| Credit & Homeownership Empowerment Services, Inc. D Employer identification mage in the property in the pr | rom | , 9 9 | V | | of Organizatio | | | | | | B No 1545 |
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| boginning , 2019, and ending | [Rov | r. January | 2080) | | | | | | | ns) Z | ZWT: |
| Inspection beginning .2019, and ending .20 Description & Homeownership Empowerment Services, Inc27-3893233 Depth P.O. box if mail is not delivered to street address) .20 Room/suite .27-3893233 Depth P.O. box if mail is not delivered to street address) .20 Principal officer: | | | the Treasury | ➤ Do not | enter social security nun | bers on this form | s it may be | made publi | 9·0 r | | |
| Credit & Homeownership Empowerment Services, Inc. D Employer identification in 27-3693233 E Telephone number 816-523-7417 (previnae, country, and ZiP or foreign postal code 1109 principal offices: | | | vo Service | Go to | www.irs.gov/Form9901 | | | | 141 | | nspectic |
| 27-3893233 27-3893233 27-3893233 27-3893233 27-3893233 27-9.0. box if mail is not delivered to street address) Room/suite ETelephane number 818-522-7417 Province, country, and ZEP or foreign postal code 1109 G Gross receipts \$ 4 1109 G G G Gross receipts \$ 4 1109 G G G G G G G G G G G G G G G G G G | | | applicable: | lar year, or tax year | | , 2019, | and ending | | ι <i>Γ</i> | | |
| Proposition of mast is not delivered to street address) Room/suite E Telephone number 816-632-7417 | - | Address : | | C Name of organization | THE STOMEOWNERS | ip Empowerment! | services, in | <u>c. </u> | DEM | | |
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| con's mission or most significant activities: HUD approved housing, financial and credit ching organization. partization discontinued its operations or disposed of more than 25% of its net assets. If the governing body (Part VI, line 1a) | | | > www.ch | | | | | - | exemplic | on mumber ! | <u> </u> |
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| ching organization. partization discontinued its operations or disposed of more than 25% of its net assets. If the governing body (Part VI, line 1a) | | | | £ | | | | | | | - |
| panization discontinued its operations or disposed of more than 25% of its net assets. If the governing body (Part VI, line 1a) | gy | | oducation d | ande une ordenism | ion s mission of most s | agumeent echanie: | s: HUD app | rovec nous | ng, fina | incial and | credit |
| If the governing body (Part VI, line 1a) | 8 | ! | euucauon, c | ornzening and cos | cning organization. | | | | | | ., |
| If the governing body (Part VI, line 1a) | Ę | 2 | Chack this | boy > Dif the or | | l lto controlican ex | ر در | | - OF 67 | | |
| g members of the governing body (Part VI, line 1b) | Š | 3 | Number of | vatina membere o | of the governing bady (f | Port VI line 1e) | | | | orus net i | 1850ts. |
| Inployed in calendar year 2019 (Part V, line IRS REC DATE 5 6 6 6 6 6 6 6 6 6 | ₹ | 4 | Number of | independent votin | members of the gove | mina body (Part V | (Lline 1b) | - , , , | } | | |
| stimate if necessary) 05/15/2020 6 nue from Part VIII, column (C), line 12 7a e income from Form 990-T, line 39 7b Prior Year Current Year t VIII, line 1h) 201,501 3 t VIII, line 2g) 84,873 column (A), lines 3, 4, and 7d) 112,000 1 column (A), lines 6, 6d, 8c, 9c, 10c, and 11e) 112,000 1 column (A), lines 4 5 column (A), lines 1-3) 7 column | Activities & Governance | 5 | Total numb | er of individuals of | mployed in calendar ve | ar 2019 (Part V. lir | HE IDS DE | CDATE | , } | 1 | |
| Prior Part VIII, column (C), line 12 72 75 75 75 75 75 75 75 75 75 75 75 75 75 | 3 | 6 | Total numb | er of volunteers (e | stimate if necessary) | | . 05/15/2 | 2020 | - | — | |
| Prior Year Current Year 201,501 3 201,501 | * | 7a ` | Total unrela | ited business reve | inue from Part VIII, colu | mn (C), line 12 | · - | | 7a | | |
| 201,501 3 t VIII, line 1h) | | Ы | Not unrelate | ed business taxab | le income from Form 9 | 90-T, line 39 . | <u></u> | | 7b | | |
| t VIII, line 2g) | - 1 | _ | _ | | | | | Prior Ye | er • | Cı | mem Year |
| column (A), lines 3, 4, and 7d) | 3 | | | ns and grants (Par | | | [| | 201,50 | 1 | 3 |
| nn (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | Revenue | | | | | | · · | | 84,97 | 3 | |
| bugh 11 (must equal Part VIII, column (A), line 12) aid (Part IX, column (A), lines 1-3) | æ | | | | | | | | | <u> </u> | |
| aid: (Part IX, column (A), lines 1-3) | | 12 | Cotal raven | iue (Pert VIII, CDiut Ia add linas P tha | 71n (Ay, lines 5, 60, 80, 80, 8 | ic, 10c, and 11e) | | | | *************************************** | |
| rs (Part IX, column (A), line 4) | \dashv | 13 (| Grants and | similar amounte o | uid (Part IX column (A) | lines 1-3) | ine 12) | | | | |
| mployee benefits (Part IX, column (A), lines 5-10) 125,752 1. Part IX, column (A), line 11e) | | 14 (| Benefits pa | ld to or for member | ers (Part IX. column (A). | line 4) | · · / | | | 9 | |
| Part IX, column (A), line 11e) | , l | | | | | | 15-10\ - | | 12E 7E | - | |
| art (X. column (D), line 25) | 8 | 16a 8 | Professiona | I fundraising fees | (Part IX, column (A), lir | e 11e) | | | 152,13 | 1 | |
| ## * * * * * * * * * * * * * * * * * * | å | b 1 | Total fundre | ising expenses (P | | 1000 | | | | | |
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| | l | | | | | | 5) . | | | | ,,,,,, |
| 17 (must equal Part IX, column (A), line 25) . 330,129 4: | | 19 | Revenue les | s expenses. Subt | ract line 18 from line 19 | <u></u> | . , [" | | | | |
| 20 A 10 A 10 A 10 | | | | | | | B | eginning of Cur | rent Yea | r E | nd of Year |
| 20 A 10 A 10 A 10 | B G | 20 7 | | • | | | | | | 1 | 1,1 |
| 2 | ¥3 | 20 | | , , , , , , , , , , , , | | | · · | | | | |
| # act line 18 from line 12 | | 22 1 | | | Subtract line 21 from III | 16 2U | <u> </u> | | 589,28 | 5 | 8. |
| nn (A), ilnes 11a-11d, 11f-24e) | Net Assets or Expenses Fund Balances | 15 5 16a 5 17 6 18 1 | Salaries, oth Professiona Fotal fundre Other expen Fotal expen Revenue les | er compensation, in fundraising fees alsing expenses (Part IX, columnses Add lines 13-as expenses, Subtant (Part X, line 16) | employee benefits (Part (Part IX, column (A), lir lart IX, column (D), line lart IX, column (D), line mn (A), lines 11a-11d, -17 (must equal Part IX, ract line 18 from line 12 | iX. column (A), line: le 11e) 25) ➤ 11f-24e) . column (A), line 2 | 5) | eginning of Cus | 204,37 330, 12 68,34 rent Yea | 207 | Er |
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| act line 18 from line 12 | | | | | | | B | eginning of Cu | rent Yea | r E | nd of Year |
| act line 18 from line 12 | | 21 1 | | ies (Part X, line 26) |) | | | | | 1 | |
| Beginning of Current Year End of Year | ¥ 5 | 22 1 | vet assets | or fund balances, | Subtract line 21 from lin | ne 20 | : : h | | | | |
| Beginning of Current Year End of Year | Pai | rt II | Signatur | e Block | _ | | . <u></u> | | | | - |
| Beginning of Current Year End of Year | Und | for penalti | es of partury. | declare that I have ex | sminedanis return, including a | socompanying schedule | es and statem | ents, and to th | e best of | my knowled | ad bas sat |
| Beginning of Current Year End of Year 956,825 1,1 Subtract line 21 from line 20 599,285 8 | trua. | . comeat, | and complete | Declaration of propare | rtoffer than officer le based | on all information of wi | och preperer | tas any knowle | qão. | 11 | |
| ### Rect line 18 from line 12 | | | 12 | semy V | The state of the s | ST. MINE SAN STREET, SHIPPING THE PARTY OF T | | | 5 | יכלעול | 2 |
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| Beginning of Carrent Year End of Year 956,825 1,1 Subtract line 21 from line 20 589,285 8 mined this return, including accompanying schedules and statements, and to the best of my knowledge and believe than officed to based on all information of which preparer has any knowledge. Date Date | Pai: | _ | 1 | | · inhone a giffu | | 5.61 | - | | <u></u> , | • |
| Preparer's signature Beginning of Current Year Beginning of Current Year End of Year 956,825 1,1 357,540 3. 359,285 8. Check II PTIN | | parer | l C: | <u> </u> | | | | Elean | | | |
| Beginning of Current Year End of Year 956,825 1,1: Subtract line 21 from line 20 589,285 8- Subtract line 21 from line 20 589,285 8- Imined this return, including accompanying schedules and statements, and to the best of my knowledge and believer than officer) to based on all information of which preparer has any knowledge. Preparer's signature Date Check If print as Print as Print P | USE | e Only | Firm's addr | - Contraction | ************************************** | | | | | | |
| act line 18 from line 12 | | the IRS | | | preparer shown above | (see instructions | · · · · · · · · · · · · · · · · · · · | 1 -1101 | .u -1U. | | Yes |
| Preparer's signature Beginning of Current Year End of Year | Mav | | (| "- AIRIN BEIRL HIC | PIOPRING MINITION | | | | - 4 | · · L | T T T T T T T T T T T T T T T T T T |

| Form 98 | 90 (2019) | | Page 2 |
|---------|--|-----------------------|----------------------|
| Part | III Statement of Program Service Accomplishments | | |
| | Check if Schedule O contains a response or note to any line in this Part III | | 🗂 |
| 1 | Briefly describe the organization's mission: | <u>·</u> | <u> </u> |
| | HUD approved housing, financial and credit education, counseling and coeching organization. | | |
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| | | | 7-2 4- 54-64, |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | <u> </u> | |
| | prior Form 990 or 990-EZ? | ☐ Yes | ✓ No. |
| | If "Yes," describe thase new services on Schedule O. | | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program | i | |
| | services? . | ☐ Yes | ✓ No |
| | if "Yes." describe these changes on Schedule Q. | | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services | , es mea | sured by |
| | expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alice | cations to | others, |
| | the total expenses, and revenue, if any, for each program service reported. | | |
| 40 | (Code:) (Expenses \$ including grants of \$) (Revenue \$ | | |
| 46 | (Code:) (Expenses \$ including grants of \$) (Revenue \$ | | _) |
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| 4d | Other program services (Describe on Schedule O.) | | |
| | (Expenses \$ including grants of \$) (Revenue \$) | | |
| 40 | Total program service expenses ▶ | | |

