_{rm}`990

Return of Organization Exempt From Income Tax

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

20**18**

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For the 2	2018 cale	endar year, or tax year beginning January 1, 2018, ar	nd ending[Decembe	r 31	, 20 18	
В	Check if a	pplicable	C Name of organization_Health-Care, Education, & Living in Poverty, In	ıc.	DE	Employ∈	er identification numb	er
	Address c	hange	Doing business as N/A				47-2735838	
$\overline{\Box}$	Name cha	_	Number and street (or P O. box if mail is not delivered to street address)	Room/suite	ΕT	elephor	ne number	
$\overline{\mathbb{Z}}$	Initial retui		1629 K Street NW	300			240-535-8445	
$\ddot{\Box}$		/terminated						
H	Amended		Washington, DC 20006		60	Gross ra	ceipts \$ 203.3	326.00
Η				- Intervie	_		subordinates? Yes	
ш	Applicatio	n penaing	Hame and address of principal officer				s included? Yes	
				n(b)			list. (see instructions)	1140
<u> </u>	Tax-exem		✓ 501(c)(3)	<u> </u>				
<u></u>	Website:		w.pauperismusa.org				number ▶	
_		<u> </u>		r of formation	2015	vi State	of legal domicile	DC
P	art i	Summ						
		-	escribe the organization's mission or most significant activities:					
Governance			menclature of itself seeks to provide Persons with Mental Disorders					a
ī			m of services and programs, including education & financial with en					
Ver	1		his box $ ightharpoonup$ if the organization discontinued its operations or dis	sposed of more	than 25)% of	its net assets.	
Ĝ			of voting members of the governing body (Part VI, line 1a)			3		3
∞ ŏ ∨	1		of independent voting members of the governing body (Part VI,	· ·		4		0
ţ	5	Fotal nun	mber of individuals employed in calendar year 2018 (Part V, line :	2a)		5		0
Activities	6	rotal nun	mber of volunteers (estimate if necessary)			6		4
ě			related business revenue from Part VIII, column (C), line 12 .			7a		0
	1 d	Net unrel	lated business taxable income from Form 990-T, line 38	<u>ec</u>		7b		0
			stated business taxable income from Form 990-1, line 38 CONTINUE STATE IN CONTINUE STATE OF CONTINUE S	P	nor Year		Current Year	
Revenue	8 (Contribut	itions and grants (Part VIII, line 1h) . RECEIVED 118 -557		3	36,000	203,3	326.00
	9 F	rogram	i service revenue (Part VIII. line 2d)			0		0
eve	10	nvestme	ent income (Part VIII, column (A), lines 3, 4, ant (74) 1. 2. 2019			0		0
Œ	11 (Other rev	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	a.a		0	 -	0
			enue-add lines 8 through 11 (must equal Part VIII-column 🔊 👫	(12)	3	36,000	203,3	326.00
			ind similar amounts paid (Part IX, column (A) Gines 1-3)			0		0
			paid to or for members (Part IX, column (A), line 4)			0		0
w			other compensation, employee benefits (Part IX, column (A), lines 5	i–10)		0	<u> </u>	0
Se			onal fundraising fees (Part IX, column (A), line 11e)			0		0
Expenses	1		ndraising expenses (Part IX, column (D), line 25)	0				<u>_</u>
Ä	1		penses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>×</u>	2 6	550.94	126 1	47.00
	1		penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		-	550.94		47.00
	1	•	e less expenses. Subtract line 18 from line 12	' -		349.06		79.00
- 9	+	TOVOTIGO	tess expenses. George into to nontaine 12	Beginning	of Curren		End of Year	73.00
ets or	20	Cotal acc	sets (Part X, line 16)			349.06	110.5	28.06
Asse	21		pilities (Part X, line 26)	· ·	33,3	0	110,5	0
Net Asse Fund Bal	22		ets or fund balances. Subtract line 21 from line 20			-	110.5	
	art II		ture Block	• • • • • • • • • • • • • • • • • • • •	33,3	349.06	110,5	28.06
								of # 10
tru	ider penaπi ie. correct.	es or perju and compl	ury, I declare that I have examined this return, including accompanying schedules a algte Declarati <u>on of pref</u> farer (othe <u>r</u> than officer) is based on all information of which	and statements, ar h preparer has any	knowledg	est of it	ny knowledge and bei	ei, it is
	······································				77	d.d	7 1C	
Sig	.n	Sign	nature of officer		Date	{4{	<u>caj</u>	
He	- 1				Date			
110		Type	e or print name and title				<u> </u>	
		', 		Date			- PTIN	
Pa	iid	Finitry	/pe preparer's name Preparer's signature	Date		Check [_ f	
Pr	eparer	·			┰—	self-emp	noyea	
	e Only		name •		Firm's E	IN ►		
			address >		Phone r	10		1
			s this return with the preparer shown above? (see instructions)	<i>.</i>	<u> </u>	<u>···</u>	🗸 Yes 🗌	No
For	Paperwo	ork Redu	action Act Notice, see the separate instructions.	Cat. No. 11282	Υ		Form 990	(2018)

