV EN	aploye	es, I	and	His	phest	Col	mpen	Salou III				
990 (2017)  VII Section A. Officers, Directors, True  (A)  Name and title	(8) Average	do no box, u	t chec nless and	ek m pers a dir	iore ( ion is recito	than or both Music	(8) (1) (8)	Repo comp	eldatro ensation rom	compensation from related		ome o ome	F) nated aunt of ther ensation m the
	week (list any hours for related organization below dotter line)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		the nization 099-MISC	(W-2/1	099-MISC)	orga	nization related nizations
5)		-	-	-	+	+	+	-		+			
6)		-	+	+	+	+-	+	+					
17)		+	+	+	1	-	+	+				-	
18)		-	+	+	+	+	_						
(19)			+	+		1	1		-		· ·		
(20)					-	T		-					
(21)					1	1-1				-		-	
(23)					T					_			
(23)										_			
							_	ليا		22,000			
			n A		• •	•				22,000			01
c Total from continues to and tc).	uding but no	t limite	of to	the	580	listed	ab	,	vho rece	lved m	ore than \$	100,000	Yes No
3 Did the organization list any employee on line 1a? If "Yes," 4 For any Individual listed on line 1a? If "Yes,"	former office complete Sc. e 1a, is the s anizations g	er, dire hedule um of reater	J for repo	r, orst ortal	ir tr uch ble 150	indivi indo comp	idus sens	ation "Yes,	and oth	ier con lete Si	pensation chedule J	from the	e d
indiviousi	a receive or	SCCIO	, " C(	omi	det	e Sch	edu	le J to	or such a				
Section B. Independent Solution  1 Complete this table for your compensation from the organ	five highest on nization. Rep	ont co	mpe	nsa	tion	for t	he c	alend	lar year	<del></del>	B) of services	I	(C) Compensation
vear.	(A) and business add								-			_	
2 Total number of indepen											, aboval	who 🕸	
								- la grid	to thos	e liste	a Spore)	···· 🎆	Form 990

Par	t VIII	Statement of Rev							
		Check if Schedule (	O contains a	res	ponse or note t	o any line in thi	is Éart VIII		_
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated husiness revenue	(D) Revenue excluded from tax under sections
뜓됕	1a	Federated campaign	s	1a		NEW CONTRACTOR			512-514
Grants	b	Membership dues .		1b					
å ş	C	Fundraising events .		1c					
흁	d	Related organization	s [	1d			100		
Contributions, Gitts, Grants and Other Similar Amounts	e	Government grants (cor	ntributions)	1e	37,874			1.2 2 27	
팔호	f	All other contributions, o	olfts, grants,						
音音	l _	and similar amounts not in		1f	272,016				
μE	9 h	Noncash contributions inclu	ded in lines 1a-	1f: \$	150,000				
	<del>                                     </del>	Total. Add lines 1a-1	· · · · ·	•		309,890			
en	2a	Fees from Services			Business Code				
ě	b	1 663 II OM 361 41062			<del></del>	90,55	ļ	·	, , , , , , , , , , , , , , , , , , ,
<u>,8</u>	c					<del></del>	<del> </del>	<del> </del>	
Š	d	***************************************	***********		<del></del>		<del> </del>	<del></del>	ļ
Ě	e	4747-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0					<del> </del>	<del> </del>	
Program Service Revenue	f	All other program ser	vice révenue	9.			<del></del>	<del> </del>	
<u>~</u>	8	Total. Add lines 2a-2		. '	<b>&gt;</b>	90,551			
	3	Investment income	(including d	divide	inds, interest,	,	100,000	The state of the s	
	١.	and other similar amo		٠	: *				·
	4	Income from investmen	it of tax-exem	ipt bo	nd proceeds▶				
	5	Royalties		<del> ,</del>	<u> </u>				
	62	Grass santa	,(f) Real		(ii) Personal	VIII (1860)			
	ь	Gross ronto	<u> </u>						
	C	Less: rental expenses Rental income or (loss)	<del> </del>		<del></del>				
	d	Net rental income or	local						
	7a	Gross amount from sales of	(i) Socuritio	0	(ii) Other	THE RESIDENCE OF THE PARTY OF T	AND THE PROPERTY OF	ACCOMPANIES OF THE STATE OF THE	di P. Markathan and Park San San San
		assets other than inventory	· · · · · · · · · · · · · · · · · · ·	1	-				
	b	Less: cost or other basis							
		and sales expenses .			_				
	C	Gain or (loss)			-				
	d	Net gain or (loss) .		•		-	Maria Caracia de la Maria de la Caracia de l	intersection and rest to the title fire	intentional and analysis and and an analysis and a second
ance	8a	Gross income from fu	indralsing '	. [					
Other Revenue		events (not including \$ of contributions reports	nd on line 1c)	-	,				
£	_	See Part IV, line 18		8					
0	b	Less: direct expenses		bl					
	9a	Net income or (loss) for Gross income from ga	i vii i iuriQTBI\$ Imina setiviii	ariy e	vents . P	BRAIN WILLIAM TO THE SE			The second secon
		O = 1334 4 4 5		a.					
	ь	Less: direct expenses		ь					
		Net income or (loss) fi			ities ▶	A2263以为"4.663.4412643A263A26		LANGORIUM SEZPICA	高層的音響的表現
		Gross sales of in	ventory, le						
		returns and allowance	es	a	İ				
	þ	Less: cost of goods s	old	ь					
	С	Net income or (loss) fi		inve	ntory 🕨		a Cathard and a Cathard and	SCHOOL LONG HANDAND	Missolani, Alexanda de astanamentos astan
		Miscellaneous R	evenue		Business Code				
	11a	***************************************		[					and a set over the section of the set
	b								
	C	All without acres of		}-					
	q	All other revenue  Total. Add lines 11a-		L		**	Market Street Control of Street	Walter State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of th	Y WITH MAN AND SOME ON THE WANTED
	е 12	Total revenue. See in		•	· · · · 🟲 }				
	. • =	- John Cottoning, Oct II	1911 ひしいひける。		🗲 1	400.441	1	1 1	