Form **990** (2019)

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| Part IV | Checklist | | |
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| | | | Yes | No |
|-----------|--|-----------|-------|--------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A. | 1 | , | |
| 2 | ls the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | | 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 | 3 | | √ |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II. | 4 | | √ |
| 5 | is the organization a section 501(c)(4). 501(c)(5), or 501(c)(6) organization that receives membership class, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | 1 |
| Ģ | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | ✓ |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land ereas, or historic structures? If "Yes," complete Schedule D. Part II | 7 | | √ |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | 1 |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | √ |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | ✓ |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D. Parts VI, VIII, 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 | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | ✓_ |
| C | Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 18? If "Yes," complete Schedule D, Part VIII | 11c | | 1 |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | 4 |
| 0 | Did the organization report an amount for other liabilities in Part X, Ilne 25? If "Yes," complete Schedule D, Part X | 1te | | ✓_ |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | 1 |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | | <u> </u> |
| ь 12 | 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 to the organization answered in continue 120(a)(IVA)(ii) A VIVA iii and III is optional to the organization of the organiz | 12b | | <u> </u> |
| 13 14a | ts the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 14a | | / |
| Ь | Did the organization have appregate revenues or expenses of more than \$10,000 from grantmaking. | 1-6424 | | ¥ |
| J | fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. | 14b | | √ |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | <u>✓</u> |
| 16 | Did the organization report on Part IX. column (A), tine 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. | 16 | | <u> </u> |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | ✓ |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II. | 18 | | ✓_ |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | <u> </u> |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. | 20a | | 1 |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | <u> </u> |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | 000 | <u>√</u> |
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| Form 9 | 950 (2018) | | | 0 |
|-------------|---|-----|--|-----------------|
| Part | Checklist of Required Schedules (continued) | | | Page 4 |
| 22 | Did the exemination and the second | | Yes | No |
| | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | 1 | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. | 23 | | 1 |
| 24 a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | | | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24a | | 1 |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | 1 |
| d | Did the organization act as an "on behalf of" Issuer for bonds outstanding at any time during the year? | 24d | - | 7 |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I | 25a | | 1 |
| b | is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L. Part I | 25b | | 1 |
| 26 | Did the organization roport any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | √ |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founds, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L. Part III | 27 | | |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): | | | |
| 8 | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV | 28a | (KATATA | √ |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L. Part IV | 28b | | 7 |
| ¢ | A 35% controlled entity of one or more individuals and/or organizations described in lines 28s or 28b? If "Yes," complete Schedule L. Part IV | 28c | | 1 |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | ₹ |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. | 30 | | 1 |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Pert I | 31 | | 1 |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | <u> </u> |
| 33 | Did the organization own 100% of an entity disregarded as separete from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | <u> </u> |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | ✓ |
| 35a b | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | 1 |
| _ | If "Yes" to line 35a, did the organization receive any payment from or sngage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. | 35b | | 1 |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Pert V, line 2. | 36 | - | <u> </u> |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | <u> </u> |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. | 38 | | <u> </u> |
| Part | Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V | | | |
| ····· | | · | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1098. Enter -0- if not applicable | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- If not applicable 1b | | | |
| C | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | ic | 的問題 | SECTION SECTION |
| | reportable garming (garnoling) withings to prize withers? | | 990 | (2019) |

| Part | Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | |
|-----------------|--|-----------|------------|--|
| _ | | - | Yes | No |
| 28 | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | |
| _ | Statements, filed for the calendar year ending with or within the year covered by this return 2a | | 数級 | |
| Ь | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | 256.75 | 5.0 50 |
| За | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | 经 |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3a | | V |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, | 3b | | - |
| 74 | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | | |
| ь | If "Yes," enter the name of the foreign country | 4a | Length 1 | 1225 430 |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | NEW W | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | 7 |
| ¢ | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | 1 |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | . Inwa | 1 |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | |
| _ | gifts were not tax deductible? | 6b | | 1 |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7e | | |
| ь | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | 1 |
| C | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 70 | | 1 |
| đ | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | 1 |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 71 | | ✓ |
| ð | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 79 | | |
| h | If the organization received a contribution of care, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | 98867630 | √ |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | 8 | 505555F | NSSE 1852 |
| B | Did the sponsoring organization make any taxable distributions under section 49667 | 94 | artis and | 利廷国 别 |
| Ь | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | 1 |
| 10 | Section 501(c)(7) organizations. Enter: | 1838 | | |
| 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 | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| 8 | Gross Income from members or shareholders | | | |
| Þ | Gross income from other sources (Do not net amounts due or paid to other sources | | | |
| 40. | against amounts due or received from them,) | 國際 | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? | 129 | 4422288 | Sac a |
| ь 13 | If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | | | |
| | Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? | 13a | 3692/U | A STATE OF |
| | Note: See the instructions for additional information the organization must report on Schedule O | 2882 | SE SERVI | ************************************** |
| 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 | | | |
| 14 8 | Did the organization receive any payments for indoor tenning services during the tax year? | 148 | 11,241 | A STATES |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O . | 14b | | |
| 15 | is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | |
| | excess parachute payment(s) during the year? , , | 15 | | |
| | If "Yes," see instructions and file Form 4720, Schedule N. | B | | |
| 16 | Is the organization an educational institution subject to the section 4988 excise tax on net investment income? | 16 | Show You | √ |
| | If "Yes," complete Form 4720, Schedule O. | | | |
| | | róm | 350 | (2019) |

| Rom | 990 | ום רושכו | |
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| "สด: | В | 0 |

| Part | VI Courtes Manager Manager A Bit of the Courtes of | | | Page (| | |
|-------|---|-------------|----------------|--|--|--|
|) GIL | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. | v, and | for a | "No | | |
| | Check if Schedule O contains a response or note to any line in this Part VI | See // | กรชาบ(| SUOUS: | | |
| Sect | on A. Governing Body and Management | | <u> </u> | <u>. ப</u> | | |
| | | | 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 on Schedule O. | | | | | |
| ь | Enter the number of voting members included on line 1a, above, who are independent 1b | 4 | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | | | | |
| 4 | supervision of officers, directors, trustees, or key employees to a management company or other person? | 3 | | 1 | | |
| 5 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | ļ | 1 | | |
| 6 | Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? | 5 | | 1 | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | 6 | | 1 | | |
| | one or more members of the governing body? | 78 | | 1 | | |
| Þ | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | 7b | Section Sec | THE STATE OF THE S | | |
| • | the year by the following: | | | | | |
| а | The governing body? | 8a | | SESTIME: | | |
| þ | Each committee with authority to act on behalf of the governing body? | 85 | 7 | | | |
| 9 | is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at | | <u> </u> | | | |
| Cook | the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | <u></u> | 1 | | |
| 30CU | on B. Policies (This Section B requests information about policies not required by the Internal Rever | iue C | Description of | - | | |
| 10a | Did the organization have local chapters, branches, or affiliates? | 400 | Yes | No | | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, | 108 | | 1 | | |
| | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | l | ł | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? | 118 | 1 | 1 | | |
| ь | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | | | |
| 12a | Did the organization have a written conflict of Interest policy? If "No," go to line 13 | 12a | 1 | | | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | | | | | |
| ¢ | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | | | | |
| 13 | describe in Schedule O how this was done | | | | | |
| 14 | Did the organization have a written document retention and destruction policy? | 13 | 1 | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | | | | | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | |
| a | The organization's CEO, Executive Director, or top management official | 15a | VI | 1 | | |
| þ | 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 | Old the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 18a | | 1 | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | | | | | |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | | | | |
| Secti | organization's exempt status with respect to such arrangements? | 100 | | · / | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed Missouri | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990- | T (Sec | tion ! | 01(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 on Schedule O) | | | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of | of inte | rest p | olicy, | | |
| | and financial statements available to the public during the tax year | | _ | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and re | cords | • | | | |
| | Credit & Homeownership Empowerment Services, Inc. 3125 Gillham Plaza, Kansas City, MO 54109 816-523-7417 | | | | | |

| 1 | | | | | |
|---|------------------------------|---|--------------------------|------------------------------------|---------------------------------------|
| Form 990 (2019) | | | | | Page 7 |
| Part VII Compensation of Officers, Dir Independent Contractors | ectors, T | ustees, Key Employe | es, Highest C | ompensated I | imployees, and |
| Check if Schedule O contains a re | sponse or | note to any line in this f | Part VII | | |
| Section A. Officers, Directors, Trustees | , Key Em | oloyees, and Highest | Compensated | Employees | |
| 1a Complete this table for all persons required organization's tax year. | | | | | with or within the |
| List all of the organization's current office compensation. Enter -0- in columns (D), (E), and | ers, directo (F) if no co | re, trustees (whether Indi empensation was paid. | viduals or organ | izations), regard | fless of amount of |
| List all of the organization's current key en | | | definition of "ke | v emploves." | |
| List the organization's five current highes who received reportable compensation (Box 5 organization and any related organizations. | t compens | ated employees (other th | nan an officer, d | krector, trustee. | or key employee) i100,000 from the |
| List all of the organization's former offices \$100,000 of reportable compensation from the organization. | ers, key er xganizatiór | nployees, and highest co n and any related organiza | ompensated em ations. | ployees who re | ceived more than |
| List all of the organization's former directorganization, more than \$10,000 of reportable contains. | tors or tru ompensatio | ratees that received, in the form the organization a | he capacity as a | a former directo organizations. | r or trustee of the |
| See instructions for the order in which to list the | | | | | |
| Check this box if neither the organization nor | any relate | d organization compensa | ted any current | officer, director, | or trustee. |
| | | (C) | | | |
| (A) | (B) | Position (do not check more than one | (D) | æ | (F) |
| Name and title | Average hours | box, unless person is both an officer and a director/trustee) | Reportable compensation | Reportable compensation | Estimated amount of other |