Part i		
<u> </u>	Check if Schedule O contains a response or note to any line in this Part III	<u> U</u>
1	Briefly describe the organization's mission	into Adams of Daniel
	Health-Care, Education & Living in Poverty (©H.E.L.P.) in the nomenclature of itself seeks to provide Persons w (PMD) with access to system(s) of care through a continuum of services and programs, including education &	
	with emphasis on social return on investment (SROI) & poverty reduction via proven science, technology, engi	
	[data analytic].	ieering, & matri
2	Did the organization undertake any significant program services during the year which were not listed or	1 the
	prior Form 990 or 990-EZ?	· Yes 🗹 No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any prog	ıram
	services?	· ☐ Yes ☑ No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program service	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and the total expenses, and revenue, if any, for each program service reported.	allocations to otnors
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 71,938.00 including grants of \$ 0) (Revenue \$	0)
	Net-Zero Program:	
	Not Zoro Drogram. The framework for managing and appointing for the mobility to most have	
	consumption needs on a sustainable basis. People who live in poverty lack both income and assets and typical	
	suffer from interrelated, deprivations, including hunger and malnutrition, poor health [Mental Health], limited as	
	or exclusion, and employable skills.	
	We want everyone experiencing a mental health problem to get the support they need and the respect they des	erve.
	We provide advice and support to empower anyone experiencing a mental health problem. We campaign to imp	
	raise awareness and promote understanding.	
4b	(Code:) (Expenses \$ 10,080.00 including grants of \$ 0) (Revenue \$	0)
	Social Return on Investment (SROI)	/
	HELP's Social Return on Investment (SROI) - Program. The framework for measuring and accounting for a much	:h
	broader concept of value; it seeks to reduce inequality, environment degradation, and the ability to improve we	
	incorporating social, environmental, and costs & benefits.	
	This is an extension and deepening of the work we carry out with others, to: increase food security, improve liv	es through
	education and learning, promote health and strong health systems, promote sustainable & broad-based econor	nic growth,
	prevent and respond to [local] crises, conflict, and instability, and provide humanitarian assistance.	
	Thus, aiming to assist families facing a multitude of issues including, drug and alcohol abuse; anti-social	
	behavior, domestic violence; being at risk of losing their home, and children at risk of being taken into foster-c	are.
4c	(Code:) (Expenses \$ 1,000.00 including grants of \$ 0) (Revenue \$	0)
	Diversion Program for the Mentally III Offenders - Partnership with Mental Health Courts to divert certain defen	
	committed a crimes because of a Co-occuring disorders - away from prosecution & incarceration and into a str	
	individualized program, including treatment & community services, to reduce the rate of recidivtism.	
	Whereby, we utlize our vechicle of donation to supplement the defendant's family financial burden, associated	with short-term stay
	ın a therapentic setting.	
	Other program services (Describe in Schedule O.)	
4d	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)	
4e		
	1010 P. 03.4 0011100 0/P011000 P	

	IVI Charklist of Paguired Schodules			Page •
Part	V Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		✓
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
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? <i>If "Yes," complete Schedule C, Part II</i>	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8_		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 temporarily restricted endowments, permanent endowments, or 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, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	✓	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		✓
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		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		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		√
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		√
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
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		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		✓
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		1
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		✓
20 a	· · · · · · · · · · · · · · · · · · ·	20a		\
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		✓

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Part	Checklist of Required Schedules (continued)			
•			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	✓	
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
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
С	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		✓
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>,</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
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, Part I	31		✓
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		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		✓_
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		✓
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	✓	
Part				
	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 1096. Enter -0- if not applicable 1a		, 33	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	√	(2018)
		rom	ロママひ	(2018)

Form **990** (2018)

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)	·	Yes	T
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		Yes	No
2a	Statements, filed for the calendar year ending with or within the year covered by this return 2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	Ŭ 2b		
U	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)		 	†
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	 	† `
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,		<u> </u>	
4 a	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
b	If "Vas " enter the name of the foreign country.	1	† · · · ·	t
_	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		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	†	Ť
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		ļ · · · · ·	
Va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		1	<u> </u>
	gifts were not tax deductible?	6b		
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	. 1	1	
-	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<u> </u>	<u> </u>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	.		
ŭ	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	0		\vdash
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	İ	1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		✓
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			✓
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		✓
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		✓
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		✓
10	Section 501(c)(7) organizations. Enter:	1		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	_	ì	1
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	, , ,	12a	<u> </u>	ļ
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	_		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>	<u> </u>	ļ
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	ļ	↓
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	4	İ	
C	Enter the amount of reserves on hand		ļ	<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		-
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		\vdash
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.			_
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	ļ	✓
	If "Yes." complete Form 4720. Schedule O.	1	I	1

•	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
	Check if Schedule O contains a response or note to any line in this Part VI	• •		<u>. </u>
Secti	on A. Governing Body and Management		Yes	1
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 3		res	No
ia	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 3			
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, or trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3		1
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was nied? Did the organization become aware during the year of a significant diversion of the organization's assets?	5		1
6	Did the organization have members or stockholders?	6		1
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			<u> </u>
	one or more members of the governing body?	7a		✓
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	0-		
a	The governing body?	8a 8b	✓	 -
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	00	•	<u> </u>
3	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
-			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	<u> </u>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		·•	<u> </u>
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?	12b	\	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	10-	,	
12	describe in Schedule O how this was done	12c	✓	
13 14	Did the organization have a written document retention and destruction policy?	14	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?	45-	,	
a	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	15b	/	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
b	with a taxable entity during the year?	16a		√
D	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	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ District of Columbia (DC)			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T	(Sec	tion 5	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 in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inte financial statements available to the public during the tax year.	erest _l	policy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and red	ords	>	
	Gregory Waters, 1629 K Street NW, Suite 300 Washington, DC 20006			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