Par	Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must con	mplete all columns.	All other organization	ns must complete c	olumn (A).
700.00	Check if Schedule O contains a response include amounts reported on lines 6b, 7b,				
8b, 9l	b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundralsing okpenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
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 menibers  Compensation of current officers, directors, trustees, and key employees	55,562	49,450	6,112	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$ .			0,112	-
7 8	Other salaries and wages	-		-	
9 10	Other employee benefits				
11 a	Fees for services (non-employees): Management		· · · · · · · · · · · · · · · · · · ·		
b	Legal	582		582	
C	Accounting	1,490	798		
đ	Lobbying				··· · · · · · · · · · · · · · · · ·
e	Professional fundraising services. See Part IV, line 17	1,860			1,860
f g	Investment management fees Other. (If line 17g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)				
12	Advertising and promotion	7,3,399	2 200		
13	Office expenses	16,597			·
14	Information technology	15,515	14,114	2,516 1,401	· · · · · · · · · · · · · · · · · · ·
15	Royalties	10,010		1,401	<del></del>
16	Occupancy	23,237	20,913	2,324	<del> </del>
17	Travél	4,164	4,164	2,924	<del></del>
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	- 1		**************************************	
19	Conferences, conventions, and meetings .	5,250	5,250		
20	Interest	2,372		2,372	
21 -	Payments to affiliates				
22	Depreciation, depletion, and amortization .	14,290	12,861	1,429	
23	Insurance	.2,757		2,757	
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.)				
_	· · · · · · · · · · · · · · · · · · ·				
a	Money Smart KC Program Expenses	19,437	19,437		
b	In-Kind Donation of Professional Services	150,000	120,000	30,000	<del></del>
c d	Credit Reports	3,033	3,033	<del></del>	<del></del>
u e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	319545			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	51-12-12			
	fundralsing solicitation. Check here following SOP 98-2 (ASC 958-720)	319,545	267,500	50,185	1,860
					Form <b>990</b> (2017)

om 990 (201	() Choot to any line in this	art X	<u></u>		(B)	
Part X	Balance Sheet Check if Schedule O contains a response or note to any line in this l		(A) ginning of year	E	nd of year	
	Check if Schedule 9	Beg	43,280	7		33 <u>,180</u>
			43,250	2		
	Cash—non-interest-bearing	-	32,394	3		50,074
1		}	28,254	4	Territoria de la Constantina del Constantina de la Constantina de la Constantina de la Constantina de la Constantina de la Constantina del Constantina de la Constantina de la Constantina de la Constantina de la Constantina de la Constantina de la Constantina de la Constantina de la Constantina de la Constantina de la Constantina de la Constantina de la Constantina de la Constantina de la	22,421
2		255				
3	Accounts receivable, net	s.		199		Section 2
5	Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and former officers, director Loans and other receivables from current and former officers, director trustees, key employees, and highest compensated employees trustees, key employees, and highest compensated employees	19. <i>[155]</i> .e	SCHOOL STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF TH	5		
1	trustees, key employees trustees, key employees Complete Part II of Schedule L	hone				
6	trustees, key Complete Part II of Schedule L  Loans and other receivables from other disqualified persons (as defined under sections and other receivables from other disqualified persons (as defined under section 4958(c)(3)(B), and contributing employers 4958(f)(1)), persons described in section 501(c)(9) voluntary employees' benefic sponsoring organizations of section 501(c)(9) voluntary employees' benefic sponsoring organizations, Complete Part II of Schedule L	iary		6	Walk Brown and	
				+=+		
1	sponsoring organizations of section 501(o)(9) Voluntary sponsoring organizations of section 501(o)(9) Voluntary sponsoring organizations (see instructions). Complete Part II of Schedule L	. [		8		
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١	Investments—publicly trade and not not line 11	· }		13	<u>.</u>	
1	investments—other securities. See Part IV, line 11 Investments—program-related. See Part IV, line 11	· +		14		875
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ı	Other assets. See Part 11, must equal line 341.		10	0,917 17		
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	23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including féderal income tax, payables to related other liabilities not included on lines 17-24). Complete tax and other liabilities not included on lines 17-24.					207,483
	parties, and other		San Consu	118,745 2		
	of Schedule D  of Schedule D  Total liabilities. Add lines 17 through 25  Total liabilities. Add lines 17 through 25	a	nd			
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	Paid-in or capital surplus, or land, scumulated income, or othe	i (Urius		490,079	34	745,65
	4 Detained earnings, or			608,824	<del></del>	Form 990 (201
	Total liabilities and net assets/fund balances  Total liabilities and net assets/fund balances					
	34 Total liabilities and net association					

	90 (2017)		Page <b>12</b>
Pai	t XI Reconciliation of Net Assets		<del></del>
	Check if Schedule O contains a response or note to any line in this Part XI		🗹
1	Total revenue (trust equal Part VIII, column (A), line 12)	T	400,441
2	Total expenses (must equal Part IX, column (A), line 25)	1	319,545
3	Revenue less expenses. Subtract line 2 from line 1		80,896
4	Net assets of fund balances at beginning of year (must equal Part X, line 33, column (A)).	<del>                                     </del>	490,079
5	Net unrealized gains (losses) on investments	1	
6	Donated services and use of facilities		* *
7	Investment expenses		<del></del>
8	Prior period adjustments		
9 10	Other changes in net assets or fund balances (explain in Schedule O)		174,677
10	inet assets of fund balances at end of year. Combine lines 3 through 0 (must equal Doct V line)		-
Date	33, column (B))	L	745,652
raii	ritialicial statements and Reporting		
	Check if Schedule O contains a response or note to any line in this Part XII		🗆
4			Yes No
•	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," explain Schedule O.	in in	
2a			
40		. 28	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled reviewed on a separate basis, consolidated basis, or both:	or 💮	
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		
b	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 audited on	. 2b	
	separate basis, consolidated basis, or both.	a	
	Separate basis Consolidated basis Both consolidated and separate basis		
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign		
•	of the audit, review, or compilation of its financial statements and selection of an independent accountant	. 1	
	If the organization changed either its oversight process or selection process during the tax year, explain	? 2c	CONTRACTOR OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE
	Schedule O.	m	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth		與 表
	the Single Audit Act and OMB Circular A-133?		
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	3a	<b>✓</b>
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	34b	
			m <b>990</b> (2017)
		01	ımı <b>ƏƏV</b> (2017)