| | | | | 6 | C) | | _ 1,, | | | |
|---|-----------------------|----------------------------------|-----------------------|---------|--------------|-------------------|--------------|--------------------------|---------------------------|--|
| (A) | (B) | 144 - | | | Hion | e than e | | (D) | æ | (F) |
| Name and title | Average | DOX. | unla | se pe | หรอก | is both | ne r | Reportable | Reportable | Estimated amount |
| | hours per week | | • | | | or/trus | | compensation from the | compensation from related | of other compensation |
| | (list any | Individual Inslee or director | treatiutional trustee | Officer | Key employee | Highest oc | Former | organization | organizations | from the |
| | hours for related: | 90 | 1 | ¥ | 3 | 8 8 | ₹ | (W-2/1089-MISC) | (W-2/1089-MISC) | organization and related organizations |
| | organizations | 2 2 | Ē | | ğ | 9 | | | | The second secon |
| | dotted line) | | 1 | l | 8 | 9 | | | | |
| | | | 18 | | | compensated Be | | | | |
| (1) Coley Williams | <u> </u> | | - | - | _ | | _ | | | |
| President | 50 | | | 1 | | | | 11,000 | o | 0 |
| (2) Ron Farmer | | | | | | | | | | |
| Vice President | 50 | | | 1 | | | | 11,000 | o | 0 |
| (3) Cynthia Anderson | | | | | | | Г | | | |
| Secretary | 1 | L | | 1 | _ | | L | Q | 0 | 0 |
| (4) Rubye Adams | | | | | | | | | | |
| Treasurer | 1 | <u> </u> | | 1 | | | | 0 | o | 0 |
| (5) Nicole Harper | | | | | | | | | | . , , , , , , , , , , , , , , , , , , , |
| Board Member | 1 | 1 | <u> </u> | | L., | | | 0 | 0 | 0 |
| (6) Bob Farmer | | | | | l | | 1 | | | |
| Board Member | 1 | ✓ | | L. | | | | 0 | 0 | 0 |
| <u>m</u> | | | | | | | | | | |
| (6) | | | | Т | | | | | | TO CHETCH CONTRACT CONTRACTOR |
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| (9) | | | | | | | | | | THE TOTAL MEMORY POLICE AND A STREET STOWN IN |
| (10) | | | - | - | | | | ` ` ` | | |
| (10) | | | Ì | | | | | | | |
| (11) | | | | | | | \vdash | | | |
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| (12) | | | | | ļ | | | | | |
| (13) | | | - | - | | | | | | |
| 1.3 | | L | | | | | | 274,040 | | |
| (14) | | | | | | | | | | |
| | 1 | [| l | l | l | Į | ĺ | 1 | | |

Form **990** (2019)

| | 80 (2019) | | | | | | | | | | | Page 8 |
|--------|---|--|-----------------------------------|-----------------|---------------------------|----------------------|------------------------------|-------------|---------------------------------------|--|---------------------------------------|---|
| 220 | VII Section A. Officers, Directors, * (A) Name and title | (8) Averege hours | (do 1 | ios ch Unios | Pos Pos Neck Spe | nanu men itien | o than o | one one | (D) Freportable compensation | (E) Reportable compensation | (F) Estimaled amount of other | |
| | | per week (Hat any hours for related organizations below dotted line) | Individual trustee or director | | | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | from n organiz (W-2/108 | elated Options | compensation from the organization and related organizations |
| (15) | | | | | | - | - | | | | · · · · · · · · · · · · · · · · · · · | |
| (16) | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | | | | | | | | | ····(v):- <u>p</u> | |
| | 1,11,11,11,11,11,11,11,11,11,11,11,11,1 | | - | | | | | _ | | | | |
| | | | <u> </u> | | | | | | | | | |
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| - | | | | | | | | | | , , , , , , , , , , , , , , , , , , , | | ************ |
| (20) | | | | | | | | | | | | |
| (21) | | | | | | | | | | | | |
| (22) | | | | | | | | | | | ******* | |
| (23) | | | | | | | | | | | | |
| (24) | 2 H | ********* | | | | | | | | | - | |
| (25) | | | | | | | | | | | | |
| 1b | Subtotal , , , , , | | | \Box | | <u> </u> | | • | | ······································ | | |
| c d | Total from continuation sheets to Part Total (add lines 1b and 1c) | | | | | | | > | 22,000 | | | |
| 2 | Total number of individuals (including but reportable compensation from the organic | | to th | 036 | list | ed i | above | e) W | ho received mon | than \$1 | 00,000 | of |
| 3 | Did the organization list any former of employee on line 1a? If "Yes," complete 5 For any individual listed on line 1a, is the organization and related organizations | Schedule J sum of re | for su portal | ich de c | indi com | vidu per | <i>ial</i> 188tio | n a | nd other comper | sation fr | om the | 3 / |
| 5 | individual | | | | | | | | | ion or inc | dividual | 1 |
| Sect | for services rendered to the organization? on B. Independent Contractors | / IT "Yes," c | ютрі | ere : | Scn | BOU | ne J n | or s | uch person . | | <u></u> | 5 1 |
| 1 | Complete this table for your five high compensation from the organization, Repo | | | | | | | | | | | |
| | (A) Abbs eaenfeud bas email | | | | | | | | (B) Description of serv | | | (C) Compensation |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 2 | Total number of independent contracto received more than \$100,000 of compens | | | | | | | th | ose listed above | e) who | | 999 |

| Part | VIII | Statement of Revenue Check if Schedule O contains a response or note to any line in this Part Vill | | | | | | | | | |
|--|----------------------------|--|---|--|--------------|---------------------------------------|--|--|---|---|--|
| | • | Check if Schedule | <u>U co</u> | ntains a re | spon | ise or note to ar | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (0) Revenue excluded from tax under sections 512-514 | |
| ស ស | 18 | Federated campaig | ns . | | 18 | | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | h | Memborchip duca 1b | | | | | | | | | |
| 5 5 | С | | | | | | i de sona i | | | | |
| # 1 | d | Related organizations 1d | | | | | | | | | |
| S. E. | e | Government grants | | | 1e | 26,900 | | | | | |
| S S | f | All other contribution | 18, Q il | its, grents, | | | | | | | |
| 2 2 | | | | | 11 | 455,500 | | | | | |
| Contributions, GM and Other Similar | g | Noncash contribution lines 1a-ff | | | 1- | 250 000 | | | | | |
| S E | h | | | | | 150,000 | 422,400 | | | | |
| | | 10001100 11100 11 | ., . | | | Bushess Code | | | | | |
| 8 | 28 | Fees for services | | | | | 42,543 | | | MITTER RESERVED | |
| £ 2 | ь | *************************************** | | | * *** *** * | | | | | | |
| S | C | *************************************** | | | | | | | | | |
| Program Service Revenue | d | | | | | | | | | | |
| ₿.¤. | е | | | | | · · · · · · · · · · · · · · · · · · · | | | | | |
| ۵ | f | All other program se | | | | L | | Sea - Company of Selection of Free Service | CANCELL CONTROL OF THE SAME OF THE SAME | an Pradmokrank a Tooling and Donat Call | |
| | 3 | Total. Add lines 2a- investment income | | | | | 42,543 | | | | |
| | | other similar amounts) | | | | _ | | | | Ĺ | |
| | 4 | Income from investment of tax-exempt bor | | | and proceeds | | | | | | |
| | 5 | Royaltles | | | | | | e de la composición del composición de la compos | and the second second second | | |
| | | | | (i) Rea | <u> </u> | (x) Personal | | | | | |
| | Ga | Gross rents | 6a | <u> </u> | | | | | | | |
| | b | Less: rental expenses | 60 | <u> </u> | | | | | | | |
| | C di | Rental income or (loss) Net rental income or | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | <u>. </u> | | <u> </u> | | | | | |
| | | · ' | i (iUs: | (i) Securit | les | (I) Other | | | | | |
| | 7a | Gross amount from sales of assets | | | | | | le Levil de le | | | |
| | | other than inventory | 7a | İ | | | | | | | |
| • | ь | Less: cost or other basis | | | | | | | | | |
| m e | | and sales expenses . | 70 | | | | | | | | |
| ě | | Gein or (loss) | 7c_ | <u> </u> | | | | | | | |
| a L | d | Net gain or (loss) | | | | <u> </u> | | | | | |
| Other Revenue | θa | Gross income from | | ndraising | | | | | | | |
| Ÿ | | events (not including of contributions rep | | d on Hoo | | | | | | | |
| | | 1c). See Part IV. line | | G OH HITE | Ba | | | | | | |
| | h | Less: direct expens | | · | 8b | | | | a de la companya de | | |
| | c | Net income or (loss) | | | | nts . | 7 Work \$ 2.45 Y Zana 18 1 Gray. | | | | |
| | | Gross Income | | | | | | | | | |
| | | activities. See Part I | | | 9a | i | | | 46.00 | | |
| | ь | Less: direct expens | | | 9b | | | | | | |
| | Ç | Net income or (loss) | | | ctivitie | as , 🕨 | | A Continuous de La Continuous de Continuous | | No. N. 1 and 19 and Am State Stiff Co. July | |
| | 10a | Gross sales of Ir | | ory, less | 1 |] | | | | | |
| | | returns and allower | | | 10a | | | | | | |
| | i . | Less: cost of goods | sold | a natae of in | 10b | | | | 17/19/04/07/07 | | |
| | <u> </u> | Net income or (loss) | , irom | SHIES OF IT | 14611((| Business Code | | | | | |
| SE . | 110 | | | | | THERITARY | 55,000 | PERSONAL PROPERTY. | | | |
| Miscellaneous Revenue | 11a | | | | | | | 1 | | | |
| ž ž | | | | ********** | | | | | | | |
| 2 & & | ď | All other revenue | | | | | | | | | |
| Ž | e Total. Add lines 11a-11d | | | | | > | 1 | | | | |
| | 12 | Total revenue. See | | | • | <u></u> | 524,943 | | | | |
| | | | | | | | | | | Form 990 (2019) | |

| Form 9 | 90 (2019) Statement of Functional Expenses | · | · | | Page 10 |
|----------|--|--|--|--|--|
| | nn 501(c)(3) and 501(c)(4) organizations must comp | lete ali columns. All | olher organizations | must complete colu | ma (A). |
| | Check if Schedule O contains a response | or note to any line | in this Part IX . | <u></u> | |
| | t include amounts reported on lines 6b, 7b, , and 10b of Part VIII. | (A) Total expenses | (6) Program service expenses | (C) Management and general expenses | (D) Fundralsing expenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Pert IV. line 21 | | | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | 6,818 | 6,818 | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign Individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 148,210 | 128,950 | 19,260 | - A to taller managers' and |
| 8 | Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | , |
| 7 | Other salaries and wages | | | | |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | · · · · · · · · · · · · · · · · · · · |
| 10 | Payroll taxes | | | | , , , , , , , , , , , , , , , , , , , |
| 11 | Fees for services (nonemployees): | | | | |
| a | Management | | | | |
| ь | Legal | 900 | · Schemie | 800 | |
| c | Accounting | 7,800 | The state of the s | 7,600 | |
| ď | Lobbying | 1,0000 | | 7,800 | |
| | Professional fundraising services. See Part IV, line 17 | 4 000 | | | |
| • | Investment management fees | 1,000 | | 100 ST 100 S | 1,600 |
| 9 | Other, (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule ().) | | | | |
| 12 | Advertising and promotion | 6,122 | 6.122 | | |
| 13 | Office expenses | 7,447 | 6,121 | 1,326 | |
| 14 | Information technology | 14,288 | 12,910 | 1,328 | |
| 15 | Royalties | 17,600 | 72,010 | 1,370 | |
| 16 | Occupancy | 27,562 | 24,806 | 2250 | |
| 17 | Travel | 2,044 | 2,044 | 2,756 | · · · · · · · · · · · · · · · · · · · |
| 18 | Payments of travel or entertainment expenses | 2,011 | 2,014 | | |
| | for any federal, state, or local public officials | | | | ··· |
| 19 | Conferences, conventions, and meetings . | 3,964 | 3,964 | | |
| 20 | Interest | 22,172 | 19,901 | 2,211 | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization . | 18,290 | 16,461 | 1,829 | |
| 23 | Insurance | 5,560 | | 5,560 | |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| а | In kind donation of material and services | 150,000 | 143,900 | 7,000 | the Control of the Co |
| b | Credit reports | The second secon | | 7,000 | |
| | Control of the second of the s | 8,121 | 8,121 | | |
| C d | 40,4%,464,4M,464,464,464,464,464,464,464,464, | | | | |
| | All other expenses | | | ***************** † | |
| - | Total functional expenses. Add lines 1 through 24e | A | | | ····· |
| 25 26 | Joint costs. Complete this line only if the | | | | |
| A-V | organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here | | | | |
| | following SOP 98-2 (ASC 958-720) | 430,638 | 379,238 | 49,820 | 1,600 |
| | | | | | Form 990 (2019) |