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					_	
-	_	_	_	1	7	

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. Position (B) (A) (D) Æ (E) (do not check more than one Name and Title Average Reportable Reportable Estimated box, unless person is both an hours per officer and a director/trustee) compensation compensation from amount of eek (list an from related other Individual trustee or director Institutional trustee employee hours for Key employee compensation lighest compensated organizations related organization (W-2/1099-MISC) from the (W-2/1099-MISC organizations organization below dotted and related line) organizations (1) Gregory L. Waters 50 **CEO/President** (2) Kellie Waters Chief of Operations (3) LeAndra Waters Vice President (6) (7) (10)(12) (13)

Fart	Section A. Officers, Directors, Trust	ees, key E	mpio	yee:	s, aı	na r	ugne	St C	ompensated E	mployees	CONTIN	ueu)		
•	(A) Name and title		(C) Position (do not check more than box, unless person is bo officer and a director/tru				ıs boti	n an tee)	(D) Reportable compensation	(E) Reportab	n from	Est am	(F) imated ount of other	
		week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizatii (W-2/1099-M	ons	comp fro orga and	pensation om the inization related nization	n J
(15)														
(16)														
(17)														
(18)				ļ							\dashv			
(19)							<u> </u>	-						
(20)					_									
(21)														
(22)						ļ								
(23)				-	_	<u> </u>	<u> </u>							
(24)														
(25)											\dashv			
1b			• •	•		<u> </u>		>	0		0			0
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)				:		•	▶	0		0			<u>0</u> 0
2	Total number of individuals (including but reportable compensation from the organi	t not limited					above	e) w	ho received mo	ore than \$1	00,000	O of		
3	Did the organization list any former of	ficer, direc						emp		est compe	nsate		Yes	No
4	employee on line 1a? If "Yes," complete s For any individual listed on line 1a, is the	sum of re	portal	ble (con	nper	nsatio	n a	nd other comp	ensation fr	om the	e 3		1
	organization and related organizations individual											4		/
5	Did any person listed on line 1a receive of for services rendered to the organization											5		✓
Section	on B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization. Repyear.	•												ax
	(A) Name and business add	ress							(B) Description of s	ervices		(C) Compens		
N/A														
		- 		_										
2	Total number of independent contractor							th	ose listed abo	ove) who				
	received more than \$100,000 of compens	ation from t	the or	gan	izat	ion	<u> </u>		0					

Par	VIII	Statement of Revenue	any lina in thia	Dord VIII		
<u></u>		Check if Schedule O contains a response or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Grfts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns 1a 0 Membership dues 1b 0 Fundraising events 1c 0 Related organizations 1d 0 Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above 1f 203,326		10101110		
Cont	g h	Noncash contributions included in lines 1a–1f \$ 0 Total. Add lines 1a–1f	203,326			
Program Service Revenue	2a b c d e f	All other program service revenue . 0	0			
<u>~</u>	<u>g</u>	Total. Add lines 2a-2f		<u> </u>		
	4 5	and other similar amounts) ▶ Income from investment of tax-exempt bond proceeds ▶ Royalties	0 0 0			
	6a b	Gross rents				
	7a b	Net rental income or (loss)				
	C d	Gain or (loss)	0			
Other Revenue		Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18				
₹		Less: direct expenses b 0				
	9a	Net income or (loss) from fundraising events . ▶ Gross income from gaming activities. See Part IV, line 19 a0	0			
		Less: direct expenses b 0				<u> </u>
		Net income or (loss) from gaming activities ▶ Gross sales of inventory, less returns and allowances a 0	0			
	L	Less: cost of goods sold b 0 Net income or (loss) from sales of inventory b				<u> </u>
		Miscellaneous Revenue Business Code	0		<u> </u>	
	11a					
	b					1
	c					<u> </u>
	d	All other revenue 0				
	е	Total. Add lines 11a–11d	0			
	12	Total revenue. See instructions	203,326.00			