## 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.

OMB No 1545-0047

2017

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Name of the organization

Credit & Homeownership Employer identification number

Pai	Reason for Public Ch	orth, Status (Al	l organizations avec		4 11 1	27-3	B93233
	Reason for Public Charganization is not a private found	arity Status (Al	organizations mus	t comple	ete this p	part.) See instruction	ons.
1	A church convention of church	chos or corso at	is (For lines ) throug	12, cne	ck only o	ne box.)	
2	A church, convention of church	Cites, of associat	ion or churches desci	ibed in s	ection 17	70(b)(1)(A)(i).	MI
3	A school described in section	1 7 /U(D)(1)(A)(II).	(Attach Schedule E (I	-om 990	or 990-E	(Z).)	( `)
	A hospital or a cooperative ho	ospital service or	ganization described	in sectio	n 170(b)(	1)(A)(iii).	$\cup$ 1
4	A medical research organizat	ion operated in c	conjunction with a hos	pital des	cribed in i	section 170(b)(1)(A)	(iii). Enter the
_	HUSDIIAI S HAME, CITV. AND STA	to.	•				
5	An organization operated for section 170(b)(1)(A)(iv). (Con	npiete Part II.)				•	tal unit described in
6	A federal, state, or local gove	mment or govern	nmental unit describei	in secti	on 170(b	<b>Μ</b> ΤΙΥΆΝΑΙ.	
7	An organization that normally described in section 170(b)(1	/ receives a subs	stantial part of its suc	port from	n a gover	mmental unit or from	n the general public
8	A community trust described	in section 170(b	)(1)(A)(vi). (Complete	Part II.)			
9	An agricultural research organ	nization describe	d in section 170/h)/d)	/Alfiel ar	ovažad in		1
	university.	ant college of ag	incriture (see instructi	ons) Ent	er the nar	ne, city, and state o	f the college or
10	An organization that normally receipts from activities related support from gross investmen acquired by the organization.	o its exempt to the income and un after June 30, 19	inctions—subject to c irclated business taxe 75. See section 509(	ertain ex ble incor a)(2). (Co	ceptions, ne (less s mplete Pi	and (2) no more tha ection 511 tax) from art III.)	p fees, and gross in 3318% of its businesses
11	An organization organized and	d operated exclu	sively to test for publi	c safety.	See sect	ion 509(a)(4)	
12	An organization organized and	d operated exclusi	sively for the benefit o	to ned	orm the f	unctions of or to so	me out the numbers
	or one or more publicly supp	orted ordanization	ins described in sect	ion 509/:	a)(1) or \$4	ection 509/é)/2\ So	e coction 500(a)(2)
	Check the box in lines 12a thr	ough 12d that de	scribes the type of sur	porting	organizati	on and complete line	no 120 126 and 126
a	☐ Type I. A supporting orga	niżation onećatec	t supervised or cont	colland by	!+^ ~	ded complete (a)	de la la la la la la la la la la la la la
	the supported organization	niel the onwer to	ranijery appoint ar e	loot o m	its suppo	rted organization(s),	typically by giving
	supporting organization. Y	fou milet compl	ata Dart IV. Continue	in brown	ajority of t	ine directors or trust	ees of the
h						,	
b	Type II. A supporting orga	inization supervis	sed or controlled in co	nnection	with its s	supported organizati	ion(s), by having
	control or management of	the supporting of	organization vested in	the same	e persons	that control or man	age the supported
	organization(s). You must	complete Part	IV, Sections A and C	•			
С	Type III functionally integer its supported organization	(s) (see Instructio	ons). You must comp	leté Parl	IV, Secti	ions A, D, and E.	
d	☐ Type III non-functionally	integrated. A su	pporting organization	operate	d in conn	ection with its suppo	orted organization(s)
	that is not functionally inte	grated. The orga	inization denerally mu	st satisfy	a distribi	ition requirement an	d an attentiveness
	requirement (see instruction	ons). You must c	complete Part IV, Sec	tions A	and D, ar	nd Part V.	
е	Check this box if the orgain functionally integrated, or	nization received Type III non-fund	a written determination	on from toporting	he IRS th organizat	at it is a Type I, Type	e II, Type III
f	Enter the number of supported	organizations .					
g	Provide the following information	n about the supp	orted organization(s).	ı		•	<del></del>
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization	Y	organization	(v) Amount of monetary	(vi) Amount of
			(described on lines 1-10	Insted in yo	ur governing	support (see	other support (see
			above (see instructions))	docu	ment?	instructions)	instructions)
				Yes	No	1	
400		<del> </del>	<del></del>	<del></del>			
(A)		ļ					
	• • • • • • • • • • • • • • • • • • • •	<del> </del>	<del>  · · · · · · · · · · · · · · · · · · ·</del>	<del> </del>			
(B)			i	}	l	Ì	
		<del> </del>			<del> </del>		····
(C)							
					<del> </del>		
(D)				1	1		
		<u> </u>	ļ				
(E)				[	1		_
		- Control Control		L			
<b>Total</b>		STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE					

Par	Support Schedule for Organiz	ations Descr	ibed in Sect	ons 170(h)(1	MAN(iv) and	70(h)(1)(A)(u	n age =
	(Complete only if you checked t	he box on line	e 5. 7. or 8 of	Part I or if the	e organizatio	n feiled to au	y alify under
	Part III. If the organization tails to	o qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	any arrao.
	ion A. Public Support						<del></del>
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not	-					17.
	include any "unusual grants")	187,172	85,363	203,841	374,703	400,441	1,251,520
2	Tax revenues levied for the					303,333	1,231,320
	organization's benefit and either paid					-	
_	to or expended on its behalf						_
3	The value of services or facilities						
	furnished by a governmental unit to the organization without charge	1					
4	Total. Add lines 1 through 3.						
		187,172	85,383	203,841	374,703	400,441	1,251,520
5	The portion of total contributions by each person (other than a						l f
	each person (other than a governmental unit or publicly						-
	supported organization) included on						- <del> </del>
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)				re de la compa		1
6	Public support. Subtract line 5 from line 4			<b>***</b>			7
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	187,172	85,343	203,841	374,703	400,441	1,251,520
8	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from						
	similar sources			į			
9	Net income from unrelated business	,		<del></del>	· · · · · · · · · · · · · · · · · · ·		
	activities, whether or not the business		ĺ				
	is regularly carried on		•		į	1	
10	Other income. Do not include gain or						<del></del>
	loss from the sale of capital assets	j j		•		·	
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						1,251,520
12 13	Gross receipts from related activities, etc	. (see instructio	ons)			12	
15	First five years. If the Form 990 is for the organization, check this box and stop he	ne organization	's first, second	s, third, tourth,	or titth tax ye	ar as a sectio	n 501(c)(3)
Secti	on C. Computation of Public Suppor	rt Percentage	<u> </u>	· · · · · · · · · · · · · · · · · · ·	• • • • •	<del></del>	
14	Public support percentage for 2017 (line to			1. column (f))	<del> 1</del>	14	100 %
15	Public support percentage from 2016 Sch					15	100 %
16a	331/3% support test-2017. If the organi	zation did not	check the box	on line 13, an	d line 14 is 33	1/3% or more,	check this
	box and stop here. The organization qua	lifies as a publi	cly supportéd	organization			<b>&gt;</b> 🗸
b	331/3% support test-2016. If the organi	zation did not	check a box or	n line 13 or 16:	à, and line 15 ì	s-331/3% or m	
	this box and stop here. The organization	,					
17a	10%-facts-and-circumstances test—2						
	10% or more, and if the organization me Part VI how the organization meets the "	ets the "facts-	and-circumsta	nces" test, ch	eck this box a	nd stop here.	Explain in
	organization	racts-and-circt	imstances te	st. Ine organiz	ation qualifies	as a publicly	supported
ь	10%-facts-and-circumstances test—2						
D	15 is 10% or more, and if the organization	uto, ii ille oige	unzauon olo ni Pare-end-c	or cueck a DO) ircumstances"	test check t	oa, IOD, Or 178	a, and line
	Explain in Part VI how the organization in						
	supported organization						
18	Private foundation. If the organization di	d not check a l	oox on line 13,	16a, 16b, 17a	or 17b, check	this box and	see
	instructions						▶ 🗂