| Cash - non-interest-bearing | Р | art X | Balance Sheet Check if Schedule.O contains a response or note to any line in this Pa | ert X | | П |
|--|----------|-------|--|--|----------|-----------------------------------|
| 2 Sevings and temporary cash Investments 9,006 2 99,988 | | | | (A) | | |
| 2 Sevings and temporary cash Investments | | 1 | Cash—non-interest-bearing | 28,319 | 1 | 71,983 |
| 3 Pledges and gramts receivable, not 103,000 3 151,000 | | 2 | Savings and temporary cash Investments | | | |
| Accounts receivable, net 24,000 4 12,216 | | 3 | Pledges and grants receivable, net | | | |
| 5 Loans and other receivables from any current or former officer, director functes, key employee, creator or founder, subsfant(al contributor, or 35% cuntrollical chitty or family member of any of these persons. 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1), and persons described in section 4958(o)(3)(6). 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 11 Investments—publicly traded securities 12 Investments—publicly traded securities 13 Investments—program-related. See Part IV, line 11 14 Intagible assets 15 Other assets, See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred rovenue 10 Tax-exempt bond liabilities 20 Tax-exempt bond liabilities 21 Unsecured notes and loans payable to unrelated third parties 22 Losses and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part IV of Schedule D 26 Organizations that do not follow FASB ASC 958, check here ▶ □ 27 and complete lines 27 88, 32 and 33. 28 Net assets with donor restrictions 29 Net assets with donor restrictions 29 Pad-in or capital surplus, or fund, building, or equipment fund 30 Pad-in or capital surplus, or fund, building, or equipment fund 31 Retained earnings, endowment, accumulated income tex, 90 other funds 31 Taxical retained earnings, endowment, accum | | 4 | | A THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT | | |
| under section 4958(f)(1), and persons described in section 4959(o)(3)(6) 7 Notes and loans receivable, net 7 Inventories for sale or use 8 Inventories for sale or use 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 11b Less: accumulated depreciation 11c Investments—bublicly traded securities 11 Investments—bublicly traded securities 11 Investments—other securities. See Part IV, line 11 12 Investments—other securities. See Part IV, line 11 13 Investments—program-related. See Part IV, line 11 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable and accrued expenses 19 Deferred rovenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustise, key employes, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties, and other liabilities (including federal income tax, psyables to related third parties, and other liabilities including federal income tax, psyables to related third parties, and other liabilities. Add lines 17 through 25 25 Other liabilities, Add lines 17 through 25 27 Net assets with donor restrictions 28 Net assets with donor restrictions 29 Crganizations that do not follow FASB ASC 958, check here □ and complete lines 27 28, 32, and 33. 29 Capital stock or trust principal. or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained sarrings, endowment, accumulated income, or other funds 31 Retained sarrings, endowment, accumulated income, or other funds 31 Retained sarrings, endowment, accumulated income, or other funds 32 Total in eacests or fund balances 33 Total in eacests or fund | | 5 | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 9 Prepaid expenses 9 Prepaid expenses 9 Prepaid expenses 9 Prepaid expenses 100 Less: accumulated depreciation 10b (19,260) 805,860 10c 872,884 11 Investments—publicly traded securities 11 Investments—program-related. See Part IV, line 11 12 Investments—program-related. See Part IV, line 11 13 Investments—program-related. See Part IV, line 11 13 Investments—program-related. See Part IV, line 11 13 Investments—program-related. See Part IV, line 11 14 Intrangible assets 14 14 Intrangible assets 14 14 Intrangible assets 15 Intrangible assets 15 Intrangible assets 15 Intrangible assets 16 Intrangible assets 17 Intrangible assets 17 Intrangible assets 18 Intrangible assets 19 Intrangible 19 Intrangible 19 Intrangible assets 19 Intrangible assets 19 Intrangible assets 19 Intrangible Intra | | 6 | | | | |
| 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a B91,174 b Less: accumulated depreciation 11 Investments—publicly traded securities 12 Investments—other securities. See Part IV, line 11 13 Investments—other securities. See Part IV, line 11 14 Intrangible assets 15 Other assets, See Part IV, line 11 16 Other assets, See Part IV, line 11 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred rovenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 27 Total liabilities. Add lines 17 through 25 28 Net assets with donor restrictions Organizations that follow FASB ASC 958, check here ▶ □ 29 Capital stock or trust principal. or current funds 30 Paid-in or capital surplus, or fand, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 9 Set. 950. 10c. 10c. 10c. 10c. 10c. 10c. 10c. 10 | 23 | 7 | Notes and loans receivable, net | | 7 | |
| 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a B91,174 b Less: accumulated depreciation 11 Investments—publicly traded securities 12 Investments—other securities. See Part IV, line 11 13 Investments—other securities. See Part IV, line 11 14 Intrangible assets 15 Other assets, See Part IV, line 11 16 Other assets, See Part IV, line 11 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred rovenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 27 Total liabilities. Add lines 17 through 25 28 Net assets with donor restrictions Organizations that follow FASB ASC 958, check here ▶ □ 29 Capital stock or trust principal. or current funds 30 Paid-in or capital surplus, or fand, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 9 Set. 950. 10c. 10c. 10c. 10c. 10c. 10c. 10c. 10 | 3 | 8 | Inventories for sale or use | | 8 | |
| basis, Complete Part VI of Schedule D. 10a 891,174 b Less: accumulated depreciation 10b (18,260) 805,860 10c 872,884 11 Investments—publicly traded securities 112 Investments—publicly traded securities 112 Investments—program-related. See Part IV, line 11 12 13 Investments—program-related. See Part IV, line 11 13 14 Intrangible assets 15 15 878 15 Other assets, See Part IV, line 11 875 15 878 16 Total assets. Add lines 1 through 15 (must equal line 33) 964,094 16 1,174,944 17 Accounts payable and accrued expenses 7,212 17 15 16 Grants payable and accrued expenses 7,212 17 16,881 18 Grants payable and accrued expenses 7,212 17 16,881 19 Deferred rovenue 19 19 19 18 Escrow or custodial account liabilities 22 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustise, key employes, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 3 Secured mortgages and notes payable to unrelated third parties 350,328 23 341,355 24 Unseoured notes and loans payable to unrelated third parties 24 Unseoured notes and loans payable to unrelated third parties 350,328 23 341,355 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 Organizations that follow FASB ASC 958, check here ▶ □ 375,540 26 358,240 27 Net assets with donor restrictions 90 29 Organizations that do not follow FASB ASC 958, check here ▶ □ 375,540 26 359,240 38 Retained earnings, endowment, accumulated income, or other funds 30 31 Retained earnings, endowment, accumulated income, or other funds 31 31 Retained earnings, endowment, accumulated income, or other funds 906,514 32 516,700 | 4 | 9 | Prepaid expenses and deferred charges | | 9 | |
| b Less: accumulated depreciation 10b (19,260) 305,860 10c 872,864 11 Investments—publicly traded securities 12 Investments—other securities. See Part IV, line 11 12 13 Investments—other securities. See Part IV, line 11 13 Intangible assets 14 14 Intangible assets 15 Other assets. See Part IV, line 11 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 16 (must equal line 33) 366,054 16 1,174,940 17 17 18,681 18 19 Deferred rovenue 20 Tax-exempt bond liabilities 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 350,328 23 341,355 24 Unsecured notes and loans payable to unrelated third parties 350,328 23 341,355 24 Unsecured notes and other liabilities included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities, Add lines 17 through 25 357,540 26 358,240 27 Net assets with donor restrictions 28 Net assets with donor restrictions 29 Organizations that follow FASB ASC 958, check here D 3 and complete lines 27, 28, 32, and 33 Paid-in or capital surplus, or fand, building, or equipment fund 30 Paid-in or capital surplus, or fand, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 606,514 32 616,700 | | 10a | | | | |
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| 12 Investments—other securities. See Part IV, line 11 13 Investments—program-related. See Part IV, line 11 14 Intangible assets 14 15 Other assets, See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred rovenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustes, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties) 26 Total liabilities, Add lines 17 through 25 27 Organizations that follow FASB ASC 958, check here ▶ □ 28 Organizations that follow FASB ASC 958, check here ▶ □ 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 31 Total net assets or fund balances 32 Fits, 700 33 Total net assets or fund balances 34 Fits, 700 35 Fits, 700 36 Fits, 700 37 Fotal net assets or fund balances 39 Fits, 700 30 Fits, 700 30 Fits, 700 30 Fits, 700 31 Fits, 700 31 Fits, 700 32 Fits, 700 33 Fits, 700 34 Fits, 700 35 Fits, 700 36 Fits, 700 37 Fits, 700 38 Fits, 700 38 Fits, 700 39 Fits, 700 30 Fi | | _ | | 400,000 | | |
| 13 Investments — program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable and accrued expenses 19 Deferred rovenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trusties, key employes, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities, Add lines 17 through 25 27 Net assets with donor restrictions 28 Net assets with donor restrictions 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 31 Total net assets or fund balances 32 Pits, 700 | | | | | | · |
| 14 Intangible assets 15 Other assets, See Part IV, line 11 16 Total assets, Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Unsecured notes and loans payable to unrelated third parties 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total flabilities, Add lines 17 through 25 27 Net assets with donor restrictions 28 Organizations that follow FASB ASC 958, check here ▶ □ 29 And complete lines 27, 28, 32, and 33. 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 31 Total net assets or fund balances. 31 Total net assets or fund balances. 31 Total net assets or fund balances. 32 \$15,700 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$ | | 13 | · | | 1700 | |
| 15 Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred rovenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 24 Unseoured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities, Add lines 17 through 25 27 Total liabilities, Add lines 17 through 25 28 Organizations that follow FASB ASC 958, check here ▶ □ 29 and complete lines 27, 28, 32, and 33. 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 31 Total net assets or fund balances 50 Chair liabilities and lines 29 through 33. 50 Paid-in or capital surplus, or land, building, or equipment fund 31 Total net assets or fund balances 50 Chair liabilities and liab | | 14 | · · | | | |
| 16 Total assets. Add lines 1 through 15 (must equal line 33). 17 Accounts payable and accrued expenses. 18 Grants payable. 19 Deferred rovenue. 20 Tax-exempt bond liabilities. 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. 22 Controlled entity or family member of any of these persons. 23 Secured mortgages and notes payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 26 Organizations that follow FASB ASC 958, check here ▶ □ 27 And Complete lines 27, 28, 32, and 33. 28 Net assets with donor restrictions. 29 Capital stock or trust principal. or current funds. 29 Capital stock or trust principal. or current funds. 30 Paid-in or capital surplus, or land, building, or equipment fund. 31 Retained earnings, endowment, accumulated income, or other funds. 4 Total net assets or fund balances. 5 (06,514) 32 \$155,700 | | 15 | · · | 875 | | 875 |
| 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred rovenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 Unseoured notes and loans payable to unrelated third parties 24 Unseoured notes and loans payable to unrelated third parties. 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities, Add lines 17 through 25 27 Organizations that follow FASB ASC 958, check here □ and complete lines 27, 28, 32, and 33. 28 Net assets with donor restrictions 29 Net assets with donor restrictions 29 Capital stock or trust principal, or current funds 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 30 Total net assets or fund balances 31 Total net assets or fund balances 32 Sender American Processing Pro | | 16 | | | | |
| 18 Grants payable | | 17 | | | 17 | |
| Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 28 Total liabilities, Add lines 17 through 25 29 Organizations that follow FASB ASC 958, check here ▶ □ and complete lines 27, 28, 32, and 33. 20 Very lines 27, 28, 32, and 33. 21 Net assets without donor restrictions 22 Capital stock or trust principal or current funds 23 Capital stock or trust principal or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 Paid-in or capital surplus, or land, building, or equipment funds 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances. 33 Betained earnings, endowment, accumulated income, or other funds 34 Betained earnings, endowment, accumulated income, or other funds 35 Betained earnings, endowment, accumulated income, or other funds 36 Betained earnings, endowment, accumulated income, or other funds 36 Betained earnings, endowment, accumulated income, or other funds 36 Betained earnings, endowment, accumulated income, or other funds 36 Betained earnings, endowment, accumulated income, or other funds 37 Betained earnings, endowment, accumulated income, or other funds 38 Betained earnings, endowment, accumulated income, or other funds 39 Betained earnings, endowment, accumulated income, or other funds | | 18 | Grants payable | | 18 | |
| 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 28 Total liabilities, Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Dand complete lines 27, 28, 32, and 33. Net assets without donor restrictions Organizations that do not follow FASB ASC 958, check here Dand complete lines 29 through 33. 29 Capital stock or trust principal. or current funds 30 Paid-in or capital surplus, or fand, building, or equipment fund 31 Retained sarnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances. 21 Loans and other labilities (director, director, dire | | 19 | Deferred rovenue | | 19 | - |
| Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 20 | Tax-exempt bond liabilities | | 20 | *** |
| trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D Total liabilities, Add lines 17 through 25 Total liabilities, Add lines 17 through 25 Organizations that follow FASB ASC 958, check here I and complete lines 27, 28, 32, and 33. Net assets without donor restrictions Organizations that do not follow FASB ASC 958, check here I and complete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances 24 25 26 27 28 28 29 29 29 29 29 29 29 29 | bilithes | 22 | trustee, key employee, creator or founder, substantial contributor, or 35% | | 22 | |
| Unsecured notes and loans psyable to unrelated third parties | 3 | 23 | Secured mortgages and notes payable to unrelated third parties | 350,328 | - 23 | 341,359 |
| parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets without donor restrictions Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here Organizations that do not | | 25 | parties, and other liabilities not included on lines 17-24). Complete Part X | | 25 | |
| Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets without donor restrictions Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here Organizations that do not | | 26 | Total liabilities, Add lines 17 through 25 | 357,540 | | 358,240 |
| 27 Net assets without donor restrictions 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal or current funds 90 Paid-in or capital surplus, or land, building, or equipment fund 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total liabilities and net assets/fund balances 33 Total liabilities and net assets/fund balances 9606,514 27 816,700 | 88 | | Organizations that follow FASB ASC 958, check here ▶ □ | | | |
| 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 Retained earnings, endowment, accumulated income, or other funds 32 Total liabilities and net assets/fund balances 33 Total liabilities and net assets/fund balances 34 1.174.946 | İ | 27 | | ACCOUNTS TO THE PROPERTY OF THE PARTY OF THE | 27 | 816.700 |
| Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds. Paid-in or capital surplus, or land, building, or equipment fund. Retained earnings, endowment, accumulated income, or other funds. Total net assets or fund balances. B06,514 32 816,700 Total liabilities and net assets/fund balances. B64,514 33 1,174,944 | 83 | | | | | |
| 29 Capital stock or trust principal or current funds | Fund | | Organizations that do not follow FASB ASC 958, check here ▶ □ | | | |
| 30 Paid-in or capital surplus, or land, building, or equipment fund | ŏ | 20 | · · · · · · · · · · · · · · · · · · · | TASKA TASKA DARKA BALAN BALAN BALAN BALAN BALAN BALAN BALAN BALAN BALAN BALAN BALAN BALAN BALAN BALAN BALAN BA | 30 20 | Esta Grande and Alexandria (1977) |
| 31 Retained earnings, endowment, accumulated income, or other funds | 2 | | | | | |
| 32 Total net assets or fund balances | 556 | | | | ****** | THE REPORT OF THE PARTY OF |
| Z 33 Total liabilities and net assets/jund balances 964.054 33 1.174.940 | 4 | - | | 60G 51A | | 816.700 |
| | 2 | 33 | Total liabilities and net assets/fund balances | | | 1,174,940 |