Part IX Statement of Functional Expenses

Sèctio	n 501(c)(3) and 501(c)(4) organizations must com	·		s must complete col	umn (A).
	Check if Schedule O contains a respons	se or note to any lin	e in this Part IX .	<u> </u>	<u> </u>
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	13,100.00	0		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees				_
_	Compensation not included above, to disqualified	0	0	0	0
6	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	o	٥	٥	o
7	Other salaries and wages	0	0	0	0
8	Pension plan accruals and contributions (include			, ,	
	section 401(k) and 403(b) employer contributions)	o	o	O	0
9	Other employee benefits	0	0	0	
10	Payroll taxes	0	0	0	0
11	Fees for services (non-employees):				
а	Management	0	0	0	0
b	Legal	0	0	0	<u>0</u>
C	Accounting	0	0	0	0
d	Lobbying	0	0	0	0
e	Professional fundraising services. See Part IV, line 17	0			
g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column	0	0	0	0
9	(A) amount, list line 11g expenses on Schedule O.)		0		0
12	Advertising and promotion	5,987.39	0	5987.39	
13	Office expenses	706.31	0	706.31	
14	Information technology	1,884.60	o	1,884.60	0
15	Royalties	0	0	0	O
16	Occupancy	900.00	0	900.00	0
17	Travel	5,896.49	5,896.49	0	0
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings .	5,030.06	5,030.06	0	0
20	Interest	0	0	, 0	0
21	Payments to affiliates	0	0	0	0
22 23	Depreciation, depletion, and amortization . Insurance	3,389.56	0	3,389.56	0
24	Other expenses. Itemize expenses not covered	3,389.30		3,389.30	
24	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Net-Zero	71,938.28	71,938.28	0	0
b	Social Return on Investment (SROI)	10,080.00	10,080.00	0	0
С	Diversion Program	7,234.31	1,000.00	6,234.31	0
d					
е	All other expenses Total functional expenses. Add lines 1 through 24e				
25		126,147.00	93,944.83	19,102.17	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and		1		
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
		I	,	I	

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Part X Balance Sheet

•		Check if Schedule O contains a response or note to any line in this Pa	rt X		<u></u> 🛘
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	0	1	0
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	33,349.06	4	73,183.06
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
ţ		organizations (see instructions). Complete Part II of Schedule L	0	6_	0
Assets	7	Notes and loans receivable, net	0	7	0
Ä	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 37,345.00			
	b	Less: accumulated depreciation 10b 0	0	10c	37,345.00
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11 [. 0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	33,349.06	16	110,528.06
	17	Accounts payable and accrued expenses	0	17	0
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0	21	0
es	22	Loans and other payables to current and former officers, directors,			
iliti		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L	0		0
_	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	0		0
	26	Total liabilities. Add lines 17 through 25	0	26	0
ses		complete lines 27 through 29, and lines 33 and 34.			i _l
aŭ	27	Unrestricted net assets	33,349.06	27	73,183.06
Bal	28	Temporarily restricted net assets	0		0
ק	29	Permanently restricted net assets	0	29	0
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
ts (30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
۲	32	Retained earnings, endowment, accumulated income, or other funds .		32	
<u>ş</u>	33	Total net assets or fund balances	33,349.06	33	110,528.06
	34	Total liabilities and net assets/fund balances	33.349.06		110.528.06
					Form 990 (2018)

Par	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			,326.0
2	Total expenses (must equal Part IX, column (A), line 25)	2		126	,147.0
3	Revenue less expenses. Subtract line 2 from line 1	3		77	,179.0
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		33	,349.0
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
0	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		110	.528.0
art	XII Financial Statements and Reporting				,320.0
GII	Check if Schedule O contains a response or note to any line in this Part XII				. г
	Oncor ii Concord C Contains a respense of field to any line in all of a refull y	<u> </u>		Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other			1	†
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain	n		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		1
	If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both:	oiled o	or		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		ĺ		
b	Were the organization's financial statements audited by an independent accountant?		. 2b	4	↓ ✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both:	ed on	a		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		1	1	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over of the audit, review, or compilation of its financial statements and selection of an independent account				
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	plaın i	n		
	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth i			
3а	the Single Audit Act and OMB Circular A-133?		. <u> </u> 3a		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

_	h-Care, Education, & Living in Pover			 .			35838	
Par		 					ons.	
The 6 1 2 3 4	organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:							
5	An organization operated for the section 170(b)(1)(A)(iv). (Comp.	the benefit of a	college or university	owned o	r operate	ed by a government	tal unit described in	
6 7	☐ A federal, state, or local govern ☐ An organization that normally described in section 170(b)(1)	receives a subs	tantial part of its sup				n the general public	
8	A community trust described in	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)				
9	An agricultural research organi or university or a non-land-grauuniversity:	zation described nt college of agr	d in section 170(b)(1) inculture (see instruction	(A)(ix) op ons). Ente	r the nan	ne, city, and state of	the college or	
10	An organization that normally r receipts from activities related support from gross investment acquired by the organization at	to its exempt fu income and un	nctions—subject to c related business taxal	ertain exc ble incom	ceptions, ie (less se	and (2) no more tha ection 511 tax) from	n 331/3% of its	
11	☐ An organization organized and	operated exclus	sively to test for public	c safety.	See sect i	ion 509(a)(4).		
12	An organization organized and of one or more publicly support Check the box in lines 12a thro	rted organizatio	ns described in secti	ion 509(a)(1) or se	ection 509(a)(2). Se	e section 509(a)(3)	
а	Type I. A supporting organ the supported organization supporting organization. You	(s) the power to	regularly appoint or e	lect a ma	jority of t			
b	Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.							
С	Type III functionally integrated its supported organization(s)						ally integrated with,	
d	☐ Type III non-functionally integrated that is not functionally integred requirement (see instruction).	grated. The orga	nization generally mus	st satisfy	a distribu	ution requirement an		
е	Check this box if the organ functionally integrated, or T						e II, Type III	
f	Enter the number of supported of							
g	Provide the following information	about the supp	orted organization(s).					
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
				Yes	No			
(A)								
B)								
C)								
D)		·						
E)								