Pari		zations Desc	ribed in Sect	ion 509(a)(2)		<del></del>	Page 3
	(Complete only if you checked	the box on lir	ne 10 of Part I	or if the orga	nization foilo	d to original	nder Dort II
	ii the organization falls to quali	fy under the to	ests listed bel	low, please c	omplete Part	il.)	nder Fait II.
	ion A. Public Support	<del></del>					
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Giffs, grants, contributions, and membership feet received. (Do not include any "unusual grants")	3					
2	Gross receipts from admissions, merchandise					<u></u>	
-	SOID OF Services performed for facilities	. ]					
	Turnished in any activity that is related to the	·		}	1		/
3	organization's tax-exempt purpose.  Gross receipts from activities that are not an	<u> </u>	·	ļ	L		<u> </u>
•	unrelated trade or business under section 513	1			1 -		
A	<b>-</b>		- <del> </del>				
7	Tax revenues levied for the organization's benefit and either paid to		}				
	or expended on its behalf	'		_	]		
5	The value of services or facilities	<del></del>	<del> </del>	<del> </del>			
•	furnished by a governmental unit to the			•	1		
	organization without charge ,	'		1	´ /		
6	Total. Add lines 1 through 5	<del> </del>	<del></del>	<del> </del>			
7a	Amounts included on lines 1, 2, and 3	<del></del>	<del> </del>	ļ			
	received from disqualified persons	1	-	l			
b	Amounts included on lines 2 and 3		<u> </u>	<del></del>	/		<del></del>
	received from other than disqualified	j		/			
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year			/			
C	Add lines 7a and 7b		<del></del>	/			
8	Public support. (Subtract line 7c from	TO THE REAL PROPERTY.	Marie San A				
	line 6.)						
	on B. Total Support		/			-	
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6				,		
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar sources.		/-				
			<b></b>				
D	Unrelated business taxable income (less section 511 taxes) from businesses					İ	,
	acquired after June 30, 1975					1	
_	Add lines 10a and 10b						<del></del>
11	Net income from unrelated business	<del></del>	ļ				
••	activities not included in line 10b, whether					1	•
	or not the business is regularly carned on	·	1				
12	Other income. Do not include gain or	<del></del>			<del></del>		<del></del>
-	loss from the sale of capital assets				-	1	
	(Explain in Part VI.)				•	]	
13	Total support. (Add lines 9, 10c, 11,	<u> </u>				<del></del>	
	and 12.)		<b>j</b> 1			l	
14	First five years. If the Form 990 is for	the organization	n's first, secon	d. third, fourth	or fifth tax ve	ar as a section	n 501(c)(3)
	organization, check this box and stop he	ere					▶ 🗂
Secti	on C. Computation of Public Suppo	ort Percentag	e _			<del></del>	
15	Public support percentage for 2017 (line	8, column (f) di	ivided by line 1	3, ćolumn (f))		15	%
16	Public support percentage from 2016 Sc	hedule A, Part	III, line 15		<u> </u>	16	%
Secti	on D. Computation of Investment I	ncome Perce	ntage				
17	Investment income percentage for 2017	(line 10c, colun	nn (f) divided b	y line 13, colun	nn (f))	17	%
18	Investment income percentage from 201	6 Schedule A,	Part III, line 17			18	%
19a	331/3% support tests -2017. If the orga	nization did not	check the box	on line 14, ar	id line 15 is mi	ore than 331/39	6, and line
	17 is not more than 331/3%, check this box	and stop here.	The organization	on qualifies as a	a publicly suppo	rted organization	on . 🟲 🔲
b	331/3% support tests—2016. If the organ	ization did not c	heck a box on	line 14 or line 1	9a, and line 16	is more than 3	31/3%, and
11	/line 18 is not more than 331/3%, check this						
20/	Private foundation. If the organization of	did not check a	box on line 14,	, 19a, or 19b, c	heck this box	and see instruc	tions 🕨 🗌
, ,					Cab.		400 004

## Supporting Organizations

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 Section A. All Supporting Organizations

| Vee | N

		1 Area	11 04 4	1.	on's supported or nibe in Part VI how the designation, if it		PANO OFCIIO	ns A and D, and	COMPLET -	omplete
		docum	א וטיי	ne organizatio	on's supported or nibe in Part VI how the designation. If I any supported orgin? If I'ves." evolution			3 (1)(	complete F	Part V )
		000011	rents?	If "No." deco	nh supported or	'danization				
	_	CIBSS C	r purpi	OSB. desorts	TOE IN Part VI hou	the allons listed	by name to the			
	2	Did the	nron.	000,100 {	ine designation Hi	supported of	rganizations	ie organization's	COV-	Yes No
		under e	ection.	"Zallon have ;	any support	"stone and conting	Vinh relations are C	designated, If de	governing	
		Organia	-47	309(a)(1) or 12	132 H WYS TO LEG OFE	anization that a	a anor arip,	explain.	ו עם טשוישייפי	
	3:	- garnz	W MOIN	as described	the designation, if it any supported organic in section 509(a)(1) supported organic section 509(a)(1) supported organic	in Part W. hand	os not have an I	BC	ŗ	1
	-	' ∪io the	organi;	Pation have	"' Section 509(a)(1)	Or (2)	organization det	no determination	Of Static	S ASIRS TO THE
		(b) and (	c) bein	w nave a	Supported organiza	1e/.		ermined that the	SUPPORT	
	þ	Did the	~	**,	any supported org ?? If "Yes," explain in section 509(a)(1) supported organiza that each supported	mon described in a	Section co		PPONEO I	
		Satisfied	rganız	ahon confirm	that are i		501(c)(4),	(5), or (6)2 # 102	_ [	2
		ogustiga	ine pu	iblic support	"" each supporte	d dragnage.		Yes	, answer	A STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STA
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	C	Did the o	rganiza	tion	that each supported tests under section lination.	1003(a)(2)7 // "Ye	S, " describe in a	ion 501(c)(4), (5),	Or (6) and (6)	a
		purposes	7 15 "Yo	ensure th	that each supporte tests under section vination. at all support to su Part VI what conti		, selle (ii) <b>p</b>	art VI when and	how at	
	4a	Was any	n	o, explain in p	art VI what are	ch organizations w	Vae ustu		THE THE	
		"Yes" and	anbbo:	rted organizat	וחותם ומו ביי	s the organization	Dut !-	ely for section and	3	P Landan Harren
	h	Duran and	טסע זויי	checked 12a	ination.  at all support to su  Part VI what control  ion not organized  or 12b in Part I, and  nate control and di	in the United Co.	put in place to en	SUCA SUCA US	0(c)(2)(B)	
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		supported	Organi	Zationa is m	nate control and di	iones	low.	pulled organizat	ion'ng //	
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		inger som	Janizat	ion support a	The family of III con	naction with its su	innad suci	h control and all	loreign	100
	f.	0 0000	ons 50	1(c)(3) and sn	in lureign support	ed organization	Phoned organiza	tions.	icretion	
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	a)	swer (b)	and to	" add, subali	ny foreign support (9(a)(1) or (2)? If "Yo foreign supported itute, or remove ar	_	- Convary	TOT Section 170/c	JOIN ME	
	חנ	imbers of i	אם מניי	Delow (if app	Olicable) Also	y supported orga	Dization .	·		
	(iii)	the author	rib sup	ported organiz	zations advant	vide detail in Par	""Zacions during	the tax vegra is	4c	11/1/2024
	WE	is accomp	iny und	er the organiz	itute, or remove ar olicable). Also, pro- zations edded, sub- ration's organizing of endment to the organizing only added or substitution	stituted, or remove	including (	the names	Yes,"	100000
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	any	one other	earion l	provide suppo	of Imposit	an event beyond	the en			
	by o	DOE OF MAN	nan (i)	its supported	ordion the result of ort (whether in the foorganizations, (ii) in organizations, or fill anization's support to loan, compensation	orm of grante or the	organization's	Control2	- 5b	
	bene	offit one one	e or if	s supported a	organizations. (ii) ir organizations, or (ii) anization's support loan, compensation amily member of a	Idividuals that and	ie provision of ser	Nices or to	_5c	
7	Diam.	ייי ביום פרו	nore o	the filing gras	nizations, or (i	other suppose	part of the charit	able of racilities	) to	E-122-1
•	יל בוען	ne organizi	ation n	muido a	a reation's support	ed orannization	g organizations	het of class benefi	ted B	
	(detir	ed in secti	On 495	Blown a grant,	loan, compensaria	- ammentioney	If "Yes," provide	details support	or land	
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8	Did th	ie organiza	tion	Continoutor? If	amizations, or (ii) anization's support idan, compensation amily member of a f"Yes," complete p	substantial contrib	outor or a see	Ostantial contribut	135 Same 1 - Same	
	If "Ye	S." COmple	THOM M	ake a loan to a	lóan, compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compensation de la compens	art I of Schedule L.	Form 000	Ontrolled entity will		
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	disa	ne organi	zation	Controlled	"Yes," complete paragramment and a disqualified person L (Form 990 or 990 ectly or indirectly other than 1946 (other than 1946) (as defined in line paragramment)	PEZ),	²⁰¹¹ On 4958) not d	lescribed :- 1:	17	- Indiana
	W SO-	illied pers	ons as	defined in	ectly or indirectly	at any a		Toonbed In line 7	?	ACCOUNT.
ь	in sect	ion 509 _{(a)(}	1) or (2	))? # "Vaa "	tion 4946 lother th	at any time duri	ing the tay warm		8	
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p [	Did the	Organization		: // "Yes," ansi	ganization also had ganization also had excess business h exporting organization wer 10b below. business holdings excess business holdings	ons, and all Typ	e III non 4	ause of section	THE REAL PROPERTY.	<del>Corres-</del>
	letermin	8 Whothar	.π usve	any excess i	business barre		rivir-tunctio	nally integrated		
			ine org	anization had	ercon by holdings	in the tax vegra	11000	- G CC		
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								Schedule A (Form )	990 01 000	···