Form **990** (2019)

| | N (2018) | | | Pa | ge 12 |
|------|--|----------------------|---------------------------------------|-----|----------|
| Pari | XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | . , . | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 52 | 4,943 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 43 | 0,638 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 9 | 4,305 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | | 60 | 6,514 |
| 5 | Net unrealized gains (losses) on investments | 5 | | • | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | · · · · · · · · · · · · · · · · · · · | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | 11 | 5,881 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | |
| D | 32, column (B)) | 10 | | 81 | 6,700 |
| Part | Financial Statements and Reporting | | | | |
| · | Check If Schedule O contains a response or note to any line in this Part XII | | <u> </u> | | |
| | According to the second | | Sir. SPECTURE | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash Accruai Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," a Schedule Q. | xplain | In I | | |
| 28 | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 28 | 1 | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were conreviewed on a separate basis, consolidated basis, or both: Separate basis Gonsolidated basis Both consolidated and separate basis | npiled | Q | | |
| þ | Were the organization's financial statements audited by an independent accountant? | | 26 | | 1 |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audi separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis | ted on | а | | |
| c | | | POLICE | | HERE EST |
| C | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over the audit, review, or compilation of its financial statements and selection of an independent accounts | | Of 2c | 1 | |
| | If the organization changed either its oversight process or selection process during the tax year, as Schedule Q. | | | | |
| 3а | As a result of a federal award, was the organization required to undergo an audit or audits as set to Single Audit Act and OMB Circular A-133? | | 3a | | ✓ |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not underguired audit or audits, explain why on Schedule O and describe any steps taken to undergo such a | lergo ti ludits . | he 3b | | |

Farm **990** (2018)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

| Name | ne of the organization Employer identification number | | | | | | | | | |
|-------|---|---------------------------------------|--|---|------------------------|--|---|--|--|--|
| | it & Homeownership Empowerment 5 | | | | | 27-36 | 93233 | | | |
| Pat | | | | | | | ons. | | | |
| 1 | organization is not a private founda | ition decause it i | s: (For lines 1 through | 1 12, check | conty of | 18 DDX.} | 11 | | | |
| 2 | A school described in section | 1705\(\frac{1}{4}\)(6) | (Attach Schadula E /E | ioen nan see | - 000 E | υξοχί Γ χί κ ιζίη. 20 ξ | 1 | | | |
| 3 | A hospital or a cooperative hospital | | | | | | 151 | | | |
| 4 | A medical research organization hospital's name, city, and state | on operated in co | onjunction with a hosp | oital descri | ibed in s | section 170(b)(1)(A) | (iii). Enter the | | | |
| 5 | An organization operated for section 170(b)(1)(A)(iv). (Com | | college or university | owned or | operate | ed by a government | al unit described in | | | |
| 6 | A federal, state, or local govern | ment or govern | mental unit described | In section | n 170(b) | (1)(A)(v). | | | | |
| 7 | | | | | | | | | | |
| 8 | A community trust described in | n section 170(b) | (1)(A)(vi). (Complete | Part (I.) | | | | | | |
| 9 | An agricultural research organi or university or a non-land-gra- university: | zation described nt college of agr | in section 179(b)(1) iculture (see instruction | (A)(lx) ape ons). Enter | rated in the nan | conjunction with a ine, city, and state of | and-grant college the college or | | | |
| 10 | An organization that normally receipts from activities related support from gross investment acquired by the organization at | to its exempt full income and unit | nctions—subject to c related business taxal | ertain exce ble income | eptions, e (less se | and (2) no more that | n 331/3% of its | | | |
| 11 | An organization organized and | | | | | | | | | |
| 12 | An organization organized and | | | | | | | | | |
| | of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. | | | | | | | | | |
| а | Type I. A supporting organ the supported organization supporting organization. Ye | (s) the power to | regularly appoint or e | lect a mak | s suppo ority of t | rted organization(s), he directors or trust | typically by giving eas of the | | | |
| b | control or management of t | the supporting o | rganization vested in | the same | | | | | | |
| c | | rated. A support | ting organization oper | rated in co | | | ally integrated with, | | | |
| | Its supported organization(| • • | • | | • | | | | | |
| d | Type III non-functionally integrated in that is not functionally integrated requirement (see instruction | wated. The orga | nization generally mu | st satisfy a | distribu | ition requirement an | | | | |
| е | Check this box if the organ functionally integrated, or T | | | | | | II, Type III | | | |
| f | Enter the number of supported of | • | | | | | [] | | | |
| g | Provide the following information | | | | | F | | | | |
| | (i) Name of supported organization | (II) EIN | (RI) Type of organization (described on lines 1-10 above (see instructions)) | (iv) is the on listed in your docum | governing | (V) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) | | | |
| | | | The succession of the successi | Yes | No | | | | | |
| (A) | | | | | | - With the state of the state o | · | | | |
| (B) | | | | | | | | | | |
| (C) | | | | | | | <u>ئەتقادە جۇدان ئېسىمىدىدىن چېنى دە ھەسەسى</u> | | | |
| (D) | | | | | | | | | | |
| (E) | | | | | | | , | | | |
| Total | 1 | | | 14 Jac 1 | "这条数 | | | | | |

| Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify un | | | | | | | alify under |
|---|---|--|--|------------------------|--|--|--|
| 6 | Part III. If the organization fails to | o qualify unde | er the tests lis | ted below, pl | lease comple | te Part III.) | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |
| | ion A. Public Support | | | | | | - |
| | ndar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not | 1 | | | | | |
| | include any "unusual granta.") | | | | | | |
| 2 | | 203,841 | 374,703 | 400,441 | 398,474 | 524,943 | 1,902,020 |
| 2 | Tax revenues levied for the organization's benefit and either pald | [| | | İ | | |
| | to or expended on its behalf | i i | | | 1 | | |
| 3 | The value of services or facilities | | | | | | |
| J | furnished by a governmental unit to the |] | | | | | |
| | organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3. | 202 044 | 374,703 | 400.444 | *** | 504.040 | |
| - | | 203,841 | 374,703 | 400,441 | 398,474 | 524,943 | 1,902,020 |
| 5 | The portion of total contributions by | | | | | 1000 | |
| | each person (other than a governmental unit or publicly | | | | | | |
| | supported organization) included on | | | | | | |
| | line 1 that exceeds 2% of the amount | | | | | | |
| | shown on line 11, column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 10 MM |
| Sect | on B. Total Support | Maria Dissiliano de Ratione | | works have a secretary | Market Control Control (1975) | MONTH OF THE PARTY | -10)00 0 |
| Caler | dar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 7 | Amounts from line 4 | 203,841 | 374,703 | | 398,474 | | 1,902,020 |
| 8 | Gross income from interest, dividends, | | | | 7 | | · · · · · · · · · · · · · · · · · · · |
| | payments received on securities loans, | | | | | | |
| | rents, royalties, and income from | | | | | | |
| | almilar sources | | | | | | |
| 9 | Net income from unrelated business | l | | | | | |
| | activities, whether or not the business | | | | | 1 | |
| | is regularly carried on | | | | | | ···· |
| 10 | Other Income. Do not include gain or | 1 | | | | | |
| | loss from the sale of capital assets (Explain in Part VI.) | | • | | | | |
| 44 | | The company of the State of the | 19************************************ | PARAMETER STORY | All the state of t | θειλέιν πενιστο πουστάτητο. | |
| 11 12 | Total support. Add lines 7 through 10 Gross receipts from related activities, etc | (600) | | | | | 1,902,020 |
| 13 | First five years. If the Form 990 is for the | • | • | | | 12 | 501(c)(2) |
| 10 | organization, check this box and stop he | | | | | edi as a section | |
| Secti | on C. Computation of Public Suppor | | e | | | | |
| 14 | Public support percentage for 2019 (line | | | 1. column (fi) | | 14 | 100 % |
| 15 | Public support percentage from 2018 Sci | | | | | 15 | 100 % |
| 16a | 331n% support test-2019. If the organi | | | | id line 14 is 33 | 79% or more, | check this |
| | box and stop here. The organization qua | lifies as a publ | icly supported | organization | | . , | · · ▶ ☑ |
| þ | 331/a% support test-2018. If the organi | | | | | | pre, check |
| | this box and stop here. The organization | qualifies as a | publicly suppor | rted organizati | on . , . , | | 🕨 🗵 |
| 17a | 10%-facts-and-circumstances test-2 | 019. If the orga | anization did n | ot check a box | c on line 13, 11 | Ba, or 16b, and | line 14 ls |
| | 10% or more, and if the organization me | eats the "facts | -and-circumsta | ances" test, ch | eck this box e | ind stop here. | Exptain in |
| | Part VI how the organization meets the | facts-and-circ | umstances" te | st. The organia | zation qualifies | as a publicly : | supported |
| | organization | | | | | | 🕨 📮 |
| b | 10%-facts-and-circumstances test-2 | | | | | | |
| | 15 is 10% or more, and if the organiza | | | | | | |
| | Explain in Part VI how the organization r | | | | | | |
| | supported organization | | | | | | |
| 18 | Private foundation. If the organization di | | | | | | |
| | instructions | · · · · · | | | | | |
| | 1 | | | | Sch | edule A (Form 990 | or 990-EZ) 2019 |

| | 6 A (Form 990 or 990-EZ) 2019 | | | | | | Page/S |
|-------------|---|------------------|------------------|-------------------|------------------|---|---------------------|
| Part | | | | | | | 7 |
| | (Complete only if you checked the | | | | | | nder Part II. |
| Castl | If the organization fails to qualify | under the te | ests listed bei | ow, please co | omplete Pan | 11.) | |
| | on A. Public Support | (-) 0045 | T 010010 | | 15.0040 | 1 1 1 22/2 | -/ |
| Calen | dar year (or fiscal year beginning in) > Gifts, grants, contributions, and membership fees | (a) 2016 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | f) Total |
| ' | received. (Do not include any "unusual grants.") |] | | 1 | | | / |
| 2 | Gross receipts from admissions, merchandise | | | | | / | 1 |
| | sold or services performed, or facilities furnished in any activity that is related to the | | İ | | | | |
| | organization's tax-exempt purpose | | | | | | İ |
| 3 | Gross receipts from activities that are not an | | | | | | |
| | unrelated trade or business under section 513 | | | <u> </u> | | | <u> </u> |
| 4 | Tax revenues levied for the | | "" | | | | |
| | organization's benefit and either paid to | | | | | | Ì |
| _ | or expended on its behalf | | ļ | | / | | |
| 5 | The value of services or facilities | | I | | | | |
| | furnished by a governmental unit to the organization without charge | | Į | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | ! |
| - | Amounts included on lines 1, 2, and 3 | | | | -/ | | |
| | received from disqualified persons . | | | 1 | | | |
| b | Amounts included on lines 2 and 3 | - | | | | | |
| | received from other than disqualified | | | | | | |
| | persons that exceed the greater of \$5,000 | | | | | | |
| | or 1% of the amount on line 13 for the year | | | | | *************************************** | |
| | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from | | | | | | |
| Spoti | line 6.) | | | | | | <u> </u> |
| | dar year (or fiscal year beginning in) | (a) 2015 | (b) 2016/ | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 9 | Amounts from line 6 | (4) 2015 | 107 2010 | (0) 2013 | 10,2010 | (6) 2013 | 101.0101 |
| 10a | | | / | | | | |
| | payments received on securities loans, rents, | | | | | | |
| | royalties, and income from similar sources . | | | | | | |
| b | Unrelated business taxable income (less | | | | | | |
| | section 511 taxes) from businesses | | 1 | | | | |
| | acquired after June 30, 1975 | | _ | | | | |
| | Add lines 10a and 10b | | ļ | ļ | | | |
| 11 | Net income from unrelated business activities not included in line 10b, whether | | | | | | |
| | or not the business is regularly carried on | | | | | | |
| 12 | Other Income. Do not include gain or | / | | | | | |
| | loss from the sale of capital assets | | | | | | |
| | (Explain in Part VI.) / | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | 1 |
| | and 12.) | | <u> </u> | <u> </u> | | <u> </u> | |
| 14 | First five years. If the Form 990 is for the | | | | | | |
| | organization, check this box and atop he | | | · · · · · · | <u> </u> | | . , . 🏲 🛚 |
| | on C. Computation of Public Suppor | | | to selve of | | 146 | % |
| 15 | Public support percentage for 2019 (line | | | | | 15 | 78 96 |
| 16 Secti | Public support percentage from 2018 Sci | | | | | | 70 |
| 17 | tion D. Computation of Investment Income Percentage Investment income pergentage for 2019 (line 10o, column (f), divided by line 13, column (f) | | | | | | |
| 18 | | | | | | | |
| 19a | 3310% support tests-2019. If the organ | ization did not | t check the box | x on line 14, a | nd line 15 is m | nore than 331/a | %, and line |
| | 17 is not more than 331/3%, check this box | and stop here | . The organizati | es esillaup noi | a publicly supp | orted organizat | tion . 🏲 📋 |
| b | 331a% support tests - 2018. If the organiz | zation did not e | check a box on | line 14 or line ' | 19a, and line 10 | is more than | 331a%, and |
| | line 18 is not more than 331/2%, check this | box and stop i | here. The organ | ization qualifies | as a publicly s | inbbouted orda | nization 🕨 🔲 |
| 20 | Private foundation. If the organization d | id not check a | box on line 14 | , 19a, or 19b, | check this box | and see Instru | ections 🕨 🔲 |

.

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

| Sec | tion | A. | Alf | Supporting Organizations |
|-----|------|----|-----|--------------------------|
|-----|------|----|-----|--------------------------|

supporting organizations)? If "Yes," answer 10b below.

determine whether the organization had excess business holdings.)

| ecti | on A. Ali Supporting Organizations | | 4 | |
|------------|---|----|-----|----|
| | | | Yes | No |
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. | 1 | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). | 2 | | |
| 3 a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. | 38 | | |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. | 3b | | |
| C | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | 36 | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below. | 48 | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. | 4b | | |
| ¢ | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," oxplain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(8) purposes. | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). | 58 | | |
| þ | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | 55 | | |
| C | Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (I) its supported organizations, (II) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L. (Form 990 or 990-EZ). | | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | 8 | | |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. | 9: | | |
| Þ | Did one or more disqualified persons (as defined in fine 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. | 9b | | |
| C | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. | 9c | | |
| 0a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type III supporting organizations, and all Type III non-functionally integrated | | | |

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

10a

10b

| Part | IV Supporting Organizations (continued) | |
|-------|--|--|
| | and the same and the same same same same same same same sam | Yes No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | |
| 8 | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | |
| | below, the governing body of a supported organization? | 110 |
| b | A family member of a person described in (a) above? | 116 |
| | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 110 |
| Secti | on B. Type I Supporting Organizations | 1 |
| | | Yes No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | 5.42 |
| | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | |
| | controlled the organization's activities, if the organization had more than one supported organization, | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | The state of the s |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part | |
| | Vi how providing such benefit camed out the purposes of the supported organization(s) that operated, | |
| | supervised, or controlled the supporting organization. | 2 |
| Secti | on C. Type II Supporting Organizations | |
| | | Yes No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | |
| | the supported organization(s). | 1 |
| Secti | on D. All Type III Supporting Organizations | |
| | | Yes No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 4 |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | |
| _ | | 2 |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | |
| | significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | |
| | supported organizations played in this regard. | 3 |
| Secti | on E. Type III Functionally Integrated Supporting Organizations | |
| 1 | Check the box next to the method that the organization used to satisfy the integral Part Test during the year (see | instructions) |
| | The organization satisfied the Activities Test. Complete line 2 below. | 6 |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | |
| c | ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity | (see instructions). |
| 2 | Activities Test. Answer (a) and (b) below. | Yes No |
| a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | |
| | how the organization was responsive to those supported organizations, and how the organization determined | |
| | that these activities constituted substantially all of its activities. | 28 |
| ь | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | |
| _ | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | |
| | activities but for the organization's involvement. | 2b |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | |
| 8 | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | |
| | trustees of each of the supported organizations? Provide details in Part VI. | 3a |
| ь | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 36 |

| Schedute A | Form | 900 0 | 990-630 | 2010 |
|--------------|------------|----------|---------|------|
| CONTRACTOR P | 1 31 OH 11 | וט טפש ו | Paureli | CUID |