Part							
٠	(Complete only if you checked the Part III. If the organization fails to				_	•	alify under
Sect	ion A. Public Support	duality unde	er trie tests is	sted below, p	lease comple	te rait iii.)	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and	(4) 2514	(5) 2010	(6) 2010	(4) 2017	(6) 2010	(i) Total
•	membership fees received. (Do not						
	include any "unusual grants.")	ه ا	o	17,000.00	35,343.75	203,326.00	255,669.75
2	Tax revenues levied for the			17,000.00	5575.55		
_	organization's benefit and either paid						
	to or expended on its behalf	٥	ا ا	o	o	٥	
3	The value of services or facilities						
	furnished by a governmental unit to the	}					
	organization without charge	o	o	o	0	o	(
4	Total. Add lines 1 through 3			17,000.00	35,343.75	203,326.00	255,669.75
5	The portion of total contributions by						
•	each person (other than a						
	governmental unit or publicly						
	supported organization) included on				:		
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4					<u> </u>	255,669.75
	ion B. Total Support		F*******			·····	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	0	0	17,000.00	35,343.75	203,326.00	255,669.75
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources				_		_
_		0	0	0	0	0	
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on						
40	v	0	0	0	0	0	
10	Other income. Do not include gain or loss from the sale of capital assets					1	
	(Explain in Part VI.)	,			•		C
11	Total support. Add lines 7 through 10	0	0	0	0		255,669.75
12	Gross receipts from related activities, etc	(see instruction	ons)			12	233,003.73
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he	-					
Secti	ion C. Computation of Public Suppor						· =
14	Public support percentage for 2018 (line 6			1, column (f))		14	%
15	Public support percentage from 2017 Sch		-			15	%
16a	331/3% support test-2018. If the organi	zation did not	check the box	on line 13, ar	nd line 14 is 33	31/3% or more,	check this
	box and stop here. The organization qua	lifies as a publ	icly supported	organization			▶ [
b	331/3% support test-2017. If the organi	zation did not	check a box o	n line 13 or 16	a, and line 15	is 331/3% or m	ore, check
	this box and stop here. The organization	qualifies as a	publicly suppo	rted organizati	on		▶ 🗀
17a	10%-facts-and-circumstances test-26	018. If the orga	anization did n	ot check a box	k on line 13, 1	6a, or 16b, and	line 14 is
	10% or more, and if the organization me	eets the "facts	-and-circumst	ances" test, ch	eck this box a	and stop here.	Explain in
	Part VI how the organization meets the "	facts-and-circ	umstances" te	st. The organiz	zation qualifies	s as a publicly	supported
	organization						🕨 🗀
b	10%-facts-and-circumstances test-20	017. If the org	anization did r	ot check a bo	x on line 13, 1	6a, 16b, or 17	a, and line
	15 is 10% or more, and if the organiza	ation meets th	e "facts-and-o	rcumstances"	test, check	this box and s	top here.
	Explain in Part VI how the organization in		ts-and-circum:	stances" test.	The organızatı	on qualifies as	a publicly
	supported organization						▶ [
18	Private foundation. If the organization di	d not check a	box on line 13	, 16a, 16b, 17a	, or 17b, chec	k this box and	see

Part	III Support Schedule for Organiza	ations Desc	ribed in Sect	ion 509(a)(2)			
	(Complete only if you checked the						nder Part II.
	If the organization fails to qualify	under the te	sts listed bel	ow, please co	omplete Part	II.)	
Secti	ion A. Public Support						/
Caler	idar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018 [*]	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")					/	
2	Gross receipts from admissions, merchandise						·
	sold or services performed, or facilities furnished in any activity that is related to the					/	
	organization's tax-exempt purpose				1	/	
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						İ
4	Tax revenues levied for the	<u> </u>	 		 	 	
-	organization's benefit and either paid to				/		
	or expended on its behalf				/	·	
_					 /		<u> </u>
5	The value of services or facilities						
	furnished by a governmental unit to the			/	ď		
	organization without charge		<u> </u>				
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3					1	
	received from disqualified persons .						
b	Amounts included on lines 2 and 3			/			
	received from other than disqualified			/	ł	ł	
	persons that exceed the greater of \$5,000			ľ	1		
	or 1% of the amount on line 13 for the year				İ		
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support		' /	<u> </u>	4	<u> </u>	
Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	/					
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						<u> </u>
_	section 511 taxes) from businesses						}
	acquired after June 30, 1975						
_	Add lines 10a and 10b		1				
11	Net income from unrelated business			·			
• •	activities not included in line 10b, whether]				
	or not the business is regularly carried on						
40							
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)				:		
40					ļ		
13	Total support. (Add lines 9, 10c, 11,						
4.4	and 12.)	L	<u> </u>		- 664		501(-)(0)
14	First five years. If the Form 990 is for the	_			-		
04	organization, check this box and stop he			· · · · ·		<u> </u>	
	on C. Computation of Public Suppor					1 1	
15	Public support percentage for 2018 (line 8		•	. ,,,,		15	<u>%</u>
16	Public support percentage from 2017 Sch				· · · · ·	16	<u>%</u>
	on D. Computation of Investment In						
17	Investment income percentage for 2018 (-		17	<u>%</u>
18	Investment income percentage from 2017					18	%
19a	331/6% support tests—2018. If the organi						
	17/is not more than 331/3%, check this box						_
b	331/3% support tests—2017. If the organiz						
	line 18 is not more than 331/3% check this t	DOY ADD STON F	DEED INDOMEST	vation dijalities	as a nunliciv e	HODOMED OFFISE	แวลเเกก 🗩 🗀

Part IV 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.)