Schedule A (Form 990 or 990-EZ) 2017	٠,
Part IV Supporting Organia	•
Supporting Organizations (continued)	
Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in (b) and (c A 35% controlled entity of a person described in (a) above?	
below the directly or indirectly contribution from any of the	Page
b A family member of a person described in (a) above?  C A 35% controlled entity of a person described in (a) above?  Section B. Type I Supported Section described in (b) and (c) section B. Type I Supported Section described in (a) above?	Yes No
C A 35% controlled a person described in (b) and	No No
Section B. Type   Supre-	
Section B. Type I Supporting Organizations  1 Did the diameters person described in (a) above? If "Yes" to a, b, or c, provide described in (b) and (c) above? If "Yes" to a, b, or c, provide described in (a) or (b) above? If "Yes" to a, b, or c, provide described in (b) and (c) above? If "Yes" to a, b, or c, provide described in (b) and (c) above? If "Yes" to a, b, or c, provide described in (b) and (c) above? If "Yes" to a, b, or c, provide described in (c) above?	118
C A 35% controlled entity of a person described in (a) above?  Section B. Type I Supporting Organizations  1 Did the directors, trustees, or membership of one or more supported organizations have the power to tax year? If "No," describe in Part VI how the supported organization's directors or trustees at all times directors how the forest organization's activities. If the property of the organization(s) pre-	116
tax transfer at land	1. 11c
regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the organization's activities. If the organization had more than one supported organization's activities. If the organization had more than one supported organization, and what conditions or restrictions, if any, applied to such a supported organization.	N. T.
describe how the powers to appoint and/or remove directors or trustees at all times during the organization's and what conditions or restrictions, if any, applied to such powers during the organization operated organization.  Did the organization operate for the benefit of any supported organization; that operated, supported organization, organization, that operated, supported organization, that operated, supported organization, that operated, supported organization, that operated, supported organization, the supported organization organization organization, that operated, supported organization organization, that operated, supported organization organization, that operated, supported organization organization.	Yes No
organizations and whose to appoint and/or man more than a more than a more than a frectively operated support	he
2 Did the organization, or restrictions, if any positive directors were allocated organization,	
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supporting such hences vised, or controlled at the organization other the	
Did the organization operate for the benefit of any supported organization, organization(s) that operated, supervised, or any supported organization of the support organization(s) that operated, supervised, or controlled the supported organization other than the supported supervised, or controlled the supporting organization? If "Yes " over the supported organization? If "Yes " over the supported organization? If "Yes " over the supported organization? If "Yes " over the supported organization?	1
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 Par Section C. Type II Supporting Organizations	t Marian
1 Ware	
or trust	2
or management of the organization's supported organization(s)? If "No," describe in Part VI how control section D. All Type III Supporting Organizations	
the supported organization organization was a supported and a majority of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the discount of the	Yes No
Section D. All Type III Supporting Organizations  1 Did the organization organizations	
Supporting Organizations	
Organization provide to	
Year, (ii) a copy of the written notice supported organizations by	
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 copy of the Form 990 that was most recently filed as of the date of support provided divisors.  Were any set of the form 990 that was most recently filed as of the date of support provided divisors.	Yes No
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?  Were any of the organization's officers, directors, or frustees either (i) appointed or elected by five supported?  By reason of the relationship described in (ii)	
organization(s) or (ii) copies of the	
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 organization's supported organization's Section E. Type III Functionally Interest Type III Functionally Interest Type III Functionally Interest Type III Functionally Interest Type III Functionally Interest Type III Functionally Interest Type III Functionally Interest Type III Functionally Interest Type III Functionally Interest Type III Functionally Interest Type III Functionally Interest Type III Functionally Interest Type III Functionally Interest Type III Functionally Interest Type III Functionally Interest Type III Functionally Interest Type III Functionally Interest Type III Functionally Interest Type III Functionally Interest Type III Functionally Interest Type III Functionally Interest Type III Functionally Interest Type III Functionally Interest Type III Functionally Interest Type III Functionally Interest Type III Functionally Interest Type III Functionally Interest Type III Functionally Interest Type III Functionally Interest Type III Functionally Interest Type III Functionally Interest Type III Functionally Interest Type III Functionally Interest Type III Functionally Interest Type III Functionally Interest Type III Functionally Interest Type III Functionally Interest Type III Functionally Interest Type III Functionally Interest Type III Functionally Interest Type III Functionally Interest Type III Functionally Interest Type III Functionally Interest Type III Functionally Interest Type III Functionally Interest Type III Functionally Interest Type III Functionally Interest Type III Functionally Interest Type III Functionally Interest Type III Functionally Interest Type III Functionally Interest Type III Functionally Interest Type III Functionally Interest Type III Functionally Interest Type III Functionally Interest Type III Functionally Interest Type III Functionally Interest Type III Functionally Interest Type	
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Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see Institution The organization supported a governmental entity. Descriptions.	
U The	3
The organization is the parent of each of it. Complete line 2 below.	
2 Activities 7	tructions).
the additional of the over-	)had
those supported organization(s) to which the arrival the tax year air	instructions),
how the organizations and explain how the organization was responsive?	Yes No
the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify that these activities constituted substantially all of its activities, and how the organization determined of the organization's supported organizations, and explain how these activities directly furthered their exempt purposes, but the activities described in (a) constitute activities.	
Did the activities described in the substantially all of its activities and how the purposes,	
of the organization's supported activities that have	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more reasons for the organization's position that its supported organization(s) would have been engaged in? If "Yes," explain in Part VI the Parent of Supported Organizations. Answer (a) and (b) helps.	10000000000000000000000000000000000000
activities but for the organization's position that its supported organization(s) would have been engaged in? If "Yes," explain in Part VI the  2a  Parent of Supported Organization's involvement.	
Parent of Supported Organization's involvement.  Did the organization have the power to regularly appoints.  Parent of Supported Organizations. Answer (a) and (b) below.	
"USIDES OF COOK TO TOTAL TO TOTAL TO TOTAL TO TOTAL TO TOTAL TO TOTAL TO TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	
Direct the supported graning of elect a main.	- 21-10-10 M/1
of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.  3a  3b	
restance of direction over the policies, programs and assistance of direction over the policies, programs and assistance of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of th	<b>经验</b> 例33
war W the role played by the organization in this coach	Wall-paris
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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or		7AI	Page (
' Li Check here if the ofganization satisfied the Integral Part Tool as a qualifying			
instructions. All other Type III non-functionally integrated supporting orga	ıy m Iniza	ust on Nov. 20, 1970 (expla tions must complete Section	in in Part VI). See
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year	
1 Net short-term capital gain	11		(optional)
2 Recoveries of prior-year distributions	2		<del> </del>
3 Other gross income (see instructions)	13	<del> </del>	<del> </del>
4 Add lines 1 through 3.	4		·
5 Depreciation and depletion	5	<del> </del>	<del> </del>
6 Portion of operating expenses paid or incurred for production or	╁	<u> </u>	<del> </del>
collection of gross income or for management, conservation, or	1		
maintenance of property held for production of income (see instructions)	6	-	
7 Other expenses (see instructions)	17		<del> </del>
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		ļ <u>-</u> -
Section B - Minimum Asset Amount	10		(D) Column at Value
		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			A PROPERTY OF THE
instructions for short tax year or assets held for part of year):	200		
a Average monthly value of securities	1a		<u> </u>
b Average monthly cash balances	16		
c Fair market value of other non-exempt-use assets	10		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	遯		
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
3 Subtract line 2 from line 1d.	3		<del></del>
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	1		<del></del>
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		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		<u> </u>
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		<del></del>
5 Income tax Imposed in prior year	5		
6 Distributable Amount, Subtract line 5 from line 4, unless subject to	-		<del></del>
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional		Control III on III on III o	rarganijata (
Instructions).	ymi	egrateu τγμε πιχυρροπιης	i oi ganization (see