Page 6

| Part V Type III Non Functionally Integrated 509(a)(3) Supporting Or | aan | izations | , age a |
|--|-------|-----------------------------|---|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ | tru | st on Nov. 20, 1970 (expla | in in Part VI). See ins A through E. |
| Section A—Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3. | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Section B-Minimum Asset Amount | 10 | (A) Prior Year | (B) Current Year (optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see | | | |
| instructions for short tax year or assets held for part of year): | | | |
| a Average monthly value of securities | 10 | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | ic | | |
| d Total (add lines 1a, 1b, and 1c) | 10 | | |
| e Discount claimed for blockage or other | | | |
| factors (explain in detail in Part VI): | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d. | 3 | | |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by .035. | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 18 | | |
| Section C—Distributable Amount | | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 Enter 85% of line 1. | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 Enter greater of line 2 or line 3. | 4 | | |
| 6 Incomo tax imposed in prior year | 5 | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | | |
| 7 Check here if the current year is the organization's first as a non-functional instructions). | ly in | tegrated Type III supportin | g organization (see |

| Secr | tion DDistributions | | | Current Year |
|----------|--|--|--|---|
| 1 | Amounts paid to supported organizations to accomplish | exempt purposes | in Tourist or the Control of the Con | |
| 2 | | empt purposes of supp | orted | CONTRACTOR OF THE PARTY OF THE |
| | organizations, in excess of income from activity | | | |
| 3 | | coses of supported orga | anizations | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5_ | | | | · · · · · · · · · · · · · · · · · · · |
| 8 | The state of the s | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to whice (provide details in Part VI). See instructions. | th the organization is re | sponsive | |
| 9 | Distributable amount for 2019 from Section C, line 6 | ······································ | | |
| 10 | Line 8 amount divided by line 9 amount | | | * (r. comments of the comment |
| Sect | ion E-Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 |
| 1 | Distributable amount for 2019 from Section C, line 6 | | | · · · · · · · · · · · · · · · · · · · |
| 2 | Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2019 | | | and the second second |
| 8 | From 2014 | | | |
| b | From 2015 | | | |
| 0 | From 2016 | STATE OF THE STATE | | |
| d | From 2017 | | | |
| 8 | From 2018 | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2019 distributable amount | | | |
| 1 | Carryover from 2014 not applied (see instructions) | | | |
| <u>j</u> | Remainder, Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2019 from | | | |
| | Section D, line 7: | | | |
| 8 | | | | |
| b | Applied to 2019 distributable amount | | | |
| 0 | | | | |
| 5 | Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. | and the second | | |
| 6 | Remaining underdistributions for 2019. Subtract lines 3h | | | VARSA |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2020. Add [mes 3] and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| а | Excess from 2015 | | | |
| b | Excess from 2016 | | | |
| C | Excess from 2017 | | | |
| d | Excess from 2018 | | | |
| 6 | Excess from 2019 | | | |

Schedule A (Form 890 or 890-EZ) 2019

| Schedule A (F | om 990 or 990-EZ) 2019 Page 8 |
|---|---|
| Part VI | 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, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) |
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Schedule A (Form 990 or 990-EZ) 2019

SCHEDULE D (Form 990)

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, 11t, 12a, or 12b.

Attach to Form 990.

to to www.irs.gov/Form990 for instructions and the latest informations.

OMB No. 1545-0047 2019

Department of the Treasury

Open to Public

| Name | if the organization | | Employer Identification number |
|--------|--|--|--|
| Credit | & Homeownership Empowerment Services, Inc. | | 27-36 9 3233 |
| Pai | Organizations Maintelning Donor Adv | | s or Accounts. |
| | Complete if the organization answered " | Yes" on Form 990, Part IV, line 6. | |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor funds are the organization's property, subject to the | | |
| 6 | Did the organization inform all grantees, donors, as only for charitable purposes and not for the benefit conferring impermissible private benefit? | it of the donor or donor advisor, or for | any other purpose |
| Par | Conservation Easements. | | · · · · · · · · · · · · · · · · · · · |
| , 01 | Complete if the organization answered " | Yes" on Form 990. Part IV. line 7. | |
| 1 | Purpose(s) of conservation easements held by the | | THE PERSONS |
| • | Preservation of land for public use (for example, recre | | a historically important land area |
| | Protection of natural habitat | | a certified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization hel | ld a qualified conservation contribution | in the form of a conservation |
| | easement on the last day of the tax year. | • | Held at the End of the Tax Year |
| a | Total number of conservation easements | | . 2a |
| b | Total acreage restricted by conservation easements | | . 2b |
| c | Number of conservation easements on a certified hi | istoric structure included in (a) | . 2c |
| đ | Number of conservation easements included in (historic structure listed in the National Register | o) acquired after 7/25/06, and not o | 1 1 |
| 3 | Number of conservation easements modified, trans tax year ▶ | - | ilnated by the organization during the |
| 4 | Number of states where property subject to conserve | vation easement is located > | ******** |
| 5 | Does the organization have a written policy reg violations, and enforcement of the conservation eas | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspec | ting, handling of violations, and enforcing | conservation easements during the year |
| 7 | Amount of expenses incurred in monitoring, inspecting \$ \inc \\$ | g, handling of violations, and enforcing o | conservation easements during the year |
| 8 | Does each conservation easement reported on line and section 170(h)(4)(B)(ii)? | | Yes 🗌 No |
| 9 | in Part XIII, describe how the organization reports of balance sheet, and include, if applicable, the text of organization's accounting for conservation casemer | the footnote to the organization's fina | and expense statement and ncial statements that describes the |
| Part | Organizations Maintaining Collections Complete if the organization answered " | of Art, Historical Treasures, or C Yes" on Form 990, Part IV, line 8. | Other Similar Assets. |
| 1a | If the organization elected, as permitted under FAS of art, historical treasures, or other similar assets service, provide in Part XIII the text of the footnote to | held for public exhibition, education, | or research in furtherance of public |
| b | If the organization elected, as permitted under FAS art, historical treasures, or other similar assets held provide the following amounts relating to these item. | SB ASC 958, to report in its revenue si for public exhibition, education, or res | tatement and balance sheet works of |
| | (ii) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X | | ► \$ |
| 2 | If the organization received or held works of art, following amounts required to be reported under FA | historical treasures, or other similar | asses for minimal date, bioarda me |
| a b | Revenue included on Form 990, Part VIII, line 1 . Assots included in Form 990, Part X | | |

| Schedu | MS D (Fazm 990) 2019 | | | | | | | Page 2 |
|--------|--|---------------------|--------------|--------------------------|---|----------------|--|---------------------------------------|
| Par | till Organizations Maintaining | Collections of | Ārī, His | torical T | reasures | or O | ther Similar As | sets (continued) |
| 3 | Using the organization's acquisition, collection items (check all that apply); | accession, and of | lher reco | rds, chec | k any of th | e follov | ving that make s | ignificant use of its |
| a | Public exhibition | | d | □ Loan i | or exchang | e nma | mm | |
| ь | Scholarly research | | ė | ☐ Other | or exonally | le bioâ | LOUIT | |
| C | Preservation for future generations | | e | C) Onles | *********** | | | |
| 4 | J | | | | | | | |
| | Provide a description of the organization. | | | | | | | |
| 5 | During the year, did the organization | solicit or receive | donation | is of art, | historical ti | reasure | s, or other simila |), |
| | assets to be sold to raise funds rather | than to be mainte | ained as I | part of the | organizat | on's co | ollection? . | 🗌 Yes 🔲 No |
| Par | | engements. | | | | | , | |
| | Complete if the organization 990, Part X, line 21. | answered "Yes | " on For | m 990, F | Part IV, line | е 9, ог | reported an an | ount on Form |
| 18 | is the organization an agent, trustee. | custodian or att | ner intern | nediary fo | r contribut | dons o | r other assets no | x |
| _ | included on Form 990, Part X? | , | | | | | | 🗌 Yes 🔲 No |
| Þ | If "Yes," explain the arrangement in Pa | art XIII and compi | ete the fo | diowing to | able: | | | |
| | | | | | | | A | mount |
| C | Beginning balance | | | | | 10 | • | |
| đ | Additions during the year | | | | , , , , | 10 | | |
| e | Distributions during the year | | | | _ | 10 | | ····· |
| f | Ending balance | | | | _ | 11 | | |
| 2a | Did the organization include an amount | nt on Form 990. P | art X. line | 21. for e | scrow or o | | | 7 Ves Ma |
| ь | If "Yes," explain the arrangement in Pr | art XIII. Check her | a if the e | rnlenetior | han heen | neauldi | ari en Bast Yill | |
| Par | V Endowment Funds. | WE MAIL CHOCK HOL | 0 11 1110 07 | rpianauoi | 17:02 0001 | Provio. | GO ON PART AIR . | <u>-, , , U</u> |
| - | Complete if the organization | ancward #Vea | P AR Eas | OOG E | Dank IV Sm. | . <^ | | |
| | Complete it title organization | | | | | | | |
| | 6 | (a) Current year | (b) P() | or year | (c) Two year | e Dack | (d) Three years back | (e) Four years back |
| 18 | Beginning of year balance | | L | | · · · · · · · · · · · · · · · · · · · | | | |
| Þ | Contributions | | 1 | | | | | |
| ¢ | Net investment earnings, gains, and losses | | | | 210 | | | |
| đ | Grants or scholarships | | | | | | | |
| e | Other expenditures for facilities and | | | | | | | 1 |
| | programs | | ĺ | Į | | | | |
| f | Administrative expenses | | | | | | | |
| 9 | End of year balance | | | | | | | · |
| 2 | Provide the estimated percentage of t | be ourset was or | d bolean | - /i 1- | *** | 11 5-1- | | 1 |
| | | | NO DANAHIO | e (mæ ig. | , colonin ta |)) rjejtu | as. | |
| 8 | Board designated or quasi-endowmer | 1 | | | | | | |
| Ь | Permanent endowment | % | | | | | | |
| C | Term endowment ▶% | | | | | | | |
| | The percentages on lines 2a, 2b, and | • | | | | | | |
| 3a | Are there endowment funds not in the organization by: | possession of the | ne organia | zation tha | it are held | and ad | ministered for the | Yes No |
| | (i) Unrelated organizations | | | | | | | 3a(i) |
| | (ii) Related organizations | | | | | | | 3a(ii) |
| b | If "Yes" on line 3a(ii), are the related or | | | | | | | 3b |
| 4 | Describe in Part XIII the Intended uses | of the organization | nn'e enric | wment fi | inde | | | L <u>ve</u> 1 |
| Part | | | 511 G C1144 | WHIT TO THE TE | | | | |
| | Complete if the organization | | " on Ea- | m 000 m | art IV II | . 44- | Qaa Earr 000 | Dort V. Ilon 40 |
| | | | | | . ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| | Description of property | (a) Cost or of | | | r other basis ther) | | Accumulated apreclation | (d) Book value |
| 1a | Land | | | | 34,420 | | | |
| b | Buildings | | | | 822,642 | | 18,290 | · · · · · · · · · · · · · · · · · · · |
| c | Leasehold improvements | | | | | | | |
| d | Equipment | | | | 34,112 | ,, | CANAL CONTRACTOR OF THE PERSON AND PERSON AN | |
| 6 | Other | · [| | | 324, 1 12 | | | |
| | Add lines 1e through 1e. (Column (d) n | ourt gauel Form O | On Part | · ~~ | (B) line of | 20.3 | | |
| | rad also is unough is locatili (d) ii | instantiniii s | JU, Fatt | 1, 44 1411111 | 100/2 1/10 10 | ~17 | | 872,884 |