Secti	ion A. All Supporting Organizations		·/	
			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		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
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		
С	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.	3c		
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.	4a		
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		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	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)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
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 chantable 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 filling 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).	7		
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 .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	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		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	1		

determine whether the organization had excess business holdings.)

10b

Part	Supporting Organizations (continued)			
•			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b	<u> </u>	
	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. on B. Type I Supporting Organizations	11c	<u> </u>	
Secu	on B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		162	NO
'	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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	ĺ		
	VI how providing such benefit carried 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		ļ l	
	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).			
<u> </u>		1		
Secu	on D. All Type III Supporting Organizations		V	NIa
4	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
1	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	1		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			•
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	}		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
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	l ,		
	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 i	nstru	ctions	s).
a	The organization satisfied the Activities Test. Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	'000 ID	otavoti	ional
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (Activities Test. Answer (a) and (b) below.	266 111	Yes	
2			163	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	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.			
а	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		
b	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	3h		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	izations					
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections 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 pnor-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		(A) Prior Year	(B) Current Year (optional)				
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	1a						
b Average monthly cash balances	1b						
c Fair market value of other non-exempt-use assets	1c						
d Total (add lines 1a, 1b, and 1c)	1 d						
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)	8						
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						
5 Income tax imposed in prior year	5						
6 Distributable Amount. Subtract line 5 from line 4, unless subject to							
emergency temporary reduction (see instructions).	6						
7 Check here if the current year is the organization's first as a non-functionall	y int	egrated Type III supporti	ng organization (see				
instructions).							

Part	Type III Non-Functionally Integrated 509(a)(3	s) Supporting Organi	zations (continuea)	
Sect	ion D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а				
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g				
h				
<u>i</u> _	Carryover from 2013 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		· · · · · · · · · · · · · · · · · · ·	
4	Distributions for 2018 from			
	Section D, line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3 _j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С				
d				
е	Excess from 2018			

Page	R

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.)
	······································
•••••	
~~****	

SCHEDULE D , (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection Employer identification number

	-Care, Education, & Living in Poverty, Inc.		L	47-2735838
Pai	Organizations Maintaining Donor Adv			ccounts.
	Complete if the organization answered '			
		(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		1	
5	Did the organization inform all donors and donor funds are the organization's property, subject to the	e organization's exclusive legal contr	ol?	· · · · 🗌 Yes 🗌 No
6	Did the organization inform all grantees, donors, a only for charitable purposes and not for the beneficonferring impermissible private benefit?		for any ot	ther purpose
Par	t II Conservation Easements.			
	Complete if the organization answered '	"Yes" on Form 990, Part IV, line 7.	•	
1	Purpose(s) of conservation easements held by the	- · · · · · · · · · · · · · · · · · · ·		
	Preservation of land for public use (e.g., recreated)	tion or education) 🔲 Preservation o	of a histori	ically important land area
	☐ Protection of natural habitat	Preservation o	of a certific	ed historic structure
	☐ Preservation of open space			
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	on in th <u>e i</u>	
	easement on the last day of the tax year.		_	Held at the End of the Tax Year
а	Total number of conservation easements		2	2a
b	Total acreage restricted by conservation easement		· -	2b
С	Number of conservation easements on a certified h	• •	· -	2c
d	Number of conservation easements included in historic structure listed in the National Register .	(c) acquired after 7/25/06, and not	I .	2d
3	Number of conservation easements modified, transtax year ▶	sferred, released, extinguished, or teri	minated b	by the organization during the
4	Number of states where property subject to conse	rvation easement is located ▶		
5	Does the organization have a written policy required violations, and enforcement of the conservation ea			
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, and enforcin	ng conserv	
7	Amount of expenses incurred in monitoring, inspectin	g, handling of violations, and enforcing	conserva	tion easements during the year
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of	f section	170(h)(4)(B)(i) · · · · □ Yes □ No
9	In Part XIII, describe how the organization reports of balance sheet, and include, if applicable, the text organization's accounting for conservation easements.	of the footnote to the organization's fir	•	ense statement, and
Par			Other S	Similar Assets.
	Complete if the organization answered '			
1a	If the organization elected, as permitted under SF			statement and balance sheet
	works of art, historical treasures, or other similar public service, provide, in Part XIII, the text of the form	assets held for public exhibition, ed	ducation,	or research in furtherance of
b	If the organization elected, as permitted under S works of art, historical treasures, or other similar public service, provide the following amounts relati	assets held for public exhibition, ed	ducation,	or research in furtherance of
	(i) 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 S	nistorical treasures, or other similal	r assets i	for financial gain, provide the
а	Revenue included on Form 990, Part VIII, line 1 .			. ▶ \$
	Assets included in Form 990. Part X			▶ \$