Schedule A (Form 990 or 990-EZ) 2017

Part	V Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continued)	rage /					
Secti	on D - Distributions	,		Current Year					
1	1 Amounts paid to supported organizations to accomplish exempt purposes								
2	Amounts paid to perform activity that directly furthers exe								
	organizations, in excess of income from activity								
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations						
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 whice	h the organization is res	ponsive						
	(provide details in Part VI). See instructions.								
9	Distributable amount for 2017 from Section C, line 6	···							
10_	Line 8 amount divided by line 9 amount								
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017					
1	Distributable amount for 2017 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See instructions.		, .						
3	Excess distributions carryover, if any, to 2017								
а									
ъ	From 2013								
c	From 2014								
d	From 2015								
е	From 2016								
f	Total of lines 3a through e								
g	Applied to underdistributions of prior years								
h	Applied to 2017 distributable amount								
i	Carryover from 2012 not applied (see instructions)								
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.								
4	Distributions for 2017 from	77.6							
_	Section D, line 7:								
а	Applied to underdistributions of prior years								
b	Applied to 2017 distributable amount			1					
C	Remainder. Subtract lines 4a and 4b from 4.								
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions								
7	Excess distributions carryover to 2018. Add lines 3j and 4c.								
. 8	Breakdown of line 7.								
a	Excess from 2013								
b	Excess from 2014								
c	Excess from 2015								
d	Excess from 2016								
е	Excess from 2017								

Schedule A (Form 990 or 990-EZ) 2017

Part VI	Page Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part
	III, line 12; 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, 2t 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.)
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#### SCHEDULE D (Form 990)