Schedute D (Form 990) 2019

Schedule D (Form 990) 2019

| | Investments—Other Securities. Complete if the organization answered "Yes" on Fo | orm QQA Dart IV III | na 11h Can Farm | a 600 Bart V II-a 40 |
|---|--|-----------------------|---|--|
| | (a) Description of security or category | (b) Book value | (o) Me | shod of valuation. |
| di Einana'a | (including name of security) | | Cost or ent | d-of-year market value |
| | derivatives | | - <u></u> | |
| 2) Other | retured unity interests | | <u> </u> | |
| (A) | | | | |
| | | ·· | | |
| /mi | | | | |
| (D) | ~ ~~~~~ | - | | |
| (E) | | · | | ~ |
| (F) | | | + | |
| (G) | | | 7 | |
| (H) | | | - CONTRACTOR OF THE PERSON OF | |
| otal. (Colu | mn (b) must equal Form 990, Part X, col. (B) line 12.) . 🕨 | | | |
| Part VIII | Investments-Program Related. | | | |
| ···· | Complete if the organization answered "Yes" on Fo | rm 990, Part IV, lir | ne 11c. See Form | 990, Part X, line 13. |
| | (a) Description of investment | (b) Book value | (c) Mer | thod of valuation: I-of-year market, value |
| (1) | | | | The Control of the Co |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | The state of the s | | 10:20:00 | |
| (7) (9) | | | <u> </u> | · |
| (8) (8) | | | ļ | · · · · · · · · · · · · · · · · · · · |
| | mn (b) must equal Form 990, Part X, col. (B) line 13.) . 🕨 | | | |
| Part IX | Other Assets. | <u> </u> | | |
| | | | | |
| | Complete if the organization answered "Yes" on Fo | rm 990, Part IV, lir | e 11d. See Form | 990, Part X, line 15. |
| | Complete if the organization answered "Yes" on Fo | rm 990, Part IV, lir | ne 11d. See Form | 990, Part X, line 15. |
| (1) | | rm 990, Part IV, lir | ne 11d. See Form | The second secon |
| | | rm 990, Part IV, lir | ne 11d. See Form | The second secon |
| (2) (3) | | rrn 990, Part IV, lir | ne 11d. See Form | The second secon |
| (2) (3) (4) | | rrn 990, Part IV, lir | ne 11d. See Form | The second secon |
| (2) (3) (4) (5) | | rrn 990, Part IV, lir | ne 11d. See Form | The second secon |
| (2) (3) (4) (5) | | rm 990, Part IV, lir | ne 11d. See Form | The second secon |
| (2) (3) (4) (5) (6) (7) | | rm 990, Part IV, lir | ne 11d. See Form | The second secon |
| (1) (2) (3) (4) (5) (6) (7) (8) | | rm 990, Part IV, lir | ne 11d. See Form | The second secon |
| (2) (3) (4) (5) (6) (7) (8) (9) | (a) Description | | | The second secon |
| (2) (3) (4) (5) (6) (7) (8) (9) | mn (b) must equal Form 990, Part X, col. (B) (ine 15.) | rm 990, Part IV, lir | | The second secon |
| (2) (3) (4) (5) (6) (7) (8) (9) | mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Fo | | | (b) Book value |
| (2) (3) (4) (5) (6) (7) (8) (9) Total, (Columnia) | mn (b) must equal Form 990, Part X, col. (B) fine 15.) Other Liabilities. | | | (h) Book value |
| (2) (3) (4) (5) (6) (7) (8) (9) Fotal, (Columnary) | mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Foline 25. (a) Description of liability | | | (b) Book value |
| (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colui Part X | mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Foline 25. (a) Description of liability | | | (h) Book value |
| (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Colui Part X | mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Foline 25. (a) Description of liability | | | (h) Book value |
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| (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colui Part X (1) Federal In (2) (3) (4) | mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Foline 25. (a) Description of liability | | | (h) Book value |
| (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Colui Part X | mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Foline 25. (a) Description of liability | | | (h) Book value |
| (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colui Part X (1) Federal In (2) (3) (4) (5) | mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Foline 25. (a) Description of liability | | | (h) Book value |
| (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colui Part X (1) Federal In (2) (3) (4) (5) (6) | mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Foline 25. (a) Description of liability | | | (h) Book value |
| (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colui Part X (1) Federal In (2) (3) (4) (5) (6) (7) | mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Foline 25. (a) Description of liability | | | (b) Book value |

| Schedul | e D. (Tarm 980) 2019 | | Page 4 |
|---------|---|---|----------------------------|
| Part | Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, | ents With Revenue pe | er Return. |
| 1 | Total revenue, gains, and other support per audited financial statements | t dicty, into 12d. | 11 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | 1749/274 |
| a | Net unrealized gains (losses) on investments | 2a | |
| b | Donated services and use of facilities | 2b | [633] |
| c | Recoveries of prior year grants . | | |
| ď | Other (Describe in Part XIII.) | 20 | |
| | Acid lines On through Od | | |
| 3 | Subtract line 2e from line 1 | | 20 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | 1 | 3 |
| | Investment expenses not included on Form 990, Part VIII, line 7b | 1 1 | |
| b | Other (Describe in Part XIII.) | 40 | |
| - | Add lines 4a and 4b | 46 | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line | | 40 |
| Part | YIL Reconciliation of Expenses and Audited Street of Chate | 12.) | 5 |
| 1 (01 (| Complete if the organization answered "Yes" on Form 990, | nents with Expenses Part IV, line 12a. | per Return. |
| 1 | | | 11 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| а | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 26 | |
| c | Other losses | 2c | |
| d | | 2d | ST |
| 0 | Add lines 2a through 2d | | 2e |
| 3 | Subtract line 2e from line 1 | - , , , | 3 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | 1 1 | 7000 |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| - | Add lines 4s and 4b | | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin | | 40 |
| | Supplemental Information. | ie 18.) | 5 |
| 2; Part | a the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | to provide any additional | information. |
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| | | | Schedule D (Form 990) 2019 |

| Schedule D (Fo | rm 990) 2018 | Page 5 |
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| Part XIII | Supplemental Information (continued) | rape v |
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Schedule D (Form 990) 2019

| (Form 990) | | Some Some | emments | , and individ | fuals in the Tree Tree Tree Tree Tree Tree Tree Tr | Governments, and individuals in the United States complete if the organization answered "yes" on Form 890, Part IV, lite 21 or 22. | -1 | 2019 |
|--|---|--------------------------------|------------------------------------|--------------------------------------|--|--|--|---------------------------------------|
| Cooperment of the Treasury Internal Pewsins Service | | | ¥ 00 ts | r Attach tr ww./rs.gov/Form9 | * Attach to Form 980. * Go to www.irs.gov/Form980 for the latest information. | отпайол | | Open to Public Inspection |
| Name of the organization | | | | | | | Employer | Emphyer identification number |
| A. | Impowentent Service | es, the. | | | | | | 27-396223 |
| Pari General Inf | General Information on Grants and Assistance | nts and Ass | istance | | | | والمراجعة والمرا | |
| 1 Does the organiza | hon maintain record | ts to substant | late the amou | nt of the grants o | r assistence, the (| rantees eligibility fo | Does the organization maintain records to substantistic the amount of the grants or essistance, the grantees' eligibility for the grants or essistance, and | Ş |
| 2 Describe in Part IV | the selection chiefla used to award the grains of assistance? Describe in Pert IV the organization's procedures for monitoring the use of anart funds in the United States. | e grams or as procedures fo | satance? A monitorina (| he use of great fu | unds in the United | States, | | . (2) T88 |
| Part II Grants and Part IV. Ins | Grants and Other Asustance to Domestic Organizations and Domestic Governments. Complete if the organization Part IV, five 21, for any recitient that received more than \$5.000, Part II can be dudicated if additional scene is needed. | to Domes | rtic Organization | ations and Don | nestic Governm Il can be dudic | ents. Complete if | Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, She 21, for any recipient that received more than \$5,000, Part II can be dudicated if additional scare is needed. | wed "Yes" on Form 9 |
| 1 (a) Namo and address of organization or government | gardzalion (Da | 20 20 | (c) IRC section (if applicable) | BB Amount of each (pearl | (a) Amount of non- oath étaidaníce | (f) Method of valuation docut, Plety, expendent, other) | (g) Description of noncoch essistance | (b) Purpose of great or negisterce |
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| 2 Enter total number | Enler total number of section 501(c)(3) and government organizations listed in the line 1 table |) and governm | nent organiza | bons listed in the | line 1 table | | | A |
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Open to Public

OMB No 1545-0047

Internal Reversie Service ➤ Go to www.irs.gov/Parms90 for the latest information. Inspection Name of the organization Employer identification number Credit & Homeownership Empowerment Services, Inc. 27-3693233 Part IV Section B-11-b: Form 990 and supplemental schedules are provided to all board members for review prior to filing. Part IV Section B-12-c: Annual review of Conflict of interest policy is conducted by all board members. Any potential affiliation and/or contract is reviewed by the entire board to identify any current or potential conflict of interest. Part IV Section C-18: All governing documents, conflict of interest policy and financial statemetrs are made available upon request. Part XI - Line 9; Increase in net assets are a result in improvements to real estate owned.