Part									
3	Using the organization's acquisition, accollection items (check all that apply).	cession, and oth	ner recor	ds, chec	k any of the	followi	ng that are a	significal	nt use of its
а	☐ Public exhibition		d l	☐ Loan	or exchange	progra	ms		
b	☐ Scholarly research		_						
С	Preservation for future generations								
4	Provide a description of the organization XIII.	n's collections a	nd expla	in how tl	ney further th	ne orga	nization's exe	mpt pur	oose in Part
5	During the year, did the organization so assets to be sold to raise funds rather that								res ☐ No
Part	IV Escrow and Custodial Arrang	gements.							
	Complete if the organization ar 990, Part X, line 21.								n Form
1a	Is the organization an agent, trustee, cuincluded on Form 990, Part X?								res □ No
b	If "Yes," explain the arrangement in Part	XIII and comple	te the fo	llowing ta	able.			Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount of	on Form 990, Pa	rt X, line	21, for e	scrow or cus	todial a	ccount liabilit	y? 🔲 \	res □ No
b	If "Yes," explain the arrangement in Part	XIII. Check here	of the ex	planation	n has been p	rovided	on Part XIII .		. 🗆
Par	V Endowment Funds.								
	Complete if the organization ar	nswered "Yes"	on For	n 990, F	Part IV, line	10.			
		(a) Current year	(b) Pric	r year	(c) Two years	back (f) Three years ba	ck (e) Fo	ur years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
e	Other expenditures for facilities and								
	programs								
f	Administrative expenses				~		· · · ·		
g	End of year balance								
2	Provide the estimated percentage of the	current year end	d balance	e (line 1a	column (a))	held as	<u> </u>		
a	Board designated or quasi-endowment		%	- (, (,,				
b		%	- ' '						
_	Temporarily restricted endowment ▶	%							
·	The percentages on lines 2a, 2b, and 2c		n%						
3a	Are there endowment funds not in the pe			ation tha	it are held a	nd adm	inistered for t	he	
-	organization by:								Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii	
ь	If "Yes" on line 3a(ii), are the related orga							3b	"
4	Describe in Part XIII the intended uses of					• •		00	
Pari			3 61140	WITHCHE TO					
raii	Complete if the organization an		on For	~ aan E	Part IV line	112 8	oo Form 990	Dart Y	line 10
									ok value
	Description of property	(a) Cost or oth (investme			r other basis ther)		cumulated reciation	(u) 60	
1a	Land								
b	Buildings				37,345.00		0		37,345.00
C	Leasehold improvements								
d	Equipment								
<u>e</u>	Other								
Total.	Add lines 1a through 1e. (Column (d) mus	t equal Form 99	0, Part X	. column	(B), line 10c	.)	•		37.345.00

Part VII	Complete if the organization answe	rad "Vas" on For	m 000 Part IV line	a 11h Saa Farm	000 Part V line 12
	(a) Description of security or category	red res on ron	(b) Book value	· · · · · · · · · · · · · · · · · · ·	od of valuation
	(including name of security)		(b) book value		of-year market value
(1) Financial	derivatives				
(2) Closely-l	neld equity interests				
(3) Other	·				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					· · · · · · · · · · · · · · · · · · ·
	b) must equal Form 990, Part X, col (B) line 12.) ▶				
Part VIII	Investments—Program Related.				
	Complete if the organization answe	red "Yes" on For	m 990, Part IV, line	11c. See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book value		od of valuation if-year market value
(1)					
(2)					
(3)					
(4)			··· · · · · · · · · · · · · · · · · ·		
(5)					- "
(6)					
(7)					
(8)		- · · ·			
(9)	b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX	Other Assets.			 	
Tartix	Complete if the organization answe	red "Yes" on Fori	m 990 Part IV line	11d See Form	990 Part X line 15
		escription	11 000,1 41114, 11116	7 114. 000 1 01111	(b) Book value
(1)			·		
(2)					
(3)	· · · · · · · · · · · · · · · · · · ·			<u>_</u>	
(4)					
(5)		, ,, , , , , , , , , , , , , , , , , ,			
(6)			•		
(7)					
(8)		· · · · · · · · · · · · · · · · · · ·			
(9)					
Total. (Colu	mn (b) must equal Form 990, Part X, col.	(B) line 15.)			_'' _,,
Part X	Other Liabilities.				
	Complete if the organization answe line 25.	red "Yes" on For	n 990, Part IV, line	e 11e or 11f. See	Form 990, Part X,
1.	(a) Description of liability	(b) Book value			
(1) Federal in	come taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col (B) line 25)				As Ab sa sa sa sa sa sa sa sa sa sa sa sa sa
7) Liobility for	cupocitain tay positions. In Dort VIII. provide:	ena taut at tha faatna	to to the eventimetion	'a tinanaial atataman	to that rangets tha

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part	· · · · · · · · · · · · · · · · · · ·	•	
	Complete if the organization answered "Yes" on Form 990, Part IV, Iin		
1	Total revenue, gains, and other support per audited financial statements	· · · · · ' - - - - - - - - - 	 -
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
b			
ч С	Recoveries of prior year grants		
d e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Part			
	Complete if the organization answered "Yes" on Form 990, Part IV, lin		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		····-
а	Donated services and use of facilities 2a		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	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:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
_	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Part		Land Aband Obs Bank V to	a 4. Dark V. Ivaa
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide		ie 4; Part A, line
z, ran	t XI, lines 2d and 4b, and Fart XII, lines 2d and 4b. Also complete this part to provide	arry additional information.	
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Schednie D (For	rm 990) 2018	age 3
Part XIII	Supplemental Information (continued)	
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SCHEDULE (Form 990)

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

► Attach to Form 990.