Department of the Tréasury Internal Revenue Sérvice

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

ame	of the organization	1990 for illistructions and the latest inform				ection
	t & Homeownership Empowerment Services, Inc.	T	Employ	/er identifi	ication numbe	ĐÝ -
Pa	Organizations Maintaining Doner Ad			2	7-3693233	
	Organizations Maintaining Donor Additional Complete of the organization answered	"You" on Form 200 Day No.	ds or	Accour	nts.	
_		(a) Donor advised funds				
	Total number at end of year	(a) Donor advised funds		(b) Fund	is and other ac	counts
	Aggregate value of contributions to (during year)				<del></del>	
	Aggregate value of grants from (during year)					
	Aggregate value at end of year					
	Did the organization inform all donors and donor funds are the organization?	advisors in writing that the country has	1-1			
	funds are the organization's property, subject to the	e Organizățion'e evolueive legal control	ia in c	ionor ac		
	Did the organization inform all grantees donors a	and donor advission in construction to the			_	Yes 🗌 Ne
		and the control of deficit advisor, of the	any	ziner pu	rpose	
	Conservation Easements.		<u> </u>	<u> </u>	<u> </u>	Yes 🗌 No
	Complete if the organization answered	"Yes" on Form 990 Part IV line 7				
	rurpose(s) of conservation easements held by the	Ordanization (check all that apply)				<del></del>
	Preservation of land for public use (e.g., recreat	tion or education. The personnel of	سهد:سا د			
	ES Frecedion of Hatarai Habitai	Preservation of	a nisto	rically in	nportant la	nd area
	☐ Preservation of open space					
	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	in the	· form of	·	-41
	the tax year.	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	, or the	HOI HOL	d conserve	ation I the Tax Year
	Total number of conservation easements		. 1	2a	at the End C	n ine lax Yea
	Total acreage restricted by conservation easements	<b>S.</b>	1	2b.		····
	Number of conservation easements on a certified h	istorio structure included in (a)		20. 20		
	vulluel of conservation easements included in (	(c) acquired after 7/25/06, and not of	,	-	<del></del>	<del></del>
•	istoric andothie listen in the National Redister		- 1	2d		
١	lumber of conservation easements modified, trans	ferred, released, extinguished, or termi	nated.	by the c	roanization	during the
				-,	· garniagion	ourng trie
	Number of states where property subject to conser	vation easement is located ▶				
	UOBS the Organization have a written boliou rea	ومساحد والمراجع والمتعادم والمتعادم والمتعادم	ection,	handlir	na of	
	riolations, and emorcement of the conservation eas	sements it holds?			, , , , , , , , , , , , , , , , , , ,	Yes 🗌 No
	Staff and volunteer hours devoted to monitoring, inspecti	ng, handling of violations, and enforcing co	nserva	tion ease	ments durin	o the year
	Amount of expenses incurred in monitoring, inspecting  \$ \\$	, handling of violations, and enforcing co	กรองเ	ation eas	ements dur	ing the vear
						J . ,
	Does each conservation easement reported on line 2 and section 170(b)(4)(8)(a)2	2(d) above satisfy the requirements of s	ection	170(h)(4	)(B)(i)	
	The second is distributed in the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second seco					řes 🗌 No
	In Part XIII, describe how the organization reports of	onservation easements in its revenue a	nd exp	ense st	atement, ai	nd
	balance sheet, and include, if applicable, the text of organization's accounting for conservation easemer	The footbate to the amanization's finar	ıcial st	atement	s that desc	ribes the
		on Art, historical Treasures, or O	ther !	Similar	Assets.	
1	Complete if the organization answered (	res on Form 990, Part IV, line 8.				
	If the organization elected, as permitted under SFA works of art, historical treasures, or other similar	noote hald for a child and the report in its re	venue	statem:	ent and ba	lance sheet
r	vorks of art, historical treasures, or other similar public service, provide, in Part XIII, the text of the fo	essets tisk for public exhibition, education of the second section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the sect	ation,	or rese	arch in fur	therance of
If	the organization elected as sampled under or	AC 140 ACC OFFI	escrib	es these	) items.	
٧.	f the organization elected, as permitted under SF works of art, historical treasures, or other similar and the fall of the same are similar and the fall of the same are similar and the fall of the same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same	AS THE (ASC 958), to report in its re-	√enue	stateme	int and bal	iance sheet
ŗ	public service, provide the following amounts relating	assets nelo for public exhibmon, educ	ation,	or rese	arch in fur	therance of
1.	1 Developed Individual of Francisco management			<b>.</b> .		
-	Revenue included on Form 990, Part VIII, line 1     Assets included in Form 990, Part V		•	. 🏲 🤅	<u>}</u>	*******************************
ì	(ii) Assets included in Form 990, Part VIII, line 1 fith Assets included in Form 990, Part X f the organization received or held works of art,	historical transuran areather also the		. ►" §	) 	
	following amounts required to be reported under SF			tor finar	icial gain,	provide the
I	Revenue included on Form 900. Port VIII. Bas 4	LOC 330) relating to triese Iten	ıs,			
•	Revenue included on Form 990, Part VIII, line 1	• • • • • • • • • • • • •		. 🟲 🖇	·	J
	Assets included in Form 990, Part X			. 🗩 🤉	<u>c</u>	
-		rorm 990. Cat. No. 52283D		S	chedule D Æ	orm 990) 2017

Cat. No. 52283D

Schedule D (Form 990) 2017

	, ,							
Schedu	de D (Form 990) 2017							Page 2
	Organizations Maintaining	Collections of	Art, Histor	ical Treasures, o	or Ot	her Similar Ass	ets (cont	inuadi
3	Using the organization's acquisition, collection items (check all that apply)	accession, and o	ther records	, check any of the	follow	ving that are a si	gnificant us	se of its
a	☐ Public exhibition		d⊓	Loan or exchange	ordar	ame		
b	☐ Scholarly research		. H	Other	piogi	ams		
C	☐ Preservation for future generation	s						
4	Provide a description of the organiza XIII.	ation's collections	and explain	how they further th	e org	anization's exem	pt purpose	n Part
5	During the year, did the organization	solicit or receive	donations of	f art, historical tree	sures	s, or other similar		
	assets to be sold to raise funds rathe	r than to be mainte	ained as par	of the organization	's co	llection? .	☐ Yes	□ No
Par	Escrow and Custodial Am	angements.				·		
	Complete if the organization 990, Part X, line 21.							orm
1a		, custodian or oth	er intermed	ary for contribution	ns or	other assets not	<del></del>	
	included on Form 990, Part X?						☐ Yés	□No
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the follow	ving table:	_			
						Ап	ount	<del></del>
Ċ					10			
d	Additions during the year				1d			
9	Distributions during the year		· · · ·		1e			
† 2a	Ending balance				14			
	Did the organization include an amou	nt on Form 990, P	art X, line 21	, for escrow or cust	lodial	account liability?	☐ Yes	☐ No
Pali	If "Yes," explain the arrangement in P  Endowment Funds.	an Alli. Check her	e it the expla	ination has been pr	ovide	d on Part XIII .	· · · · · · ·	
· Cil	Complete if the organization	answered "Vee	n on Form	OO Dank IV Burn H	^			
		(a) Current year	(b) Prior yi			(d) Three years back	(e) Four year	
1a	Beginning of year balance		,	to two years o	ack	dy tives years back	(e) Four yea	us Dack
ь	Contributions						<del></del>	<del></del>
c	Net investment earnings, gains, and		<del></del>			<del>`````</del>		
	losses				- 1			
đ	Grants or scholarships		<del></del>	<del></del>			<del></del>	
e	Other expenditures for facilities and						<del></del>	
	programs							
f	Administrative expenses			<u> </u>	-			· · · · · · · · · · · · · · · · · · ·
g	End of year balance					· · · · · · · · · · · · · · · · · · ·		
2	Provide the estimated percentage of t	the current year en	d balance (li	ne 1g, column (a)) r	eld a	\$;		
а	Board designated or quasi-endowmen	nt 🕨	%		•			
b	Permanent endowment	% _		*				
C	Temporarily restricted endowment ►	%		•				
٥-	The percentages on lines 2a, 2b, and	2c should equal 10	00%.	•				
Ja	Are there endowment funds not in the	e possession of th	e organizati	on that are held an	d adn	ninistered for the		
	organization by:		•				Yes	s No
	(i) unrelated organizations .				٠,٠		3a(i)	
b	(ii) related organizations	, , , , , , , , , , , , , , , , , , ,	"				3a(ii)	
4	If "Yes" on line 3a(ii), are the related of Describe in Part XIII the intended uses	rganizations listed	as required	on Schedule R? .			[ 3b ]	
Part			ii s endown	en tunas.				
	VIE Land Kuildinge ond Earlie	mant			_			
	Land, Buildings, and Equip Complete if the organization		' on Form (	On Part W line 4	10 F	as Earm 000 F	art V line	.10

# Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (other) 1a Land b Buildings c Leasehold improvements d Equipment Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) Description answered "Yes" on Form 990, Part X, line 11a. See Form 990, Part X, line 10. (d) Book value depreciation (d) Book value depreciation 28,420 28,580 24,051

Part VII	Investments—Other Securities	S.	<del></del>	<del>,</del>	Page
<del></del>	Complete if the organization an	swered "Yes" on Fo	ım 990. Part IV. li	ne 11b. See For	m 990 Port V lime 40
-	(including name of security)	ory .	(b) Book value	(c) N	lethod of valuation: nd-of-year market value
	denvatives			<del> </del>	you manet value
(2) Closely-	held equity interests			<del></del>	
(3) Other	·			<del> </del>	
(A) (B)					
(C)					<del></del>
(D)					·
(E)					
(F)					
(G)			ļ	<u> </u>	
(H)				<u> </u>	
Total. (Column (	(b) must equal Form 990, Part X, col. (B) line 12 ) 🕨				rate of a poor when the same
Part VIII	Investments-Program Relate	d.	L	-	
	Complete if the organization and	swered "Yes" on Fo	m 990. Part IV. lir	e 11c See For	n 900 Dad V line 40
	(a) Description of investment		(b) Book value	i (c) M	ethod of valuation: d-of-year market value
(1)		<del></del>			
(2)				<del>                                     </del>	
(3)				<del> </del>	
(4)			4	†	
_(5)					
(6)					
(9)		· · · · · · · · · · · · · · · · · · ·			
(8) (9)			·		
	o) must equal Form 990, Part X, col. (B) line 13 )		<del></del>	Contract Contract and	
Part IX	Other Assets.				
	Complete if the organization ans	wered "Yes" on For	m 990 Part IV lin	o ild Son Ear	- 000 Daw V Day 40
		a) Description	11 00011 21 1104 1111	e Tru, See Form	(b) Book value
(1)			-		(U) BOOK VAILE
(2)					
(3)			-		
(4)				·	
(5)					
<del>(6)</del> <del>(7)</del>			<del></del>	<del></del>	
(8)			<del></del>		
(9)			<del></del>		
otal. (Colun	nn (b) must equal Form 990, Part X, c	ol. (B) line 15.) , ,		· · · · · · · · · · · · · · · · · · ·	
Part X	Other Liabilities.				
	Complete if the organization ansiline 25.	wered "Yes" on For	n 990, Part IV, line	e.11e or 11f. Se	e Form 990, Part X,
	(e) Description of fiability	(b) Book value			S. burners and the construction of the construction
(1) Federal inc	come taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	Court Court Forth 0000 Chairt				
uidi. (UOIUMII (D)	must equal Form 990, Part X, col (B) line 25 )	1-11			
. Cubility 10f I	uncortain tax positions In Part XIII, provi	de the text of the footno	te to the organization	's financial stateme	nts that reports the
- yamzanon s	liability for uncertain tax positions under	rin 48 (ASC 740). Chec	k nere if the text of th	e tootnote has bee	n provided in Part XIII

	XI Reconciliation of Revenue per Audited Financial Statem	ents With D	NATUR POR POST	Page
	Complete if the organization answered "Yes" on Form 990,	Port IV line	evenue per neturn.	
1	Total revenue, gains, and other support per audited financial statements	T CITTY, IIII	124.	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			<del> </del>
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b .		
C	Recoveries of prior year grants	2c		
đ	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	20		
3	Subtract line 2e from line 1		· · · · 2e	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		3	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
C	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	701	4ć	
art	Reconciliation of Expenses per Audited Financial Statem	12.)	5	
	Complete if the organization answered "Yes" on Form 990,	Dăit IV line 1	xpenses per Heturn.	
1	Total expenses and losses per audited financial statements	raitiv, iiile i	<del></del>	
2	Amounts included on line 1 but not on Form 990, Part IX; line 25:		1	
a	Donated services and use of facilities	1001		
ь	Prior year adjustments	2b		
C	Other losses			
ď	Other (Describe in Part XIII.)		<del></del>	
e	Add lines 2a through 2d	-2d		
3	Subtract line 2e from line 1	• • • • •	<u>2e</u>	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1. 1. 1. 1.	3	
а	Investment expenses not included on Form 990, Part VIII, line 76			
b	Other (Describe in Part XIII.)	48		
			15757.30(39)	
c	Add lines 4a and 4h	40	eligitation.	
C	Add lines 4a and 4b		46	<del></del>
5 5	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c. (This must equal Form 990, Part I. lin</b>		40	·
c 5 art )	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin III Supplemental Information.	e 18.)	5	······································
5 art ) rovide	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin  Supplemental Information.  The descriptions required for Part II, lines 3. 5. and 9: Part III, lines 1a and	e 18.)	es 1h and 2h; Part V, line 4; E	Part X, line
5 Part >	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin III Supplemental Information. The descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b. Also complete this part	e 18.)	es 1b and 2b; Part V, line 4; F additional imformation.	Part X, line
5 art ) ovide	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin  Supplemental Information.  The descriptions required for Part II, lines 3. 5. and 9: Part III, lines 1a and	e 18.)	es 1b and 2b; Part V, line 4; F additional imformation.	Part X, line
c 5 art ) ovide	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin III Supplemental Information. The descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	es 1b and 2b; Part V, line 4; F additional information.	
c 5 art ) ovide	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin III Supplemental Information. The descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b. Also complete this part	e 18.)	es 1b and 2b; Part V, line 4; F additional information.	
c 5 art ) ovide	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin III Supplemental Information. The descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	es 1b and 2b; Part V, line 4; F additional information.	
c 5 art ) ovide	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin III Supplemental Information. The descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	es 1b and 2b; Part V, line 4; F additional information.	
c 5 art ) ovide	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin III Supplemental Information. The descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	es 1b and 2b; Part V, line 4; F additional information.	**************************************
c 5 art ) ovide	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin III Supplemental Information. The descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	es 1b and 2b; Part V, line 4; F additional information.	**************************************
c 5 art ) ovide	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin III Supplemental Information. The descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b. Also complete this part	e 18.)	es 1b and 2b; Part V, line 4; F additional information.	**************************************
c 5 art ) ovide	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin III Supplemental Information. The descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b. Also complete this part	e 18.)	es 1b and 2b; Part V, line 4; F additional information.	
c 5 art ) ovide	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin III Supplemental Information. The descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b. Also complete this part	e 18.)	es 1b and 2b; Part V, line 4; F additional information.	
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Schedule D (Fo	rm 990) 2017	-	ď
Part XIII	Supplemental Information (continued)	<del></del>	Page (
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Schedule D (Form 990) 2017

## 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.

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Open to Public Inspection

Name of the organization	<del></del>	Inspection
Credit & Homeownership Empowerment Services, I	inc	Employer identification number 27-3693233
Part IV Section B-11-b: Form 990 and supplemental		
Part IV Section B-12-c: Annual review of Conflict of	Interest policy is conducted by all board members.	Any potential affiliation and/or
	entire board to identify any current or potential cor	
Part IV Section C-19: All governing documents, con	iffict of interest policy and financial statemetris are	made available upon request.
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Schedule O (Form 930 or 990-EZ) (2017)  Name of the organization	Page
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Schedule O (Form 990 or 990-EZ) (2017)