OMB No 1545-0047

Department of the Treasury	asury So to usus in any End by the latest information	Open to Public
internal Revenue Service		Hoppadelli
Name of the organization		Employer identification number
Health-Care, Edu	Health-Care, Education, & Living in Poverty, Inc.	47-2735838
Part Ge	Part General Information on Grants and Assistance	
1 Does the	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	istance, and
the selec	the selection criteria used to award the grants or assistance?	Yes No
2 Descube	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	

Part II Grants and Other Part IV line 21 for	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization Bart IV line 21 for any recipient that received more than \$5,000 Bart II can be distincted if additional space is passed.	mestic Organiz	ations and Dom	lestic Governm	ents. Complete	f the organization answ	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Bart IV line 21 for any recipient that received more than \$5,000, Bart III can be dunlicated if additional energies in product
1 (a) Name and address of organization or government	on (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(e) Amount of non- (book, FMV, appraisal, cash assistance other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Prince Georges Muslim Associa 9150 Lanham Severn Road, Lanham,	ocia 3m, 52-1843750	501(C)(3)	13,100.00				COMMUNITY SERVICES
(2)	<u> </u>						
(8)						į	
(4)							
(5)				,			
(9)							
(a)							
(8)							
(6)							
(10)							
(11)				:			
(12)							
2 Enter total number of section 501(c)(3) and government or	ction 501(c)(3) and go	vernment organiza	ganizations listed in the line 1 table	ine 1 table			_
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ler organizations listed tice, see the Instruction	d in the line I table is for Form 990.			Cat. No. 50055P		Schedule I (Form 990) (2018)

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Part III can be duplicated if additional space is needed	space is needed	•			,
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
8					
*		/			
5					
9					
7					
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	the information re	equired in Part I, lin	e 2; Part III, column	(b); and any other additi	onal information.
Other Assistance to Organizations: Harvest Assistance per community needs and its' connections with many other organizations and institutions throughout the community. In both the public and private sectors; for the benefit of a greater society. Created in response to the great commission, that reflect the needs of the community where we are located; and olive one another in relationships of mutual care and accountability. Thus, the Hearvest Assistance is awared to 501(c)(3) institutions whose work comfements that of HELP Inc.	er community need a greater society. C	s and its' connections reated in response to the Hearvest Assistant	with many other organ the great commission.	izations and institutions thro that reflect the needs of the case institutions whose work case	ughout the community, ommunity where we are located; and
		4			
Grant Funds: Grant Funds go through the application and apporval process. Upon receipt of a completed application, a final determination is made and funds are made payable to the Applicant, site of financial assistance, site of services, or site of business. Moroever, the application includes questions regarding income, living expenses.	d apporval process	Upon receipt of a con	mpleted application, a	process. Upon receipt of a completed application, a final determination is made and funds are made, site of business. Moroever, the application includes questions regarding income, living expenses.	nd funds are made payable to the
and other assistance applied for and/or received from other organizal	ner organizations, if	ions, if applicable.			
Montoring of all grants or assistance, via a system of internal controls to Initiate, process, review, au	ernal controls to Ini ve`as reporting tool	tiate, process, review, s for financial reportin	authorize, and accurat g.	ely and timely record transac	is to initiate, process, review, authorize, and accurately and timely record transactions into a tractional system. Ing tools for financial reporting.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection Employer identification number

47-2735838

Health-Care, Education, & Living in Poverty, Inc.	47-2735838
Part V Statements Regarding Other IRS Filings and Tax Compliance: 3a Did the organization have unre	elated business gross income of \$1,000
Response - HELP, Inc. activities were related to the mission & vision of the Institution.	
Part V Statements Regarding Other IRS Filingsand Tax Compliance: 14a Did the organization receive a	ny payments for indoor tanning service
during the tax year?	
Response - HELP, Inc. activities are not related to a Tanning Service.	
Part VI Governance, Management, and Disclosure: 11b Describe in Schedule O the process, if any, use	ed by the organization to review this
Form 990.	
Response - See HELP's Attachment "Form 990 Review."	
Part VI Governance, Management, and Disclosure:12a Did the organization have a written conflict of in	terest policy?
Response - See HELP's Attachment "Conflict of Interest."	
Part VI Governance, Management, and Disclosure: 19 Describe in Schedule O whether (and if so, how)	the organization made its governing
documents, conflict of interest policy, and financial statements available to the public during the tax y	ear.
Response - Upon Request & the Form 990 will be post on the IRS's Landing page [https://www.irs.g	ov/charities-and-nonprofits] with in the
subject title "Tax-Exempt Organization Search" via a serach for "Health-Care, Education, & Living in P	overty, Inc.".
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Schedule O (Form 990 or 990-EZ) (2018)		Page ≥
Name of the organization	Employer identification number	
		
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